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| | | |
|--|--|---|
| Form 990  Department of the Treasury Internal Revenue Service | Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) | OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div> |
| | The organization may have to use a copy of this return to satisfy state reporting requirements | |

| | | | | |
|--|--|--|--|---|
| A For the 2009 calendar year, or tax year beginning 09-01-2009 and ending 08-31-2010 | | | | |
| B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | C Name of organization SFH Inc | | D Employer identification number 58-2504530 |
| | | Doing Business As | | E Telephone number (864) 255-1000 |
| | | Number and street (or P O box if mail is not delivered to street address) One St Francis Drive | Room/suite | G Gross receipts \$ 440,075,242 |
| | | City or town, state or country, and ZIP + 4 Greenville, SC 296013955 | | |
| | F Name and address of principal officer Ronnie Hyatt One St Francis Drive Greenville, SC 296013955 | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) | | |
| J Website: ▶ www.stfrancishealth.org | | H(c) Group exemption number ▶ 0928 | | |
| K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | | L Year of formation 1932 | M State of legal domicile SC |

| Part I Summary | | | |
|-----------------------------|---|---------------------------|--------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities Provides acute care hospital services | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) 3 2 | | |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 1 | | |
| | 5 Total number of employees (Part V, line 2a) 5 2,84 | | |
| | 6 Total number of volunteers (estimate if necessary) 6 34 | | |
| | 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . 7a 352,11 | | |
| | b Net unrelated business taxable income from Form 990-T, line 34 . . . 7b -115,76 | | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 662,327 | 431,086 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 407,073,437 | 434,198,980 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -403,917 | 1,044,833 |
| | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 3,492,483 | 4,163,486 |
| | | 410,824,330 | 439,838,385 |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | | 0 |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 153,360,273 | 154,933,975 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| | b Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0 | | |
| | 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) | 221,235,922 | 240,829,906 |
| | 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 374,596,195 | 395,763,881 |
| | 19 Revenue less expenses Subtract line 18 from line 12 | 36,228,135 | 44,074,504 |
| Net Assets or Fund Balances | | Beginning of Current Year | End of Year |
| | 20 Total assets (Part X, line 16) | 465,951,046 | 506,998,161 |
| | 21 Total liabilities (Part X, line 26) | 320,076,297 | 320,202,068 |
| | 22 Net assets or fund balances Subtract line 21 from line 20 | 145,874,749 | 186,796,093 |

| | |
|---------------------------------|---|
| Part II Signature Block | |
| Sign Here | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge |
| | <div> <div></div> <div>Signature of officer</div> </div> <div> <div></div> <div>2011-07-12</div> </div> <div> <div></div> <div>Date</div> </div> |
| | <div> <div></div> <div>Ronnie Hyatt Chief Financial Officer</div> </div> <div> <div></div> <div>Type or print name and title</div> </div> |
| Paid Preparer's Use Only | <div> <div>Preparer's signature</div> <div></div> </div> <div> <div>Date</div> <div></div> </div> <div> <div>Check if self-employed</div> <div><input checked="" type="checkbox"/></div> </div> <div> <div>Preparer's identifying number (see instructions)</div> <div></div> </div> |
| | <div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div> <div>DELOITTE TAX LLP</div> <div>1750 TYSONS BLVD</div> <div>MCLEAN, VA 221024219</div> </div> </div> <div> <div>EIN</div> <div></div> </div> |
| | <div> <div>Phone no</div> <div>(703) 251-1000</div> </div> |

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization’s mission

The mission is to bring compassion to health care and to be good help to those in need, especially those who are poor and dying As a system of caregivers, we commit ourselves to help bring people and communities to health and wholeness

2

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

Yes

☒

No

If “Yes,” describe these new services on Schedule O

3

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

Yes

☒

No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 361,209,076 including grants of \$) (Revenue \$ 434,107,980)

