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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning OCT 1, 2008 and ending SEP 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: McLeod Health Foundation

Doing Business As:

Number and street (or P.O. box if mail is not delivered to street address): PO Box 100551 — Room/suite:

City or town, state or country, and ZIP + 4: Florence, SC 29502-0551

D Employer identification number: 57-0818672

E Telephone number: (843) 777-2848

G Gross receipts $: 4,487,999.

F Name and address of principal officer: Rob Colones
PO Box 100551, Florence, SC 29501-0551

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.mcleodhealth.org/foundation/

K Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1986 M State of legal domicile: SC

Part I Summary

1	Briefly describe the organization's mission or most significant activities: Mission is to generate support to perpetuate medical excellence at McLeod Health.		
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	28
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5	Total number of employees (Part V, line 2a)	5	17
6	Total number of volunteers (estimate if necessary)	6	200
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,125,976.	3,824,975.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	289,733.	-21,708.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	39,568.	-16,283.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,455,277.	3,786,984.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,989,815.	2,871,603.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	467,997.	505,973.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 475,112.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	656,582.	707,538.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,114,394.	4,085,114.
19	Revenue less expenses. Subtract line 18 from line 12	340,883.	-298,130.

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	5,767,164.	5,510,204.
21	Total liabilities (Part X, line 26)	1,007,109.	937,979.
22	Net assets or fund balances Subtract line 21 from line 20	4,760,055.	4,572,225.

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Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 8/11/10

▶ S. Fulton Ervin, Chief Financial Officer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ John W. Sadoff CPA — Date 8-10-10 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions) P00540589

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Deloitte Tax, LLP
191 Peachtree Street Suite 1500
Atlanta, GA 30303

EIN ▶

Phone no. ▶ 404-220-1500

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

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915-17 3

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:
The Mission of the McLeod Health Foundation is to generate philanthropic and community support to perpetuate medical excellence at McLeod Health.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
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? ☐ Yes ☒ No
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 501(c)(4) organizations and section 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 $ 669,336. including grants of $ 669,336.) (Revenue $)
Duke Endowment: Expenditures for domestic violence programs, palliative care, access to healthcare for children, and telemonitoring for patients

4b (Code:) (Expenses $ 920,593. including grants of $ 920,593.) (Revenue $)
Children's Health: Expenditures for equipment and programs for McLeod Regional Medical Center's Children's Hospital including perinatal and neonatal intensive care units and other programs supporting children's health.

4c (Code:) (Expenses $ 200,000. including grants of $ 200,000.) (Revenue $)
Hospice: Expenditures for patient care, bereavement program, and related activities for the hospice programs operated by McLeod Regional Medical Center

4d Other program services (Describe in Schedule O)
(Expenses $ 1,319,226. including grants of $ 1,081,674.) (Revenue $)

4e **Total program service expenses ▶ $** 3,109,155. *(Must equal Part IX, Line 25, column (B))*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
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		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	Did the organization 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	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
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		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17	X	
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		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
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	X	
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		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	X	
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
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		X

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)? *If "Yes," complete Schedule L, Part IV*	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	28c	X	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable	1a	3		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	17		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
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		X
b	If "Yes," enter the name of the foreign country: ▶ _____ 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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		X
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 more than $75?		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g	X	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h	X	
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: N/A				
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: N/A				
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 N/A	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

			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body	1a 28		
b	Enter the number of voting members that are independent	1b 21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	11		X

Section B. Policies

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ SC

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ 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.

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

Mark Cameron - (843) 777-2256

555 E. Cheves Street, Florence, SC 29501-4423

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
Beverly S. Hazelwood Trustee	1.00	X						0.	0.	0.
John C. Harlow Trustee	1.00	X						0.	0.	0.
Shirley H. Meiere Vice Chairman	1.00	X		X				0.	0.	0.
William L. Kinney, Jr. Trustee	1.00	X						0.	0.	0.
Thomas B. Richardson Chairman	1.00	X		X				0.	0.	0.
Lynn R. Owens Trustee	1.00	X						0.	0.	0.
Starlee B. Alexander Secretary	1.00	X		X				0.	0.	0.
Susan S. Burley Trustee	1.00	X						0.	0.	0.
Joan S. Billheimer Trustee	1.00	X						0.	0.	0.
John D. Bankson, Jr. Treasurer	1.00	X						0.	0.	0.
J. Laverne Ard Trustee	1.00	X						0.	0.	0.
Robert L. Colones Trustee	40.00	X						0.	628,381.	26,074.
Evans Holland Trustee	1.00	X						0.	0.	0.
Dr. Danny Hyler Trustee	40.00	X						0.	383,796.	23,605.
Fred M. Krainin, MD Trustee	1.00	X						0.	0.	0.
Judith H. Kammer Trustee	1.00	X						0.	0.	0.
James M. Ivey, Jr. Trustee	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
Frank M. "Chip" Munn, II Trustee	1.00	X						0.	0.	0.
Deborah Locklair Trustee	40.00	X						0.	196,561.	12,923.
J. Erwin Paxton Trustee	1.00	X						0.	0.	0.
Marie G. Segars Trustee	40.00	X						0.	347,926.	19,241.
Michael G. Roberts Trustee	1.00	X						0.	0.	0.
Dr. Samuel McCown Assistant Treasurer	1.00	X		X				0.	0.	0.
Frederick R Saunders,Jr. Trustee	1.00	X						0.	0.	0.
John C. Ramsey Trustee	1.00	X						0.	0.	0.
Amy F. Urquhart Trustee	1.00	X						0.	0.	0.
Jill Bramblett Executive Director	40.00	X						128,589.	0.	22,648.
1b Total ▶								128,589.	1,556,664.	104,491.

