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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2008

OMB No 1545-0047

Open to Public Inspection

A Fo	r the 2	2008 ca	lendar yea	r, or tax year beginning 1	0-01-2008 and ending 09-30-20	09						
B Che	eck if ap	pplicable	Please	C Name of organization Marion Regional Healthcare	System		D Employer id	lentification number				
☐ Add	Iress ch	ange	use IRS label or	Doing Business As	-,		57-11264 E Telephone n					
☐ Nar	ne chai	nge	print or type. See	Doing Business As								
┌ Inıt	ıal retur	rn	Specific	Number and street (or P O	box if mail is not delivered to street addr	ess) Room/suite	(843) 431-					
┌ Ter	mınatıo	n	Instruc- tions.	POST OFFICE BOX 1150			G Gross receip	pts \$ 78,549,630				
┌ Am	ended r	return		City or town, state or count	ry, and ZIP + 4		1					
☐ App	lication	pending		MARION, SC 295711150								
			F Nan	ne and address of Princip	al Officer	H(a) Ta +b		- for				
			Donald	H Lloyd			us a group retur ates?	TYes ▼ No				
				: HWY 76 ,SC 29574								
т Та	x-exem	pt status) (3) ◀ (insert no)	7(a)(1) or	1 ' '	ll affiliates includ	t See instructions)				
1 W	ah cita	a• b • \\/\\		NCOUNTYMEDICAL CO		_	up Exemption N					
, ,,	CD SIC	C. F ****	WINAKIOI	VCOONTTMEDICAL CO	,,	11(0)	,					
К Тур	e of org	anızatıon	✓ Corporat	ion trust association	other ►	L Year of Fo	ormation 2001	1 State of legal domicile SC				
		_										
Pa	tt I			a organization/a mississis	or most significant activities							
	*	•	nedule O	e organization's mission (or most significant activities							
Governance		566 561	iedale o									
E												
9.Ye	2	Check t	his box	ıf the organızatıon dıscon	tinued its operations or disposed	of more than 2	25% of its asse	ts				
	3	Number	of voting r	nembers of the governing	body (Part VI, line 1a)		. 3	11				
26 જ	4	Number	ofındepen	ident voting members of t	he governing body (Part VI, line 1	b)	. 4	9				
Œ.	5	Total nu	umber of en	nployees (Part V , line 2a)			5	849				
Activities &				lunteers (estimate if nec	6	45						
⋖		 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) b Net unrelated business taxable income from Form 990-T, line 34 						82,832				
	ь	Net unr	elated busi	ness taxable income fron	n Form 990-T, line 34		7b	-116,640				
	_	_				Pri	or Year	Current Year				
<u>a</u>	8				h)	•	228,141	306,287				
Ravenu	9				(g)		50,044,468	53,633,672				
ě	10						1,845,194 380,761	-69,057 165,882				
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, an 12 Total revenue—add lines 8 through 11 (must equal Part VIII, colu					ne	380,701	105,082				
		12)					52,498,564	54,036,784				
	13	Grants	and simila	ar amounts paid (Part IX,	column (A), lines 1–3)		38,337	23,155				
	14		•	r for members (Part IX, c				0				
80	15	Salarıe 10)	es, other co	ompensation, employee b	enefits (Part IX, column (A), lines	5 –	33,226,646	33,227,874				
98	16a	•	sional fund	raising fees (Part IX, coli	ımn (A), line 11e)			0				
Бхрепзев	ь			penses, Part IX, column (D), lir	, ,,							
ш	17			[Part IX, column (A), lines	·		24,007,755 23,021,863					
	18	Totale	expenses—	add lines 13–17 (must e	qual Part IX, line 25, column (A))		57,272,738	56,272,892				
	19	Reven	ue less exp	oenses Subtract line 18 f	rom line 12		-4,774,174	-2,236,108				
<u> </u>						Beginn	ing of Year	End of Year				
Net Assets or Fund Balances	20	Totala	assets (Par	t X, line 16)			74,922,943	71,650,830				
Ass dBs	21	Totall	ıabılıtıes (F	Part X, line 26)			8,073,454	7,733,108				
発音	22	Net as	sets or fun	d balances Subtract line	21 from line 20		66,849,489	63,917,722				
	t II	Sign	ature Blo	ock								
					mined this return, including accompanyin							
Plea		1.		correct, and complete Declarat	ion of preparer (other than officer) is bas	1		arer has any knowledge				
Sign		**** Signa	*** ature of office	er		2010 Date)-06-22 :					
Here		'		kecutive Vice President								
			or print nam									
		Preparer	's L		Date	Check If	Preparer's PTIN	(See Gen Inst)				
Paid		signature				self- empolyed ▶ 	-					
	arer's		ame (or yours	Grant Thornton LLP		1						
Use (nployed), and ZIP + 4	201 S COLLEGE ST STE 25	500		EIN Þ					
			· '	CHARLOTTE, NC 28244			Phone no 🕨 (704) 632-3500				
May t	he IR:	S discus	s this retu		n above? (See instructions) .			✓ Yes No				

Form 990 (2008) Part III Statement of Program Service Accomplishments (See the instructions.)

4e	Total program service exper	nses \$ 54,591,131	Must equal Part IX, Line	e 25, column (B).	
4d	Other program services (De (Expenses \$	escribe in Schedule O) including grants of S	\$) (Revenue \$)
			Transfer of the second of the	, (terende y	,
4c	(Code) (Ex	xpenses \$	including grants of \$) (Revenue \$)
4b	(Code) (E:	xpenses \$	ncluding grants of \$) (Revenue \$)
4a	THE ORGANIZATIONAL OBJECTIVE	OF MARION REGIONAL HEALTHCARE THCARE SYSTEM PROVIDED MEDICA		23,155) (Revenue \$ 5 PREHENSIVE HEALTH SERVICES TO THE R RGED 4,327 PATIENTS, HAD TOTAL DAYS	
4		ganızatıons and 4947(a)(1) tr	usts are required to repo	gest program services by expense rt the amount of grants and alloca	
	services?			Yes	☑ No
3	If "Yes," describe these new s	services on Schedule O	changes in how it conduc		
2	Did the organization undertak the prior Form 990 or 990-E2		vices during the year whi	ch were not listed on	✓ No
	See Schedule O				
1	Briefly describe the organization's mis	ssion			