BSSFHS primarily serves Greenville County, which is comprised of approximately 425,000 residents with a growth of over 40,000 people each year, 13 2% of residents in Greenville County are in households that fall below the federal poverty guidelines Currently, 37 2% of Greenville County residents are medically underserved Two specific populations with large growth rates in the county are the senior population, with a 17% growth of residents 60 an older since 2000, and the Hispanic population, with an estimated growth of over 1200% estimated between 1990 and 2013 The major health problems plaguing Greenville residents are cardiovascular disease, cancer and stroke Please refer to the Community Benefit information on Schedule H

4b

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

4c

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

4d

Other program services (Describe in Schedule O)












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

4e

Total program service expenses \$ 361,209,076







Part IV

Checklist of Required Schedules

| | | Yes | No | |
|-----|---|-----|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A  | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors?  | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  | 3 | | No |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  | 4 | 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 similar funds or 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V  | 10 | | No |
| 11 | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | 11 | Yes | |
| | • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. | | | |
| | • Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. | | | |
| | • Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | | | |
| | • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. | | | |
| | • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | | | |
| | • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. | | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII  | 12 | | No |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? | Yes | No | |
| | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional | 12A | Yes | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| 14b | • Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I | 14b | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III | 16 | | No |
| 17 | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | No |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | No |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H  | 20 | Yes | |

Part IV

Checklist of Required Schedules (continued)

| | | | | |
|-----|---|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | | No |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 | | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>  | 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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i> | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | | No |
| c | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>  | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>  | 34 | Yes | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>  | 35 | Yes | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>  | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>  | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |

Part V

Statements Regarding Other IRS Filings and Tax Compliance

| | | | Yes | No |
|---|--|---|-------|-----|
| 1a | Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable | 1a | 205 | |
| | b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | 1c | Yes |
| 2a | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return | 2a | 2,843 | |
| | b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) | | | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | | | 3a | Yes |
| b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | | 3b | Yes |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | 4a | No |
| b If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts | | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . | | | 5a | No |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | 5b | No |
| c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | | | 5c | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | | | 6a | No |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | 6b | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | | 7a | No |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | 7c | No |
| d If "Yes," indicate the number of Forms 8282 filed during the year | | | 7d | |
| e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | 7e | No |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . | | | 7f | No |
| g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . | | | 7g | |
| h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | | | 7h | |
| 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | | 8 | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | | |
| a Did the organization make any taxable distributions under section 4966? | | | 9a | |
| b Did the organization make a distribution to a donor, donor advisor, or related person? | | | 9b | |
| 10 Section 501(c)(7) organizations. Enter | | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | | | 10a | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | 10b | |
| 11 Section 501(c)(12) organizations. Enter | | | | |
| a Gross income from members or shareholders | | | 11a | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | 11b | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | 12a | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | 12b | |

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

| | | | | |
|----|---|----|-----|----|
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body | 1a | 21 | |
| b | Enter the number of voting members that are independent | 1b | 15 | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | Yes | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | No |
| 6 | Does the organization have members or stockholders? | 6 | Yes | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | Yes | |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| a | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

| | | | | |
|-----|--|-----|-----|----|
| | | | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | | No |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | 10b | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11 | Yes | |
| 11A | Describe in Schedule O the process, if any, used by the organization to review the Form 990 | | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 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? | | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b | Other officers or key employees of the organization | 15b | Yes | |
| | If "Yes" to line a or b, describe the process in Schedule O (See instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | Yes | |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | No |

Section C. Disclosure

| | |
|----|--|
| 17 | List the States with which a copy of this Form 990 is required to be filed▶ |
| 18 | Section 6104 requires an organization to make its 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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table. |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Ronnie Hyatt One St Francis Drive Greenville, SC 296053955 (864) 255-1000 |

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

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

Form **990** (2009)

| | | | | |
|----|-----------------|-----------|-----------|-----------|
| 1b | Total | 3,701,489 | 2,967,623 | 1,168,679 |
|----|-----------------|-----------|-----------|-----------|