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

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

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. NONE

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 0

See Schedule J-2 for Part VII, Section A Continuation

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	93,218.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3731757.			
	g Noncash contributions included in lines 1a-1f $		184,179.			
	h **Total.** Add lines 1a-1f		3,824,975.			
Program Service Revenue		Business Code				
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		129,046.			129,046.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6 a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7 a Gross amount from sales of assets other than inventory	440,761.				
	b Less: cost or other basis and sales expenses	591,463.	52.			
	c Gain or (loss)	-150702.	-52.			
	d Net gain or (loss)			-150,754.			-150,754.
	8 a Gross income from fundraising events (not including $ 190,028. of contributions reported on line 1c). See Part IV, line 18	a	93,217.			
	b Less: direct expenses	b	109,500.			
	c Net income or (loss) from fundraising events			-16,283.			-16,283.
	9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11 a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d					
	12 **Total Revenue** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		3,786,984.	0.	0.	-37,991.

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	2,871,603.	2,871,603.		
2 Grants and other assistance to individuals in the U.S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	141,542.	28,308.	56,617.	56,617.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	265,222.	53,044.	106,089.	106,089.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	99,209.	19,841.	39,684.	39,684.
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	25,735.		25,735.	
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	14,918.	2,984.	5,967.	5,967.
g Other	90,338.	18,068.	36,135.	36,135.
12 Advertising and promotion	160,860.	32,172.	64,344.	64,344.
13 Office expenses	141,037.	28,207.	56,415.	56,415.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	9,583.	1,917.	3,833.	3,833.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,469.	493.	988.	988.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,134.	426.	854.	854.
23 Insurance				
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 Misc Exp	184,179.	36,835.	73,672.	73,672.
b Other Direct Expense	59,177.	11,835.	23,671.	23,671.
c Postage	9,897.	1,979.	3,959.	3,959.
d Telephone	3,040.	608.	1,216.	1,216.
e Dues & Subscriptions	2,933.	587.	1,173.	1,173.
f All other expenses	1,238.	248.	495.	495.
25 Total functional expenses. Add lines 1 through 24f	4,085,114.	3,109,155.	500,847.	475,112.
26 Joint Costs. Check here ▶ ☐ 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		1,508,844.	1	1,425,736.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		766,957.	3	579,338.
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost basis	10a 84,873.			
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	10b 77,477.	9,582.	10c	7,396.
	11	Investments - publicly traded securities		1,682,750.	11	1,009,394.
	12	Investments - other securities. See Part IV, line 11		971,757.	12	1,716,907.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		827,274.	15	771,433.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		5,767,164.	16	5,510,204.
Liabilities	17	Accounts payable and accrued expenses		50,756.	17	56,863.
	18	Grants payable		956,353.	18	881,116.
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable			24	
	25	Other liabilities. Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		1,007,109.	26	937,979.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		2,342,361.	27	2,232,496.
	28	Temporarily restricted net assets		1,692,716.	28	1,622,756.
	29	Permanently restricted net assets		724,978.	29	716,973.
		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		4,760,055.	33	4,572,225.
	34	Total liabilities and net assets/fund balances		5,767,164.	34	5,510,204.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
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	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits?	3b		

SCHEDULE A (Form 990 or 990-EZ)

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: McLeod Health Foundation

Employer identification number: 57-0818672

Part I Reason for Public Charity Status (All organizations must complete this part) (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 the 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?

		Yes	No
(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 supported organization?		X
(ii)	A family member of a person described in (i) above?		X
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?		X

h Provide the following information about the organizations the organization supports.

(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? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
McLeod Regional Med	57-0370242	07	X		X		X		2,149,005.
McLeod Regional Med	51-0473471	07	X		X		X		284,915.
McLeod Physician As	20-2935692	7	X		X		X		32,200.
McLeod Health	51-0473500	13	X		X		X		45,000.
Total									2,511,120.

Part II Support Schedule for Organizations Described in Sections 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)

Section A. 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 lines 1 - 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. 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 section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. 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 from 2007 Schedule A, Part IV-A, line 26f 15 %

16a **33 1/3% support 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% support test - 2007.** If the organization did not check a 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 a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

Section A. Public Support

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 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 *received from disqualified persons*						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. 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 from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. 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% support 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% support 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 ▶ ☐

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
McLeod Health Foundation

Employer identification number
57-0818672

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)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

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	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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 section 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 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 the arrangement in Part XIV and complete the following table:

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

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

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	1,879,485.				
b	Contributions	35,488.				
c	Investment earnings or losses	48,272.				
d	Grants or scholarships					
e	Other expenditures for facilities and programs	5,055.				
f	Administrative expenses	14,918.				
g	End of year balance	1,943,272.				