Part IV	Chec	klist of	Required	Schedules

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

Part IV Checklist of Required Schedules (Continued)

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

Pa	rt V Statements Regarding Other IRS Filings and Tax Complian	ce				
					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	33			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments	to ven	dors and reportable	4.		
2-	gaming (gambling) winnings to prize winners?	i .		1c		
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	849			
b	If at least one is reported in 2a, did the organization file all required federal employ Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file th	ment t	ax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more duri					
L	return?	• •		3a	Yes	
- Б 4а	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sc. At any time during the calendar year, did the organization have an interest in, or a			3b	Yes	
-1 a	over, a financial account in a foreign country (such as a bank account, securities a account)?	-	•	4a		No
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 , <i>Financial Accounts</i> .	Report o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time dur	ıng the	tax year?	5a		No
ь	Did any taxable party notify the organization that it was or is a party to a prohibited	d tax sl	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exem	pt Entit	ty Regarding Prohibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	· ·		6a		N o
b	If "Yes," did the organization include with every solicitation an express statement t					
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization provide goods or services in exchange for any quid pro quo co	ntribut	ion of \$75 or	7a		No
	more?					110
	If "Yes," did the organization notify the donor of the value of the goods or services	•		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal propfile Form 8282?	erty for • •	which it was required to	7c		Νο
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 pa		niums on a personal	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a per-	sonal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form	8899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization required?	file a F	orm 1098-C as	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds	and se	ction 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the			8		
9	year?					
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 perso			9b		
10	Section 501(c)(7) organizations. Enter					
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıeu (of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	12b				
	year	LIZD				

2

5

8

11

Section A. Governing Body and Management

No

Νo

Νo

Νo

Νo

Νo

Yes

2

3

4

5

6

7a

7Ь

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

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	v, desc	ribe the circumstances,
1a	Enter the number of voting members of the governing body	1a	1:
b	Enter the number of voting members that are independent	1b	ġ

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?	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
3	Did the organization delegate control over manage	eme	ent	dutie	s c	usto	oma	rily	per	forn	ned	bу	or u	nde	r th	e dii	rect	
	supervision of officers, directors or trustees, or ke	у е	mp	loye	es '	to a	ma	nag	eme	nt c	om	pan	o y	oth	nerp	ers	on?	
4	Did the organization make any significant changes	s to	ıts	orga	nız	zatio	nal	doc	um	ents	sır	nce	the	pric	r Fo	orm	990	w

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

	-						_							_
6	Does the organization have member	s or stockholde	ers? .											
7a	Does the organization have member	s, stockholders	s, or ot	herpe	ersons	who may	elect	one	or mo	ore m	nembe	rs of	the	

Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .
	Did the organization contemporaneously document the meetings held or written actions undertaken during the

Did the organization contemporaneously document the meetings held or written actions undertaken during the	ì
year by the following	

	year by the following													
а	the governing body?													

b	each committee with authority to act on behalf of the governing body?	٠	•	•	•	•	•	•	•	•	•	•	•
1	Does the organization have local chapters, branches, or affiliates? .												

D	if Yes, does the organization have written policies and procedures governing the activities of such chapters,
	affiliates, and branches to ensure their operations are consistent with those of the organization?
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations

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
Is there any officer director or trustee or key employee listed in Part VII. Section A, who cannot be reached at

	. ,	, ,	•	
Is there any officer, director or	trustee, or k	ey employe	e listed in Part VII, Section A, who ca	nnot be reached at
the organization's mailing addr	ess? If "Yes,	" provide th	e names and addresses in Schedule O	

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

Yes

Yes

Section B. Policies

aovernina body? .

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
Ь	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
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website another's website upon request
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

DONALD H LLOYDCEO 2829 EAST HWY 76 MULLINS, SC 29574 (843) 431-2000

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

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

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

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

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

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

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

Part VII Continued

			() Ition that a			all			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			1							
							<u> </u>			
							\vdash			
							\vdash			
1b Total							-	2,726,098	3	174,246

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►25

			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		Νo
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule I for such person	5		Νο

Section B. Independent Contractors

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

Name	(A) e and business address	(B) Description of services	(C) Compensation
Earl Architects 301 N Main Street Suite 1730 GREENVILLE, SC 29601		Construction Plans	468,820
Alliance Healthcare Services PO Box 96485 CHICAGO, IL 606936485		MRI Services	415,881
Manon SC Emergency Physicians 3107 Stirling Road Suite 300 FT LAUDERDALE, FL 33312		ER Physicians	325,100
Atlantic Lithotripsy PO BOX 6171 FLORENCE, SC 29501		Lithotripsy Services	316,400
Quest Diagnostics 12436 Collections Center Drive CHICAGO, IL 606932436		Lab Analysis	255,283
-	ctors (including those in 1) who received more than	•	12