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶94

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

Section B. Independent Contractors

1

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------|---------------------|
| SE Emergency Physicians PO Box 634706 Cincinnati, OH 45263 | ER Physician Staffing | 1,768,555 |
| American Security PO Box 100199 Columbia, SC 29202 | Security Services | 919,206 |
| Fayetteville Lithotripsy PO Box 847324 Dallas, TX 75284 | Lithotripsy Services | 856,340 |
| Carolina Perfusion Associates 703 Lakewinds Blvd Inman, SC 29349 | Perfusion Services | 788,727 |
| Sleepworks LLC 554 Hall Road Thomasville, GA 31757 | Sleep Study Services | 723,185 |

2

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶24

Part VIII

Statement of Revenue

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | |
|---|---|---|---------------|----------------------|--|---|---|--|
| Contributions, gifts, grants and other similar amounts | 1a | Federated campaigns . . . | 1a | | | | | |
| | b | Membership dues | 1b | | | | | |
| | c | Fundraising events | 1c | | | | | |
| | d | Related organizations | 1d | 431,086 | | | | |
| | e | Government grants (contributions) | 1e | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | | | | | |
| | g | Noncash contributions included in lines 1a-1f \$ _____ | | | | | | |
| | h | Total. Add lines 1a-1f | | | 431,086 | | | |
| Program Service Revenue | | | Business Code | | | | | |
| | 2a | Patient Service Rev | 622,110 | 431,544,614 | 431,453,614 | 91,000 | | |
| | b | Disprop Share Income | 561,499 | 2,654,366 | 2,654,366 | | | |
| | c | | | | | | | |
| | d | | | | | | | |
| | e | | | | | | | |
| | f | All other program service revenue | | | | | | |
| | g | Total. Add lines 2a-2f | | | 434,198,980 | | | |
| Other Revenue | 3 | Investment income (including dividends, interest and other similar amounts) | | | 477,721 | | 477,721 | |
| | 4 | Income from investment of tax-exempt bond proceeds . . | | | | | | |
| | 5 | Royalties | | | | | | |
| | 6a | (i) Real | | (ii) Personal | | | | |
| | | 68,840 | | | | | | |
| | | | | | | | | |
| | | 68,840 | | | | | | |
| | b | Less rental expenses | | | | | | |
| | c | Rental income or (loss) | | | | | | |
| | d | Net rental income or (loss) | | | 68,840 | | 68,840 | |
| | 7a | (i) Securities | | (ii) Other | | | | |
| | | | | 803,969 | | | | |
| | | 170,282 | | 66,575 | | | | |
| | | -170,282 | | 737,394 | | | | |
| | b | Less cost or other basis and sales expenses | | | | | | |
| | c | Gain or (loss) | | | | | | |
| | d | Net gain or (loss) | | | 567,112 | | 567,112 | |
| | 8a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | | | | | | |
| | | a | | | | | | |
| | | b | | | | | | |
| b | Less direct expenses | | | | | | | |
| c | Net income or (loss) from fundraising events . . | | | | | | | |
| 9a | Gross income from gaming activities See Part IV, line 19 | | | | | | | |
| | a | | | | | | | |
| | b | | | | | | | |
| b | Less direct expenses | | | | | | | |
| c | Net income or (loss) from gaming activities . . | | | | | | | |
| 10a | Gross sales of inventory, less returns and allowances | | | | | | | |
| | a | | | | | | | |
| | b | | | | | | | |
| b | Less cost of goods sold | | | | | | | |
| c | Net income or (loss) from sales of inventory . . | | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | | |
| 11a | Regency Hospital | | 621,400 | 1,960,871 | | | 1,960,871 | |
| b | Cafeteria/Vending | | 900,099 | 1,480,033 | | | 1,480,033 | |
| c | Laboratory Fees | | 621,500 | 211,960 | | 211,960 | | |
| d | All other revenue | | | 441,782 | | 49,153 | 392,629 | |
| e | Total. Add lines 11a-11d | | | 4,094,646 | | | | |
| 12 | Total revenue. See Instructions | | | 439,838,385 | 434,107,980 | 352,113 | 4,947,206 | |