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ 59.00 %
b Permanent endowment ▶ 37.00 %
c Term endowment ▶ 4.00 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i)	unrelated organizations	3a(i)	X
(ii)	related organizations	3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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				
b	Buildings				
c	Leasehold improvements				
d	Equipment		84,873.	77,477.	7,396.
e	Other				
Total.	Add lines 1a-1e. *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)*			▶	7,396.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Money Market - Wachovia,		
Merrill Lynch, BB&T, Health		
Facilities Credit Union	474,364.	End-of-Year Market Value
CDs - Stifel Anderson Bros,		
BB&T, Carolina Bank, First		
Federal, First Citize	1,100,000.	End-of-Year Market Value
Mutual Funds - Merrill Lynch,		
Stifel	117,216.	End-of-Year Market Value
Life Insurance - Navy Mutual	25,327.	End-of-Year Market Value
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶	1,716,907.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Intercompany	50,549.
Accrued Interest	3,911.
Donor Restricted Funds	716,973.
Total. *(Column (b) should equal Form 990, Part X, col (B) line 15)* ▶	771,433.

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

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)	1	3,786,984.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,085,114.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-298,130.
4	Net unrealized gains (losses) on investments	4	110,298.
5	Donated services and use of facilities	5	
6	Investment expenses	6	14,918.
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-14,916.
9	Total adjustments (net) Add lines 4-8	9	110,300.
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-187,830.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	4,033,068.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	110,298.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	109,500.		
e	Add lines 2a through 2d			2e	219,798.
3	Subtract line 2e from line 1			3	3,813,270.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	14,918.		
b	Other (Describe in Part XIV)	4b	-41,204.		
c	Add lines 4a and 4b			4c	-26,286.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)			5	3,786,984.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	4,220,898.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	109,500.		
e	Add lines 2a through 2d			2e	109,500.
3	Subtract line 2e from line 1			3	4,111,398.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	14,918.		
b	Other (Describe in Part XIV)	4b	-41,202.		
c	Add lines 4a and 4b			4c	-26,284.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)			5	4,085,114.

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 IV, 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.

Part V, line 4: For the board to use to apply to future grants.

Part XII, line 2d: Special Events Expense

Part XIII, line 2d: Special Events

PartXI, Line 8: Unrealized loss on sale of investments

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization: McLeod Health Foundation

Employer identification number: 57-0818672

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a [X] Mail solicitations
b [X] Email solicitations
c [X] Phone solicitations
d [X] In-person solicitations
e [ ] Solicitation of non-government grants
f [ ] Solicitation of government grants
g [X] Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [X] Yes [ ] No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 Dinner/Auction (event type)	(b) Event #2 Golf Tournmt (event type)	(c) Other Events 3 (total number)	(d) Total Events (Add col. (a) through col. (c))
Revenue	1 Gross receipts	67,513.	78,795.	136,937.	283,245.
	2 Less: Charitable contributions	42,875.	63,125.	84,028.	190,028.
	3 Gross revenue (line 1 minus line 2)	24,638.	15,670.	52,909.	93,217.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	16,767.	39,326.	53,407.	109,500.
	8 Direct expense summary. Add lines 4 through 7 in column (d) ▶				(109,500.)
	9 Net income summary. Combine lines 3 and 8 in column (d) ▶				-16,283.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary. Combine lines 1 and 7 in column (d) ▶				

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities:		
a	Is the organization licensed to operate gaming activities in each of these states? 9a		
b	If "No," Explain:		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a		
b	If "Yes," Explain:		
11	Does the organization operate gaming activities with nonmembers? 11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? 12		

			Yes	No
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility	13a	%		
b An outside facility	13b	%		
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:				
Name ▶				
Address ▶				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a		
b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____ .				
c If "Yes," enter name and address:				
Name ▶				
Address ▶				
16 Gaming manager information:				
Name ▶				
Gaming manager compensation ▶ $ _____				
Description of services provided ▶				
☐ Director/officer ☐ Employee ☐ Independent contractor				
17 Mandatory distributions:				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a		
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization
McLeod Health Foundation

Employer identification number
57-0818672

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? [X] 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 (Form 990) 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
Mcleod Regional Medical Center 555 E.Cheves St. Florence, SC 295010000	57-0370242	501(c)(3)	257,818.	0.			Unrestricted Funds
Mcleod Regional Medical Center 555 E.Cheves St. Florence, SC 295010000	57-0370242	501(c)(3)	75,000.	0.			Guest House
Mcleod Regional Medical Center 555 E.Cheves St. Florence, SC 295010000	57-0370242	501(c)(3)	920,593.	0.			Children Services
Mcleod Regional Medical Center 555 E.Cheves St. Florence, SC 295010000	57-0370242	501(c)(3)	200,000.	0.			Hospice Services
Mcleod Regional Medical Center 555 E.Cheves St. Florence, SC 295010000	57-0370242	501(c)(3)	215,370.	0.			Cancer Services
Mcleod Regional Medical Center 555 E.Cheves St. Florence, SC 295010000	57-0370242	501(c)(3)	669,336.	0.			Duke Endowment

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

3 Enter total number of other organizations ▶

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** ***Schedule I (Form 990) 2008***

832101 12-18-08

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

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

Schedule I, Part I, Line 2: McLeod Health Foundation receives invoices from the different departments of McLeod Regional Medical Center confirming the purchase of the item or items for which the grant was approved.