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated can	npaigns 1a					,,
쓡	b	Membership d	ues					
Contributions, gifts, grants and other similar amounts	с	Fundraising ev	1b /ents 1c					
£ a	d	Related organ	ızatıons1d					
S,E	e	Government gran	nts (contributions) 1e	104,618				
ution Yersi	f		tions, gifts, grants, and not included above	201,669				
ntrib d ot	g		1f rıbutıons ıncluded ın					
လ ွန်	h		es 1a-1f)		306,287			
				Business Code				
Jue	2a	NET PATIENT REV	/ENUE	900,099	52,719,591	52,719,591		
e¥e	ь	WELLNESS CENTE	 ≣R	900,099	94,089	94,089		
3 <u>4</u> 34	c CAFETERIA AND CATERING			900,099	343,236	275,531	67,705	
Š	d	DAYCARE		900,099	20,490	5,854	14,636	
Program Service Revenue	e	OTHER PROGRAM	1 REVENUE	900,099	456,266	455,775	491	
	f	All other prog	ram service revenue					
	g		es 2a-2f					
	3	► \$ 53,633,67 Investment in	2 come (including divid	dends. interest				
			amounts)	· •	644,650			644,650
			estment of tax-exempt be	▶	0			
	4	Income nom my	estiment of tax-exempt be	F				
	5	Royalties .			0			
	6a	Carre Banta	(ı) Real 198,495	(II) Personal				
	ь b	Gross Rents Less rental	32,613					
		expenses Rental income	165,882					
	c d	or (loss)	ome or (loss)		165,882			165,882
			(ı) Securities	► (II) O ther				
	7a	Gross amount	23,766,526	(II) O tilel				
		from sales of assets other						
	b	than inventory Less cost or other basis and	24,480,233					
		sales expenses	-713,707					
	d d	Gain or (loss) Net gain or (lo			-713,707			-713,707
	8a		from fundraising					
Other Revenue		events (not in \$	ns reported on line					
ě			e G ıf total exceeds					
<u>.</u>	ь		xpenses b					
dir	c		(loss) from fundraisi	ng events	0			
	9a	Gross income activities See Complete Schee exceeds \$15,00	e part IV , line 19 dule G if total 00	·				
	ь	Loca duranti	a xpensesb					
	c	Net income or	(loss) from gaming a	activities •-	0			
	10a	Gross sales o returns and al	f inventory, less lowances .	-				
	ь	Less cost of						
	с		(loss) from sales of	inventory	0			
		Miscellaneou	ıs Revenue	Business Code				
	11a							
	ь							
	С							
	d	All other reve	nue					
	e	Total. Add line		\$				
	12	Total Danie	. Add lines 41: 0 : 0	0	54,036,784	53,550,840	82,832	96,825
	12	8c,	e. Add lines 1h, 2g, 3		5-7,050,764	040,040	02,032	30,023

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgalised in the section 501(c)(3) and 501(c)(4) orgalised in the section 501(c)(4) organizations must complete column (A) but are not re).
	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	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	23,155	23,155		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,326,468	780,489	545,979	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	25,403,855	25,403,855		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	763,685	763,685		
9	Other employee benefits	3,801,847	3,801,847		
10	Payroll taxes	1,932,019	1,932,019		
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	129,919		129,919	
c	Accounting	83,140		83,140	
d	Lobbying	6,678		6,678	
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	4,688,465	4,541,136	147,329	
12	Advertising and promotion	183,530		183,530	
13	Office expenses	8,622,863	8,357,733	265,130	
14	Information technology	284,258	284,258		
15	Royalties	0			
16	Occupancy	1,244,899	1,240,104	4,795	
17	Travel	3,700	3,680	20	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	77,310	59,827	17,483	
20	Interest	61,807	61,807		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	4,278,474	4,278,474		
23 24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of	939,051	939,051		
	total expenses shown on line 25 below)	4 345 555	4 227 24-	22.775	
	MAINTENANCE CONTRACTS/REPAIRS	1,315,625	1,277,847	37,778	
Ь	AGENCY LABOR	313,013	313,013		
c C	OTHER/MISC	261,173	261,173	60 E11	
	COLLECTION AGENCY FEES	212,425	142,914	69,511	
	All other expenses	159,326	125.064	159,326	(
т 25	Total functional expenses. Add lines 1 through 24f	156,207	125,064	31,143	
		56,272,892	54,591,131	1,681,761	(
26	Joint Costs. Check T 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				

Dart V	Balance	Shoot
Part X	Balance	Sheet

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			1,752,401	1	687,145
	2	Savings and temporary cash investments			693,642	2	1,241,643
	3	Pledges and grants receivable, net			34,291	3	128,033
	4	Accounts receivable, net			9,876,285	4	10,746,720
	5	Receivables from current and former officers, directors, trustees, k other related parties Complete Part II of Schedule L		mployees or		5	
	6	Receivables from other disqualified persons (as defined under sect persons described in section 4958(c)(3)(B) Complete Part II of Sci				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			1,321,356	8	1,271,391
22	9	Prepaid expenses and deferred charges			1,311,599	9	1,408,533
Assets	10a	Land, buildings, and equipment cost basis	ا ۔	84.361.083			
⋖		<u> </u>	.0a	04,361,063	-		
	Ь	Less accumulated depreciation Complete Part VI of Schedule D	оь	53,299,922	33,286,024	10c	31,061,161
	11	Investments—publicly traded securities			22,106,553	11	21,835,550
	12	Investments—other securities See Part IV, line 11 Complete Part Schedule D	VII	of		12	
	13	Investments—program-related See Part IV, line 11 Complete Part of Schedule D.	VII	•	1,300,000	13	1,300,000
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			3,240,792	15	1,970,654
	16	Total assets. Add lines 1 through 15 (must equal line 34)			74,922,943	16	71,650,830
	17	Accounts payable and accrued expenses .			4,348,663	17	4,078,455
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
e S	21	Escrow account liability Complete Part IV of Schedule D				21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Ę		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			3,639,812	23	3,570,538
	24	Unsecured notes and loans payable				24	
	25	Other liabilities Complete Part X of Schedule D			84,979	25	84,115
	26	Total liabilities. Add lines 17 through 25			8,073,454	26	7,733,108
es		Organizations that follow SFAS 117, check here ▶	e lir	nes 27			
Balance	27	Unrestricted net assets			66,849,489	27	63,917,722
<u> </u>	28	Temporarily restricted net assets			28		
<u> </u>	29	Permanently restricted net assets			29		
r Fund		Organizations that do not follow SFAS 117, check here ► □ and colors 30 through 34.	lete				
S O.	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
ΔSS	32	Retained earnings, endowment, accumulated income, or other fund		32			
Net /	33	Total net assets or fund balances			66,849,489	33	63,917,722
Ž	34	Total liabilities and net assets/fund balances			74,922,943		71,650,830
	l 						
Pa	rt XI	Financial Statements and Reporting					