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ **Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).**

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization
McLeod Health Foundation

Employer identification number
57-0818672

Part I ***Continuation of Grants and Other Assistance to Governments and Organizations in the U.S.*** (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Mcleod Regional Medical Center 555 E.Cheves St. Florence, SC 295010000	57-0370242	501(c)(3)	12,340.	0.			Other Restricted
Mcleod Regional Medical Center 555 E.Cheves St. Florence, SC 295010000	57-0370242	501(c)(3)	49,843.	0.			Diabetes
Mcleod Regional Medical Center 555 E.Cheves St. Florence, SC 295010000	57-0370242	501(c)(3)	230,000.	0.			Mobile Mamography
Mcleod Regional Medical Center 555 E.Cheves St. Florence, SC 295010000	57-0370242	501(c)(3)	13,000.	0.			Cardiac MMC - Dillon
Mcleod Regional Medical Center 555 E.Cheves St. Florence, SC 295010000	57-0370242	501(c)(3)	150,000.	0.			Sensory Garden
Mcleod Regional Medical Center 555 E.Cheves St. Florence, SC 295010000	57-0370242	501(c)(3)	71,117.	0.			Employee Emergency Fund
Mcleod Regional Medical Center 555 E.Cheves St. Florence, SC 295010000	57-0370242	501(c)(3)	1,000.	0.			Scholar - Boyd
Mcleod Regional Medical Center 555 E.Cheves St. Florence, SC 295010000	57-0370242	501(c)(3)	2,186.	0.			Scholar - Kraikit

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ **Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).**

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization
McLeod Health Foundation

Employer identification number
57-0818672

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the U.S.** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Mcleod Regional Medical Center 555 E.Cheves St. Florence, SC 295010000	57-0370242	501(c)(3)	4,000.	0.			Scholar - Sports Med Keir

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

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: McLeod Health Foundation

Employer identification number: 57-0818672

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 indemnification 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 of the expenses described above? If "No," complete Part III to explain — 1b		
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		
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		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan? — 4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement? — 4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Only 501(c)(3) and 501(c)(4) organizations 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		X
b	Any related organization? — 5b		X
	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		X
b	Any related organization? — 6b		X
	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		X
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		X

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

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

Note. The sum of columns (B)(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				
	(i)	0.	0.	0.	0.	0.	0.	0.
Robert L. Colones	(ii)	503,958.	67,249.	57,174.	0.	26,074.	654,455.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
Dr. Danny Hyler	(ii)	369,232.	0.	14,564.	5,250.	18,355.	407,401.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
Deborah Locklair	(ii)	157,520.	14,653.	24,388.	0.	12,923.	209,484.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
Marie G. Segars	(ii)	278,941.	45,112.	23,873.	0.	19,241.	367,167.	0.
	(i)	95,476.	17,115.	15,998.	0.	22,648.	151,237.	0.
Jill Bramblett	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the Organization

McLeod Health Foundation

Employer Identification number

57-0818672

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
J. Givens Young Trustee	1.00	X						0.	0.	0.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J-2 (Form 990) 2008

832201 12-18-08

SCHEDULE L
(Form 990 or 990-EZ)

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 38a or 40b.

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization: McLeod Health Foundation

Employer identification number: 57-0818672

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	(c) Corrected? 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? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total			▶ $							

Part III Grants or Assistance Benefiting 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, lines 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	(e) No
Lynn R. Owens	Owner of Aiken & Co	1,200,000.	Insurance		X
Frederick R. Saunders, Jr.	President/CEO with	100,000.	CD		X

See Schedule O for Schedule L Continuations

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: McLeod Health Foundation

Employer identification number: 57-0818672

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art - Works of art	X	8	3,740.	Other
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		14,885.	Other
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	9	2,993.	Other
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (Services/Adve)	X	15	117,532.	Cost or selling price
26	Other ▶ (Rental or Lea)	X	9	23,415.	Other
27	Other ▶ (Other)	X	28	13,864.	Other
28	Other ▶ (Jewelry)	X	5	7,750.	Other

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment . . . 29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: McLeod Health Foundation

Employer identification number: 57-0818672

Form 990, Part III, Line 4d, Other Program Services:

Mobile Mammo - Expenditures to be used for the purchase of a mobile unit that can give women easy access to mammograms.

Guest House - Expenditures for operating costs and renovations of a housing facility available for families of critically ill patients of McLeod Regional Medical Center.

Cancer - Expenditures for equipment and programs for McLeod Regional Medical Center's Cancer unit including diagnostic oncology equipment and other programs supporting Cancer patients

Expenses $ 1319226. including grants of $ 1081674. Revenue $ 0.

Form 990, Part VI, Section A, line 6: McLeod Health Foundation has a sole member which is McLeod Health.

Form 990, Part VI, Section A, line 7a: The Board of McLeod Health (sole member) has final authority as needed on the makeup and decision-making of McLeod Health Foundation's Board.

Form 990, Part VI, Section A, line 7b: The Board of McLeod Health (sole member) has final authority as needed on the makeup and decision-making of McLeod Health Foundation's Board.

Form 990, Part VI, Section A, line 10: The process the organization uses to review the Form 990 consists of providing copies of the Form 990 to the Board of Trustees of McLeod Health (sole member of McLeod Health Foundation) at the June 2010 Board meeting, along with a presentation

covering the Form 990 by the preparing firm, Deloitte Tax, to allow for a thorough review by the sole member's Board before the filing date of August 16, 2010.