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

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

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As Filed Data -

DLN: 93493175001050

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Open to Public Inspection

Nam	e of th	e organizat i	on					Em	ployer ide	ent if icat io	n number
Mario	n Regior	nal Healthcare	System								
									-1126478		
	rt I			harity Status (to be collation because it is (Please					Instruct	ions)	
	organiz —								(A \/:\		
1	<u> </u>			nurches, or association of ch			Section 1	LYU(B)(I)((A)(I).		
2									:::\	. L. C. L. J	I I \
3 4	<u></u>	•	·	•			-				•
4	ı		name, city, and	zation operated in conjunctive	OII WILII a I	iospitai ui	escribed ii	Section	170(D)(1)	(A)(III). E	iiter tile
5	г	•		for the benefit of a college or	runiversit	v owned o	r operated	l by a gove	arnmental	unit desc	rihed in
•	'	•	•	(Complete Part II)	university	y owned o	Горегатеа	i by a gove	: i i i i i i i i i i i i i i i i i i i	unit desc	nibeu iii
6	Г			overnment or governmental	unit descr	ibed in Se	ction 170	(b)(1)(A)	(v).		
7	, T	•	-	ally receives a substantial p						n the aene	eral public
-	•	=		b)(1)(A)(vi) (Complete Par			a g			9	F
8	Г		-	ped in Section 170(b)(1)(A)	•	plete Par	tII)				
9	Ē		•	ally receives (1) more than			-	ontribution	ıs, membe	ership fees	and gross
	,			lated to its exempt functions							
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess section	on 511 ta:	x) from bu	sinesses
		acquired by	the organizati	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)		
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ction 509	(a)(4). (S	ee instruc	tions)
11	Γ	An organiza	atıon organızed	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to o	arry out t	he purposes of
				orted organizations describe				•		Section 5	09(a)(3). Check
		a T		type of supporting organization type II c	Type III			_	.n d	□ Type	III - Other
e	Г		• •	rtify that the organization is			-				
_	'	•	-	agers and other than one or			•			•	•
		section 50									
f		If the orgar		d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organization,
g				as the organization accepted	d anv dift	or contrib	ution from	anv of the	<u> </u>		,
_		following pe		,	, 5			,			
		(i) a perso	n who directly o	or indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No
			· -	ing body of the the supported	_	tion?				11g	
			•	erson described in (i) above						11g(
_				ity of a person described in (11g(iii)
h		Provide the	following infori	mation about the organizatio	ns the org	anızatıon	supports				
	/:> N -		/::> FIN	(:::) T	(:) 7	- 41	()				
		ame of orted	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) I organız			ou notify inization		Is the zation in	(vii) A mount of support?
		ızatıon		above or IRC section	col (i)		_	i) of your		organized	
				(See Instructions))	yourgo	-	supp	ort?	ın the	US?	
					docur		<u> </u>	T	 		4
					Yes	No	Yes	No	Yes	No	
					<u> </u>				 	 	
										 	
					<u> </u>					 	
					 				 	 	

Total

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

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, Check this	oox an	u see	▶ □
	ınstructions							F-1

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

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

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

EIN: 57-1126478

Name: Marion Regional Healthcare System

Form 990, Part VII - Section Aaa

Torin 550, Fart VII - Section Add										1
		Posit t	(C non (hat a	chec		İ			(-)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
DANIEL W BLUE JR , BOARD MEMBER	4 0	Х						1,500	0	0
WARREN WELLS , BOARD MEMBER	4 0	Χ						1,050	0	0
CHARLES P HODGES III , BOARD MEMBER	4 0	Х						1,650	0	0
CLEM P HAM , BOARD MEMBER	4 0	Х						1,650	0	0
EDWIN PAGE ROGERS JR , BOARD MEMBER	4 0	X						1,500	0	0
MARY EADDY , BOARD MEMBER	4 0	Х						1,500	0	0
BRUCE I SIEGAL , BO ARD CHAIRMAN	4 0	Х		Х				3,300	0	0
MARY LOIS GERALD , BOARD VICE CHAIRMAN	4 0	Х		х				1,650	0	0
JANIE M JOHNSON , BOARD MEMBER	4 0	Х						1,500	0	0
CHARLES R JOHNSON , BOARD SECRETARY	4 0	Х		х				1,650	0	0
DR GANGATHARAN MATHISUTHAN , PHYSICIAN BOARD MEMBER	40 0	Х						87,182	0	0
HAROLD E TUCKER , PRESIDENT & CEO	40 0			х				155,185	0	48,962
ALTA S DUBOSE , VP OF FINANCE/CFO	40 0			х				137,304	0	8,779
VICKIE L UNDERWOOD , VP- NURSING/CNO	40 0				х			149,168	0	7,131
DONALD H LLOYD , EXECUTIVE VP	40 0				Х			159,733	0	12,598
PETER SPOHN , PHYSICIAN	40 0					Х		520,861	0	25,992
VEGE R RAO , PHYSICIAN	40 0					Х		420,402	0	19,713
KENNETH H MINCEY , PHYSICIAN	40 0					Х		374,046	0	
ERIC S YOUNG , PHYSICIAN	40 0					Х		344,589	0	,
STEPHEN P REGEC , PHYSICIAN	40 0					Х		360,678	0	17,039

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

<u> </u>					
	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a NET PATIENT REVENUE	900,099	52,719,591	52,719,591		
b WELLNESS CENTER	900,099	94,089	94,089		
c CAFETERIA AND CATERING	900,099	343,236	275,531	67,705	
d DAYCARE	900,099	20,490	5,854	14,636	
e OTHER PROGRAM REVENUE	900,099	456,266	455,775	491	

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

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

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

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

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

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

If th	, ,, ,	es," to Form 990, Part IV, Line 5 (P		(III)	iot complete rait ii / t
N a	ame of the organization inon Regional Healthcare System	izations complete Fart III			ntification number
Par		by all organizations exempt ee the instructions for Schedule		57-1126478 n 501(c) and section	
1	Provide a description of the oi	rganızatıon's dırect and ındırect polit	ical campaign ac	tivities in Part IV	
2	Political expenditures				\$
3	V olunteer hours				
Pai	rt I-B To be completed I for Schedule C for d	by all organizations exempt letails.)	under sectio	n 501(c)(3). (See the	instructions
1	Enter the amount of any excis	e tax incurred by the organization ur	nder section 495	5	\$
2	Enter the amount of any excis	e tax incurred by organization manage	gers under sectio	n 4955	\$
3	If the organization incurred in	a section 4955 tax, did it file Form 4	4720 for this yea	r?	┌ Yes
4a	Was a correction made?				┌ Yes
Ь	If "Yes," describe in Part IV				
Pai		by all organizations exempt s for Schedule C for details.)	under sectio	n 501(c), except sec	tion 501(c)(3).
1	Enter the amount directly exp	ended by the filing organization for s	ection 527 exem	pt function activities	\$
2	Enter the amount of the filing of 527 exempt funtion activities	organızatıon's ınternal funds contribu	uted to other orga	nizations for section	\$
3	Total of direct and indirect ext 1120-POL, line 17b	empt function expenditures Add line	es 1 and 2 and en	ter here and on Form	\$
4	Did the filing organization file	Form 1120-POL for this year?			┌ Yes
5	were made Enter the amount political contributions receive	nd Employer Identification Number (paid and indicate if the amount was p d and promptly and directly delivere action committee (PAC) If additions	paid from the filing d to a separate po	g organızatıon's own ınterna olitical organızatıon, such a	ıl funds or were s a separate
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

	(election under sec	organizations exempt under section 501(tion 501(h)). (See the instructions for Schedul belongs to an affiliated group		768
	<u> </u>	checked box A and "limited control" provisions apply		
	Limits on Lo	bbying Expenditures— s" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) A ffiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		
c	Total lobbying expenditures (add line	es 1a and 1b)		
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures	(add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter to columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000	The lobbying nontaxable amount is: 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (ente	r 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -	0 - If line g is more than line a		
i	Subtract line 1f from line 1c Enter -	0- ıf lıne f ıs more than lıne c		
j 	If there is an amount other than zero section 4911 tax for this year?	on either line 1h or line 1i, did the organization file Form	m 4720 reporting	┌ Yes ┌ No

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

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

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

		(a	1)	(b)
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo	
i	Other activities If "Yes," describe in Part IV	Yes		6,678
j	Total lines 1c through			6,678
	11			
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?		Νo	
ь	If "Yes" enter the amount of any tax incurred under section 4912			
С	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	
Par	t III-A To be completed by all organizations exempt under section 501(c)(4)	, section	501(c)(5), or

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

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

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

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

Part IV Supplemental Information

Dues, assessments and similar amounts from members

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

Ident if ier	Return Reference	Explanation
Lobbying Activities w/o 501(h) election		Marion Regional Healthcare System (MRHS) paid \$19,973 for South Carolina Hospital Association (SCHA) dues and SCHA spent 5 6% on lobbying MRHS also paid \$22,231 for American Hospital Association (AHA) dues and AHA spent 25 01% on lobbying

1 \$

Part IV Supplemental I	nformation	
Ident if ier	Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2008

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

OMB No 1545-0047

Open to Public

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.

Inspection

Schedule D (Form 990) 2008

Name of the organization Marion Regional Healthcare System		Employer identification number				
ואויו	ion regional healthcare system		57-1126478			
Pa	rt I Organizations Maintaining Donor Ad					
	organization answered "Yes" to Form 99	0, Part IV, line 6. (a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year	(a) Donor advised funds	(b) Fullus and Other accounts			
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 advitions are the organization's property, subject to the	_	or advised Yes No			
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?	donor advisors in writing that grant funds	may be			
Pai	rt II Conservation Easements. Complete	if the organization answered "Yes" to	<u> </u>			
1	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quali	rganization (check all that apply) on or pleasure) Preservation of an Preservation of cei	historically importantly land area			
	on the last day of the tax year					
			Held at the End of the Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easement	s	2b			
С	Number of conservation easements on a certified hi	storic structure included in (a)	2c			
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d			
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	d by the organization during			
	the taxable year ►					
4	Number of states where property subject to conserva	ation easement is located ►				
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		tions, and Yes No			
6	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year ►			
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ar ►\$			
В	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	(d) above satisfy the requirements of sec	rion Yes No			
9	In Part XIV, describe how the organization reports contained balance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	the footnote to the organization's financial nents	statements that describes			
ar	t III Organizations Maintaining Collectio Complete if the organization answered '		or Other Similar Assets.			
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or researc	h in furtherance of public service,			
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ir	·			
	(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, histofollowing amounts required to be reported under SFA		r financial gain, provide the			
а	Revenues included in Form 990, Part VIII, line 1		► \$			
b	Assets included in Form 990, Part X		► \$			