Form 990, Part VI, Section B, Line 12c: McLeod Health Foundation regularly and consistently monitors and enforces compliance with the conflict of interest policy in that any director, principal officer, or member of a committee with governing board delegated powers, who has a direct or indirect financial interest, must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of the committees with governing board delegated powers considering the proposed transaction or arrangement. The remaining individuals on the governing board or committee meeting will decide if conflicts of interest exist. Each director, principal officer and member of a committee with governing board delegated powers annually signs a statement which affirms such person has received a copy of the conflicts of interest policy, has read and understands the policy, has agreed to comply with the policy, and understands that the organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish its tax-exempt purpose.

Form 990, Part VI, Section B, Line 15: In determining compensation of McLeod Health Foundation's Executive Director, the process included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. In the review of compensation, the Executive Director was compared to other

similarly situated organizations and positions. Individuals were not present when their compensation was determined.

Form 990, Part VI, Section C, Line 19: McLeod Health Foundation will provide any documents open to public inspection upon request.

Community Benefit Report

The Mission of the McLeod Health Foundation is to generate philanthropic and community support to perpetuate medical excellence at McLeod Health. Thanks to the generosity of this region, the Foundation has raised more than $3.8 million and has provided support for many of programs at McLeod Health. These programs include support for McLeod Children's Hospital, The Guest House at McLeod, McLeod Angels, McLeod Cancer Center for Treatment and Research and McLeod Diabetes Services just to name a few. Simply put the Foundation funds better health for thousands of families throughout Northeastern South Carolina and Southeastern North Carolina.

The Vision of the McLeod Health Foundation is to help provide the very best healthcare resources. The work done by the McLeod Foundation goes beyond the hospital walls and reaches straight into the heart of the community.

A Special Camp for Children: "Summer camp!" When heard by children and adults alike, this phrase conjures thoughts of laughing with friends, eating one's weight in mac 'n' cheese in a mess hall, singing timeless

songs by a campfire, and bunking up in wood cabins after a long day of canoeing on the lake.

For children with chronic illnesses including Asthma, Sickle Cell, and Type I Diabetes, the simplest of childhood activities such as attending a traditional summer camp can pose serious health risks. For this special group of children, McLeod Children's Hospital annually hosts Camp Health each June.

A free, three-day camp for children ages 5 to 12, Camp Health is held in the McLeod Children's Hospital Child Life Activity Center and is staffed by a team of nurses, therapists, and dieticians to monitor the children during play and rest periods.

Camp Health allows medical professionals a wonderful opportunity to educate the pediatric participants and their caregivers. Illness-specific health information and other educational materials are also provided to both the child and their family member.

Generously funded by the McLeod Foundation, Camp Health provides fun and exciting activities for these children. The 2009 Camp included a trip to the Myrtle Beach Aquarium, Water Day at the McLeod Health and Fitness Center, Science Day with ScienceSouth, bowling, games, and arts and crafts.

Camp Health brings summer fun to children with chronic illnesses and shows how living with a disease on a daily basis doesn't mean you have

to miss out on going to camp

Critical Care Units on Wheels:

When seconds count, and it's a matter of life or death, access to appropriate care and safe, immediate transportation is essential. This especially would ring true to a parent watching their child in a medical crisis or the loved one of a patient experiencing a heart attack.

In their ten years of service, the McLeod HeartReach and McLeod ChildReach ambulances have transported thousands of patients who required immediate, critical medical care. The high-risk nature of these transfers from referring facilities requires a specially trained ambulance crew and the most advanced equipment to provide this crucial level of care.

Unfortunately, wear and tear on the ambulances during the past decade resulted in numerous repairs and expenses. Recently, the time came to replace the vehicles. To obtain the new ambulances, McLeod Emergency Services requested a grant from the McLeod Foundation in the amount of $124,476.

As a result of community and employee funding support to the McLeod Foundation and the Foundation's commitment to this need, two new HeartReach and ChildReach units began transporting patients in the fall of 2009.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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McLeod Health Foundation

Employer identification number

57-0818672

The HeartReach Mobile Cardiac Unit is a Coronary Care Unit on wheels that provides emergency transport services from hospitals and patients' homes throughout the region. In addition, the technology and personnel available in transport on HeartReach is equivalent to the care received in a Cardiac/Medical Intensive Care Unit.

ChildReach, a mobile pediatric intensive care unit, transports children and newborns from community hospitals throughout the region to the high-tech, lifesaving specialists at McLeod Children's Hospital. ChildReach also provides transport services for high-risk or critical babies from hospitals in the region to the McLeod Neonatal Intensive Care Unit.

Southern Hospitality

Each holiday season at McLeod, donors of the McLeod Health Foundation are able to participate in a unique fundraiser for the Guest House at McLeod. The project involves pecans, a traditional holiday favorite treat that represents southern hospitality. The purchase of a wide variety of tins, trays or boxes of delectable pecans allows Foundation donors to give them as gifts to family, friends and business associates while also helping to provide a home away from home for families in crisis.

The Guest House at McLeod provides families comfortable accommodations with a warm home environment, while their loved ones are receiving

treatment at McLeod Regional Medical Center. Since its opening in 1995, the facility and services available at the McLeod Guest House have been made possible entirely by charitable gifts to the McLeod Foundation such as by through the purchase of Hospitality Pecans.