Cat No 52283D

Part	100	Organizations Maintaining Collec	tions of Art,	His	<u>tori</u>	cal Treası	ires, or Othe	<u>r Similar</u>	Asse	ts (co	ntınued)
3		g the organization's accession and other reco s (check all that apply)	ords, check any	of th	e foll	owing that ai	re a significant u	ise of its co	llection	ı	
а	Γ	Public exhibition		d	Γ	Loan or exc	hange programs	;			
b	F :	Scholarly research		e	\sqcap	Other					
С	Γ	Preservation for future generations									
4	Prov Part	ide a description of the organization's collect XIV	ions and explain	how	v they	further the	organization's ex	xempt purpo	se in		
5		ng the year, did the organization solicit or rec ts to be sold to raise funds rather than to be						nılar	_	Yes	┌ No
Par	t IV	Trust, Escrow and Custodial Arra Part IV, line 9, or reported an amoun					anızatıon answ	ered "Yes	" to Fo	rm 9	90,
1a		e organization an agent, trustee, custodian o ded on Form 990, Part X?	r other intermed	ıary	for c	ontributions	or other assets	not	Γ.	Yes	┌ No
b	If"Y	es," explain why in Part XIV and complete th	e following table								
									A mou	nt	
С	Begi	nnıng balance					1c				
d	Addı	itions during the year					1d				
e	Dıst	ributions during the year					1e				
f	Endı	ng balance					1f				
2a	Dıd t	he organization include an amount on Form 9	90, Part X, line	21?					Γ.	Yes	┌ No
b	If "Y	es," explain the arrangement in Part XIV									
Pai	t V	Endowment Funds. Complete if the									
1a	Bogi	nning of year balance	Current Year	(b)	Prior Y	ear (c) I v	vo Years Back (d)	Three Years B	ack (e)Four Ye	ears Back
ь		ributions									
c		stment earnings or losses									
d		its or scholarships									
e		er expenditures for facilities	_								
		programs									
f	Adm	inistrative expenses									
g	End	of year balance									
2	Prov	ide the estimated percentage of the year end	balance held as								
а	Boar	d designated or quasi-endowment 🕨									
b	Perm	nanent endowment 🕨									
c	Term	n endowment 🕨									
3a		here endowment funds not in the possession	of the organizat	ıon t	hat a	re held and a	admınıstered for	the			
	_	nization by nrelated organizations						Γ	3a(i)	Yes	No
		elated organizations		•	•			• • •	3a(ii)		<u> </u>
ь		es" to 3a(II), are the related organizations lis							3b		
4	Desc	ribe in Part XIV the intended uses of the org	anızatıon's endo	wme	nt fu	nds		L			
Par	t VI	Investments—Land, Buildings, ar	nd Equipmen	t. S	ee F	orm 990, P	art X, line 10.				
		Description of investment				Cost or other (investment)	(b) Cost or other basis (other)	(c) Deprecia	ation	(d) Boo	ok value
1a l	and						1,917,778	_			1,917,778
b E	Buildir	ngs					51,787,169	28,40	4,082	2	3,383,087
c l	ease	hold improvements									
d E	quipi	ment					29,378,345	23,87	5,288		5,503,057
e (Other						1,420,000	1,16	2,761		257,239

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1	
(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Total (column (b) should equal your 330, yare 21, col (b) line 12)		
Part VIII Investments—Program Related. Se	e 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. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, II		(b) Book value
(a) Descri	ption	(b) Book Value
Tabel (Column (b) about to and 5 and 000 Bart V and (B) to	45.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line		
Part X Other Liabilities. See Form 990, Part 3 (a) Description of Liability	X, line 25. (b) A mount	
Federal Income Taxes	(b) Amount	
	60.074	
ASSET RETIREMENT OBLIGATION	69,974	
MCMC MEMORIAL FUND	14,141	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	84,115	

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

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DLN: 93493175001050

OMB No 1545-0047

Open to Public Inspection

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

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

Hospitals

Name of the organization Marion Regional Healthcare System **Employer identification number**

57-1126478 Charity Care and Certain Other Community Benefits at Cost (Optional for 2008) Yes No 1a Does the organization have a charity care policy? If "No," skip to question 6a **1**a 1b If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals Applied uniformly to all hospitals Applied uniformly to most hospitals Generally tailored to individual hospitals Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care 3a T 100% T 200% Other Does the organization use FPG to determine eligibility for providing discounted care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care 3b If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care Does the organization's policy provide free or discounted care to the "medically indigent"? Does the organization budget amounts for free or discounted care provided under its charity care policy? 5a If "Yes," did the organization's charity care expenses exceed the budgeted amount? If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted 5с **6a** Does the organization prepare an annual community benefit report? . Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H Charity Care and Certain Other Community Benefits at Cost (a) Number of **Charity Care and** (b) Persons activities or (c) Total community (d) Direct offsetting (e) Net community benefit (f) Percent of **Means-Tested Government** served total expense benefit expense revenue expense programs (optional) **Programs** (optional) Charity care at cost (from worksheets 1 and 2) Unreimbursed Medicaid (from worksheet 3. column a) Unreimbursed costs-other means-tested government programs (from Worksheet 3, column b) d Total Charity Care and Means-Tested Government Programs Other Benefits Community health improvement services and community benefit operations (from (worksheet 4) . . . Health professions education (from worksheet 5) . . Subsidized health services (from worksheet 6) . . Research (from worksheet 7) Cash and in-kind contributions to community groups

(from worksheet 8) j Total Other Benefits . . . k Total (line 7d and 7j) . .

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

Part V Facility Information (Required for 2008)									
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
MARION COUNTY MEDICAL CENTER 2845 East HWY 76	x	x					×		
Mullins, SC 29574 MULLINS NURSING CENTER 518 S MAIN STREET MULLINS, SC 29574									NURSING HOME
MARION PEDIATRICS 2845 HWY 76 SUITE 4 MULLINS,SC 29574									PHYSICIAN OFFICES
TOTAL FAMILY CARE 2839 E HWY 76 SUITE 5B MULLINS,SC 29574									PHYSICIAN OFFICES
PEE DEE PEDIATRICS 2835 EAST HWY 76 SUITE 7 MULLINS,SC 29574									PHYSICIAN OFFICES
MARION MEDICAL CENTER OB-GYN 2845 EAST HWY 76 SUITE 2 MULLINS,SC 29574									PHYSICIAN OFFICES
CAROLINA PEDIATRICS 2845 EAST HWY 76 SUITE 5A MULLINS,SC 29574									PHYSICIAN OFFICES
MARION COUNTY SURGICAL CENTER 2835 HIGHWAY 76 EAST SUITE 5 MULLINS,SC 29574									PHYSICIAN OFFICES
MARION COUNTY ORTHOPAEDICS 2845 EAST HWY 76 SUITE 2 MULLINS,SC 29574									PHYSICIAN OFFICES
MULLINS SURGICAL ASSOCIATES 119 W LOWMAN STREET MULLINS,SC 29574									PHYSICIAN OFFICES
ADVANCED MEDICAL ASSOCIATES 511 SOUTH MAIN STREET MULLINS,SC 29574									PHYSICIAN OFFICES
AYNOR MEDICAL CENTER 51ST 11TH AVE AYNOR,SC 29511									PHYSICIAN OFFICES

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

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DLN: 93493175001050 OMB No 1545-0047

Schedule I (Form 990)

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

2008

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspect ion

Employer identification number

Marion Regional Healthcare S	ystem					57-1126478	
Part I General Info	rmation on Gra	nts and Assistanc	e			I	
the selection criteria us	ed to award the gra	nts or assistance?			pubility for the grants or as		F Yes Γι
Form 990, Part Part IV and Sc	t IV, line 21 for a hedule I-1 if add	ny recipient that rec itional space is	eived more than \$5,0	000. Check this box	tes. Complete if the o	eived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of se organizations					•		
							• <u> </u>
For Paperwork Reduction Act No	otice, see the Instruc	tions for Form 990.		Cat No 50055	P	Sc	hedule I (Form 990) 2008

Schedule I	(Form 990) 2008
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) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Provision of Books and Tuition	12	23,155			

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

Ident if ier	Return Reference	Explanation
Procedures for Monitoring Grant Funds		Marion Regional Healthcare System (MRHS) pays for individuals to go to school - mostly RNs, although MRHS occasionally pays for clerical employees that are managers or that have management potential to get a degree in their field MRHS has a scholarship committee, and any employee that would like to be part of this program must be sponsored (recommended) by a manager and be approved by this committee MRHS pays for books and tuition only, and students are required to submit their grades as proof they remain in good standing in the program All students are required to sign a contract of employment for a certain period of time. If the employee terminates, they are required to pay back the grant.

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As Filed Data -

DLN: 93493175001050

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.

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Name of the organization Marion Regional Healthcare System **Employer identification number**

57-1126478

Pa	rt I Questions Regarding Compensatio	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "I			1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive			2		
3	Indicate which, if any, of the following the organization organization organization.					
	Compensation committee	·	Written employment contract			
	Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VI	I, Section A, line 1a			
а	Receive a severance payment or change of control	payment	t?	4a	Yes	
b	Participate in, or receive payment from, a suppleme	ental non	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	pased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	omplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
ь	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a,	, did the organization pay or accrue any			
а	The organization?			6a	Yes	
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"		, , , , , , , , , , , , , , , , , , , ,	7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III	•	•			No

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

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

Note. The sum of columns (B)(1)-(111) 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-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
HAROLD E TUCKER	(1) (11)	133,494 0	36 0	21,655 0	45,700 0	3,262 0	204,147 0	0 0
VICKIE L UNDERWOOD	(I)	76,258 0	0	72,910 0	6,189 0	942 0	156,299 0	0
DONALD H LLOYD	(I)	143,000 0	36 0	16,697 0	8,580 0	4,018 0	172,331 0	0
PETER SPOHN	(ı) (ıı)	499,990 0	36 0	20,835 0	22,750 0	3,242 0	546,853 0	0
VEGE R RAO	(ı) (ıı)	274,997 0	134,390 0	11,015 0	17,530 0	2,183 0	440,115 0	0
KENNETH H MINCEY	(ı) (ıı)	339,997 0	36 0	34,013 0	17,950 0	3,242 0	395,238 0	0
ERIC S YOUNG	(ı) (ıı)	319,946 0	36 0	24,607 0	9,598 0	3,242 0	357,429 0	0
STEPHEN P REGEC	(ı) (ıı)	227,110 0	112,533 0	21,035 0	15,023 0	2,016 0	377,717 0	0
	(i) (ii)							
	(i) (ii)							
	(i) (ii) (i)							
	(ii)							

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
	Part I, Line 4a	Vickie Underwood received a severance payment of \$55,037
Compensation contingent on net earnings	Part I, Line 6a	Dr Rao was paid a profitability bonus based on the following calculation 95% *Physician Practice Collections less Practice Overhead and Expenses, but not exceeding 50% of his salary

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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 38b or 40b.

Name of the organization **Employer identification number** Marion Regional Healthcare System 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 (a) Name of disqualified person (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . 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 (f) (b) Loan to or (e) In Approved (g)Written from the (a) Name of interested person and (c)Original principal by board or (d)Balance due default? agreement? organization? purpose amount committee? From Yes No Yes Τо No Yes No Part III Grants or Assistance Benefitting Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization

Part IV Business Transactions Involving Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No
CHARLES P HODGES III	BOARD MEMBER AND VENDOR	214,684	LAUNDRY SERVICES		No
MONTI LLOYD	SPOUSE OF EXECUTIVE VP	18,199	EMPLOYMENT AS PRN RPTA		No

SCHEDULE 0

Department of the Treasury

(Form 990)

Internal Revenue Service

Supplemental Information to Form 990

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

2008 2008

> pen to Public Inspection

Name of the organization Marion Regional Healthcare System ${\bf Employer\ identification\ number}$

57-1126478

ldentifier	Return Reference	Explanation
Organization's Mission	Part I, Line 1 and Part III, Line 1	Marion Regional Healthcare System exists to improve the health status and quality of life for the diverse populations they serve. They are dedicated to bringing their community the most advanced medical equipment and skilled physicians available to ensure you receive the highest quality of healthcare possible.

ldentifier	Return Reference	Explanation
Membership Class Descriptions and Board of Directors Appointments	Part VI, Section A, Line 6 and Line 7B	6) When this organization was formed, the articles of incorporation stated that this entity shall have members. The By Laws of this organization do not mention anything about members. No other person or organization participates in any excess profits or similar distribution. 7b) The Governor of South Carolina approves all appointments to the Board of Directors.

lde	entifier	Return Reference	Explanation
Form	ew of 990 by Governing	Part VI, Section A, Line 10	The Form 990 was reviewed in detail by the CFO and CEO. A copy of the form 990 was mailed to board members with their monthly packet shortly before the June Operations Committee meeting, which all board members were invited to attend. Discussion of the Form 990 was on the agenda and presented by the Organization's independent tax advisors at the meeting. Questions or concerns of Committee members and Board members were addressed during the meeting, as can be verified on the minutes. The Form 990 was updated to reflect the changes discussed at the meeting. Copies of the signed 990 were mailed to board members after it was finalized and before it was filed with the IRS.