The only facility of its kind in the region, the Guest House at McLeod is located on Cheves Street, directly across the street from the medical center. Thanks to the generosity of donors, the comfort, convenience and peace of mind that make up the Guest House experience is available to out of town family members when they need it most.

Creating a Legacy

In 2009, the McLeod Foundation received its first two estate gifts totaling $675,580. These funds will be used to carry out one family's wish to assist McLeod Hospice with extending compassionate end-of-life care while a second family's generosity will assist the efforts to enhance and expand the McLeod Cancer Center.

Creating a legacy that will have an impact on the future of the families and communities McLeod Health serves is truly the power of giving.

McLeod Angels

Formed in 2009 by the McLeod Foundation, the McLeod Angels was designed to develop women's knowledge of the impact of philanthropy on healthcare while providing an opportunity for them to network and

receive healthcare-related education. Membership dues have also created a fund to invest effectively in projects that are building and strengthening Foundation supported programs through the power of joint contributions.

The first year for the McLeod Angels has proven informative and very fulfilling for this group of 80 women seeking to make an impact on the lives of others. And, because the Angels' fund held more than $8,000 in 2009, they were able to fund Mammogram Scholarships for women who can't afford them and the LIFT Program which provides transportation assistance for cancer patients who have difficulties getting to their treatment appointments.

Mobile Mammography Unit Continues to Impact the Region

The McLeod Mobile Mammography Unit has continued to touch the lives of women across the region during its second year of operation. The mobile unit performed 1,509 digital screening mammograms in 2009, identifying some suspicious areas that resulted in 22 biopsies. Furthermore, eleven cases of breast cancer have been diagnosed in the past two years from mammograms performed on the unit, many of these in the earliest stages of cancer.

The unit provides a convenient, comfortable, and private setting in which women can undergo a screening mammogram (an X-ray of the breast used to detect breast changes in women who have no signs or symptoms of breast cancer).

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An onsite mammogram in a mobile unit is just as safe, accurate, and confidential as going to a hospital. The state-of-the-art equipment on the unit is identical to the three digital units located in the McLeod Breast Imaging Center. An all-female team of registered radiological technologists with advanced training in the discipline of mammography staff the mobile unit. Furthermore, trained registration staff members on the unit discuss personal and financial information with each woman in a highly confidential setting.

Seventy-nine visit days took place in 2009 to a variety of community locations, events, businesses and industries throughout the region. Community visits included areas such as Chesterfield, Hemingway, and Lamar, as well as McLeod Family Medicine Centers in Bishopville, Johnsonville, Lake City, and Timmonsville.

Business visits included school districts across the region and industries in Hartsville, Dillon, Myrtle Beach, and Sumter. Many groups also toured the unit including the 2009 Leadership Florence Class, the McLeod Foundation Fellows, She Saturday attendees, and participants of the Women in Industry event held at the McLeod Resource Center.

The McLeod Mobile Mammography Unit will continue making a difference in 2010, with nearly 100 visits scheduled to date, made possible through the power of giving.

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New Breast Cancer Detection and Treatment Technology

Each year, more than 200,000 women are diagnosed with breast cancer. At McLeod, breast cancer is the most diagnosed form of cancer among patients annually. This figure is even more alarming as the prevalence of breast cancer at McLeod (24.3%) is much higher than it is in South Carolina (12.1%) or the United States (12.7%).

Fortunately in an effort to detect this devastating disease at earlier more treatable stages, McLeod is the only hospital in the region to offer a dedicated breast health program. To further this mission, the generosity of donors has allowed McLeod to remain on the cutting edge of early diagnosis and treatment. One technological advancement of note is a new Dedicated Breast MRI Biopsy Table that was recently purchased.

The 2009 "An Evening of Hope" Cancer Benefit Dinner, provided this new tool in the fight against breast cancer through earlier detection. A Breast MRI has the highest sensitivity for detection of breast cancer in high-risk patient groups, and is most often performed when a suspicious area in a women's breast can not be identified as cancerous by other imaging studies.

The biopsy table provides high quality images for a customized exam that performs more accurate biopsies, permitting access to every quadrant of the breast. In addition, the equipment provides a more comfortable exam, reduces time spent on the table, and can accommodate a larger variety of patients than other systems. McLeod Health is the

only hospital in the region and the fourth hospital in the state to offer this cutting edge technology.

This addition to the McLeod Breast Health Program is improving diagnosis, providing access to better treatment options locally and may possibly increase survival for cancer patients by detecting cancer at an earlier, more treatable stage. The power of giving from donors continues to improve care for our community.

A New Home for Pediatric Rehabilitation

For those children who need extra tender loving care, McLeod Pediatric Rehabilitation has been there for them and their families for the past 20 years.

The children who receive therapy from McLeod struggle daily with the learning and relearning of sensory awareness patterns. Often, they lack the cognitive and motor skill development necessary for adapting and functioning within their natural environments, and must battle the general acceptance of their special needs by those around them. The growth of the program within the last 20 years has been tremendous, therefore the need for an expansion and relocation was necessary. The McLeod Foundation funding in the amount of $179,380 made the new location for Pediatric Rehabilitation a reality.