ldentifier	Return Reference	Explanation
Conflict of Interest Policy	Part VI, Section B, Line 12c	Each Covered Person shall disclose to the Chief Executive Officer, Corporate Compliance Officer, or Chairman of the Board of Directors, as appropriate, all conflicts of interest (i) existing when he or she is offered or elected to a Covered Position with MRHS, (ii) occurring after the acceptance of the Covered Position, and (iii) annually through a conflict-of-interest survey that is distributed by the Corporate Compliance Officer along with this policy. Members of the Board of Directors, Chief Executive Officer, and Management Staff shall disclose conflicts of interest to the Corporate Compliance Officer. The Corporate Compliance Officer shall report all potential conflicts of interest to the Board of Directors and the Chief Executive Officer. Covered Persons who are in doubt as to the existence of a conflict of interest are encouraged to notify the Chairman of the Board of Directors, Corporate Compliance Officer, or Chief Executive Officer, as appropriate, of all facts pertaining to the transaction or event before the Covered Person undertakes the transaction or makes any decision in the matter. The disinterested members of the Board of Directors, Corporate Compliance Officer, or Chief Executive Officer, as appropriate, will review the facts and circumstances of all transactions or events disclosed as actual, potential, or possible conflicts of interest. The disinterested members of the Board of Directors, Corporate Compliance Officer, or Chief Executive Officer will also consider any alternatives to proposed transactions or events, the possibility of competitive bidding, the benefit, if any, to the Covered Person or employee, and the fairness to and the need of MRHS in regard to the transaction. The disinterested members of the Board of Directors, Corporate Compliance Officer, or Chief Executive Officer, as appropriate, will determine whether the situation involves a conflict of interest and may attempt to develop alternatives such that any conflict is removed from the situation. The Corporate Compliance Off

ldentifier	Return Reference	Explanation
Compensation Review and Approval	Part VI, Section B, Line 15A and Line 15B	Market rate salary studies are performed periodically, and applicable employees are given appropriate market increases based on study results and years of service. The CEO salary as well as physician salaries are reviewed and approved by the board of directors annually. During the annual review process, the CEO reviews and makes the initial determination of compensation for other officers and key employees using data provided by independent sources. Proposed compensation is presented to the board during the budgeting process for their review and approval. The board retains oversight responsibility for this process.

ldentifier	Return Reference	Explanation
Disclosure of Governing, Policy and Financial Information to the Public	Part VI, Section C, Line 19	All documents are available in the administration department upon request

ldentifier	Return Reference	Explanation
Financial Statements and Reporting	Part XI, Line 2B and Line 2C	Marion Regional Healthcare System is part of Marion Regional Healthcare System Consolidated annual financial statements which are audited by an independent accounting firm. The audit committee assumes responsibility for oversight of the audit

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OMB No 1545-0047

Open to Public Inspection

Related Organizations and Unrelated Partnerships

(Form 990)

SCHEDULE R

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

Department of the Treasury

nternal Revenue Service						
Name of the organization Marion Regional Healthcare System				Employer ident	tification number	
				57-1126478		
Part I Identification of Disregarded Entities	Т	Т			Т	
(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 Organizat	ions					
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public chantly stat (if section 501(c)(tus (F) Direct controlling entity	

art III Identification of	<u> </u>		1	<u> </u>	T	1	1	T		T	7	
(A) Name, address, and EIN of related organization	(B) Primary ad	ctivity	(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		ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gener mana partr	ral o agıng ner?
								Yes	No		Yes	No
Part IV Identification of	Related Org	ganizations	Taxable a	s a Corporatio	n or Trust							
(A) Name, address, and EIN of related o	organization	(B) Primary activi		(C) gal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total incom	e	Sha end-c	are of Perc	(H) entage nership	
Marion Medical Group INC 1115 N Main Street Marion, SC29571 57-0520390		Physician Office		SC	NA	C Corp	-525,0	48		532,426 100	%	

Part V Transactions with Related Organizations
--

Par	t V Transactions with Related Organizations					
	Note. Complete line 1 if any entity is listed in Parts II, III or IV			Ye	es	No
1 Du	ring the tax year, did the orgranization engage in any of the following transactions with	one or more related organizations listed in Parts II-IV	'?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a	1		No
b	Gift, grant, or capital contribution to other organization(s)		16	•		No
c	Gift, grant, or capital contribution from other organization(s)					
d	d Loans or loan guarantees to or for other organization(s)					
e	Loans or loan guarantees by other organization(s)		1e	:		No
f	Sale of assets to other organization(s)		1f			No
g	Purchase of assets from other organization(s)		19			No
h	Exchange of assets		1h			No
i	Lease of facilities, equipment, or other assets to other organization(s)		1i			No
i	Lease of facilities, equipment, or other assets from other organization(s)		1j		+	No
-	Performance of services or membership or fundraising solicitations for other organizati	on(s)	116		es	
	Performance of services or membership or fundraising solicitations by other organization(s)					
	Sharing of facilities, equipment, mailing lists, or other assets	,	1n	n	+	No
	Sharing of paid employees		11	1		No
•	Reimbursement paid to other organization for expenses		10	,	_	No
	Reimbursement paid by other organization for expenses		1 _p	-	_	No
Р	ixembursement paid by other organization for expenses				+	
q	O ther transfer of cash or property to other organization(s)		10			No
r	O ther transfer of cash or property from other organization(s)		11	Ye	es	
	If the answer to any of the above is "Yes," see the instructions for information on who n	nust complete this line, including covered relationship	s and transaction thresholds			
	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved			
(1)	Marion Medical Group	k		64,	,609	
/a\	Marrian Madrian Consus					

(A) Name of other organization(s)	Transaction type(a-r)	(C) Amount Involved
(1) Marion Medical Group	k	64,609
(2) Marion Medical Group	r	1,806,000
(3)		
(4)		
(5)		
(6)		

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?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No
			•	•		•		Sabadula	D / Form	