The relocation of pediatric services to a larger facility enabled the team of therapists to expand their capabilities and provide the

children with a more advanced therapeutic environment. The addition of indoor climbing structures, extra therapeutic toys and equipment, and an outside play area provide the therapists with a wider range of resources to help the children. Every inch of space has been designed to promote a sense of belonging to children of all ages.

For children with developmental differences learning the same skills as their peers is very important to the therapists of McLeod Pediatric Rehabilitation. And, thanks to the generosity of Foundation donors, this new facility and equipment is a shining example of how the power of giving can impact a child's life by helping them overcome the obstacles they face everyday.

Kohl's Cares for Kids

Kohl's has become a valued McLeod partner in the care of children through the prevention of injuries.

In 2009, the McLeod Foundation was awarded a grant of more than $30,000 by Kohl's Cares for Kids to support Safe Kids Florence programs.

The Kohl's Cares for Kids donation enables Safe Kids Florence, led by McLeod Health, to offer the Third Thursday with Kohl's Safe Seats Child Safety Seat Check program. The program, which began in November of 2008, offers free child safety seat checks to the community on the third Thursday of each month from 4:00 p.m. to 6:00 p.m. in the Florence Kohl's parking lot.

Safe Kids Florence certified car seat technicians are on site at each event. Child safety seat technicians closely follow a child passenger safety seat checklist of child safety seat qualifications to ensure the protection of each child. The Kohl's Cares for Kids grant also funds the availability of free child safety seats to those in need.

Serving Their Community

Health fairs are extremely beneficial resources to the communities in which they serve. In fact, these events play a much more vital role in prevention of illnesses than they are credited. Such outreach services offer participants access to care and exposure to a variety of specialties and caregivers. Health fair screenings and attention to the results also often assist in earlier detection of certain diseases.

In 2009, McLeod Medical Center Darlington planned a free family health fair. A grant from the McLeod Foundation made it possible for the hospital to provide free health screenings for cholesterol, diabetes, PSA levels, bone density, PVD, stroke and blood pressure. During the health fair, seven medical professionals including four physicians provided brief presentations on several health-related topics including knee replacements, attention deficit disorder, colon cancer, breast cancer, diabetes, yoga and nutrition. In addition, the health fair included numerous activities for children. With the assistance of the Foundation, McLeod Darlington was able to perform:

150 Blood pressure/stroke screenings

124 Cholesterol tests

120 Blood Sugar tests

62 Bone Density exams

40 PSA blood tests

31 Hearing Screenings

24 PVD screenings

The McLeod Diabetes Center also counseled 3 patients with known diabetes; detected 15 individuals with pre-diabetes; and diagnosed at least 2 people with probable undiagnosed diabetes.

A Dream Comes True

Each stroll through this garden may evoke a sweet memory of the past, images of long walks in the park, a visit to the shore or the days spent in a family garden.

Whatever the reflection, the intent of this place is the same - to create an environment for peaceful thoughts and respite from the burden of coping with end of life issues.

The McLeod Hospice Sensory Garden was a dream that began when Eleanor Becker, the mother of Dr. Carolyn Reynolds, was a patient at the McLeod Hospice House. Mrs. Becker had once acknowledged that she longed to spend her final days enjoying the world of nature that had meant so much to her. Dr. Reynolds soon realized that, while the areas around the Hospice House provided her with that solitude and beauty, they did

not allow her mom to fully experience the many sensory delights of nature.

After her mother's death, Dr. Reynolds and her family, wishing to fulfill this vision, enlisted the support of the McLeod Health Foundation to make their mother's desire a reality for others to enjoy.

The garden was opened to families and guests by the spring of 2009.

Medication Safety for the Youngest Patients

McLeod Health is a recognized leader nationally in patient safety for its dedicated efforts to eliminate medication errors in its hospitals. For more than ten years, McLeod has been committed to investigating new tools and approaches to reduce adverse drug events.

Several years ago, McLeod took another step toward designing the safest medication delivery system possible by installing the Alaris IV Infusion System at all three medical centers. The Alaris IV Pump is categorized as a "smart pump" because the pump provides safety checks that reduce the possibility of IV infusion errors. These pumps also include the Guardrail software protection system that allows the pharmacy and nurse to set limits on how much of a particular medication a patient can receive. The guardrail system alerts the nurse when the dose of medication programmed into the pump exceeds safety standards, thereby allowing the nurse to immediately adjust the level of medication to the correct amount before it is delivered to the patient.

However for patients of the McLeod Neonatal Intensive Care Unit (NICU) and Pediatric Intensive Care Unit (PICU), the Alaris IV Pumps were not conducive to the pediatric population, because the pumps were designed to deliver a larger amount of medication to a patient. Fortunately, an alternative syringe pump system was available which allows the specialized team of medical professionals in the Children's Hospital to deliver much smaller, precise amounts of medicine to its tiniest patients.

A grant from the McLeod Foundation enabled the Children's Hospital to purchase 58 Alaris Syringe Pumps for the NICU and PICU.

This commitment to patient safety demonstrates how the power of giving by donors helps protect our smallest patients by preventing medication errors.

Part XI, Line 2c

Financial Statements Explanation:

The process McLeod Health Foundation uses for oversight of the audit of its financial statements and selection of an independent accountant is consistent with the prior year.

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: Lynn R. Owens

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: McLeod Health Foundation

Employer identification number: 57-0818672

(b) Relationship Between Interested Person and Organization:

Owner of Aiken & Company

(a) Name of Person: Frederick R. Saunders, Jr.

(b) Relationship Between Interested Person and Organization:

President/CEO with First Reliance Bank

Form 990, Part VII, Section A

Explanation of hours and related compensation

Robert L. Colones' compensation is paid by McLeod Health, a related organization of McLeod Health Foundation. The compensation he receives is for his role as CEO of McLeod Health and not for his role as a Board Member, an uncompensated role, of McLeod Health Foundation. Hours worked are not tracked on an entity by entity basis. Therefore, all hours reported on Form 990, Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors represent aggregate hours worked per week.

Danny Hyler's compensation is paid by McLeod Physician Associates II, a related organization of McLeod Health Foundation. The compensation he receives is for his role as physician in McLeod Physician Associates II and not for his role as a Board Member, an uncompensated role, of McLeod Health Foundation. Hours worked are not tracked on an entity by entity basis. Therefore, all hours reported on Form 990, Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors represent aggregate

hours worked per week.

Deborah Locklair's compensation is paid by McLeod Medical Center - Dillon, a related organization of McLeod Health Foundation. The compensation she receives is for her role as Vice President at McLeod Medical Center - Dillon and not for her role as a Board Member, an uncompensated role, of McLeod Health Foundation. Hours worked are not tracked on an entity by entity basis. Therefore, all hours reported on Form 990, Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors represent aggregate hours worked per week.

Marie Segars' compensation is paid by McLeod Regional Medical Center, a related organization of McLeod Health Foundation. The compensation she receives is for her role as Senior Vice president at McLeod Regional Medical Center and not for her role as a Board Member, an uncompensated role, of McLeod Health Foundation. Hours worked are not tracked on an entity by entity basis. Therefore, all hours reported on Form 990, Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors represent aggregate hours worked per week.

SCHEDULE R (Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization: McLeod Health Foundation

Employer identification number: 57-0818672

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
McLeod Regional Medical Center of the Pee Dee, Inc. - 57-0370242, 555 Cheves Street, Florence, SC 29501-4423	To operate a community hospital	South Carolina	501(c)(3)	3	N/A
McLeod Regional Medical Center - Dillon - 51-0473471, 555 Cheves Street, Florence, SC 29501-4423	To operate a community hospital	South Carolina	501(c)(3)	3	N/A
McLeod Physician Associates II - 20-2935692 555 Cheves Street Florence, SC 29501-4423	Physician Services	South Carolina	501(c)(3)	3	N/A
McLeod Health - 51-0473500 555 Cheves Street Florence, SC 29501-4423	To operate a healthcare system	South Carolina	501(c)(3)	3	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) Disproportionate allocations? Yes	(H) No	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner? Yes	(J) No
McLeod Medical Partners, LLP - 57-0812002, 4401 Barclay Down Dr, Suite 3, Charlotte, SC 28209-4670	Rental	SC	N/A	N/A	0.	0.		X	N/A		X

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
McLeod Physician Associates - 58-2279897 555 E. Cheves St. Florence, SC 29501	Physician Services	SC	N/A	C CORP	0.	0.	.00%

Part V **Transactions With Related Organizations**

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to other organization(s)	1b	X	
c Gift, grant, or capital contribution from other organization(s)	1c		X
d Loans or loan guarantees to or for other organization(s)	1d		X
e Loans or loan guarantees by other organization(s)	1e		X
f Sale of assets to other organization(s)	1f		X
g Purchase of assets from other organization(s)	1g		X
h Exchange of assets	1h		X
i Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n Sharing of paid employees	1n		X
o Reimbursement paid to other organization for expenses	1o	X	
p Reimbursement paid by other organization for expenses	1p	X	
q Other transfer of cash or property to other organization(s)	1q		X
r Other transfer of cash or property from other organization(s)	1r		X

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

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) McLeod Regional Medical Center of the Pee Dee, Inc.	B	2,149,005.
(2) McLeod Regional Medical Center - Dillon	B	284,915.
(3) McLeod Physician Associates	B	32,200.
(4) McLeod Health	B	45,000.
(5) McLeod Regional Medical Center of the Pee Dee, Inc.	O	10,368.
(6) McLeod Health	P	966,149.

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

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations? Yes	(D) No	(E) Share of end-of-year assets	(F) Disproportionate allocations? Yes	(F) No	(G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner? Yes	(H) No

Form 990 Page 10 990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	Equipment	Varies		.000	16	856,857.			856,857.	73,448.		0.
	* Total 990 Page 10 Depr					856,857.		0.	856,857.	73,448.	0.	0.

Form **8868**
(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ ☑
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ▶ ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (*e-file*). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print	Name of Exempt Organization	Employer Identification number
File by the due date for filing your return See instructions.	McLeod Medical Center Foundation	57 0818672
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	555 East Cheves Street	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Florence, SC 29506	

Check type of return to be filed (file a separate application for each return):

☑ Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 5227
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

- The books are in the care of ▶ Mark W Cameron

Telephone No ▶ (843) 777-5304 FAX No. ▶ (843) 777-5537

- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)_____. If this is for the whole group, check this box . . . . . ▶ ☐. If it is for part of the group, check this box . . . . . ▶ ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until May 15, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year 20_____ or

▶ ☑ tax year beginning October 1, 20 08, and ending September 30, 20 09.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.