Part IX

Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 | Grants and other assistance to governments and organizations in the U S See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in the U S See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 1,555,299 | | 1,555,299 | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 117,817,011 | 107,345,928 | 10,471,083 | |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 5,853,597 | 5,321,352 | 532,245 | |
| 9 | Other employee benefits | 18,655,791 | 16,826,248 | 1,829,543 | |
| 10 | Payroll taxes | 11,052,277 | 9,947,049 | 1,105,228 | |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | | | | |
| b | Legal | 540,554 | 486,499 | 54,055 | |
| c | Accounting | 183,250 | 164,925 | 18,325 | |
| d | Lobbying | 12,765 | 11,490 | 1,275 | |
| e | Professional fundraising See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other | 46,626,472 | 41,963,825 | 4,662,647 | |
| 12 | Advertising and promotion | 1,552,666 | 1,397,399 | 155,267 | |
| 13 | Office expenses | 1,865,053 | 1,678,548 | 186,505 | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 8,826,369 | 7,943,732 | 882,637 | |
| 17 | Travel | 557,216 | 501,494 | 55,722 | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 239,892 | 215,903 | 23,989 | |
| 20 | Interest | 8,645,750 | 7,781,175 | 864,575 | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 13,490,328 | 12,141,295 | 1,349,033 | |
| 23 | Insurance | 1,582,656 | 1,424,390 | 158,266 | |
| 24 | Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) | | | | |
| a | Medical supplies | 78,726,445 | 70,853,802 | 7,872,643 | |
| b | Bad debt | 50,215,827 | 50,215,827 | | |
| c | Repairs/Rental | 6,937,383 | 6,243,645 | 693,738 | |
| d | Tax and license fee | 4,908,996 | 4,418,096 | 490,900 | |
| e | UBIT expense | 467,879 | 421,091 | 46,788 | |
| f | All other expenses | 15,450,405 | 13,905,363 | 1,545,042 | |
| 25 | Total functional expenses. Add lines 1 through 24f | 395,763,881 | 361,209,076 | 34,554,805 | 0 |
| 26 | Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X

Balance Sheet

| | | | | | (A) | | (B) |
|-----------------------------|---|---|-----|-------------|-------------------|-----|-------------|
| | | | | | Beginning of year | | End of year |
| Assets | 1 | Cash—non-interest-bearing | | | -1 | 1 | |
| | 2 | Savings and temporary cash investments | | | 112,624,166 | 2 | 166,160,882 |
| | 3 | Pledges and grants receivable, net | | | | 3 | |
| | 4 | Accounts receivable, net | | | 51,477,980 | 4 | 46,078,742 |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L | | | | 6 | |
| | 7 | Notes and loans receivable, net | | | | 7 | |
| | 8 | Inventories for sale or use | | | 9,069,620 | 8 | 10,631,266 |
| | 9 | Prepaid expenses and deferred charges | | | 2,408,888 | 9 | 1,671,800 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 261,128,704 | 178,023,282 | 10c | 171,140,655 |
| | b | Less accumulated depreciation | 10b | 89,988,049 | | | |
| | 11 | Investments—publicly traded securities | | | | 11 | |
| | 12 | Investments—other securities See Part IV, line 11 | | | 13,464,922 | 12 | 14,490,060 |
| | 13 | Investments—program-related See Part IV, line 11 | | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | | 98,882,189 | 15 | 96,824,756 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | | 465,951,046 | 16 | 506,998,161 |
| Liabilities | 17 | Accounts payable and accrued expenses | | | 38,262,924 | 17 | 41,528,486 |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | | | 21 | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | | 24 | |
| | 25 | Other liabilities Complete Part X of Schedule D | | | 281,813,373 | 25 | 278,673,582 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 320,076,297 | 26 | 320,202,068 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | 145,874,749 | 27 | 186,796,093 |
| | 27 | Unrestricted net assets | | | | | |
| | 28 | Temporarily restricted net assets | | | | | |
| | 29 | Permanently restricted net assets | | | | 30 | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | | | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | | | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | | 32 | |
| | 33 | Total net assets or fund balances | | | 145,874,749 | 33 | 186,796,093 |
| | 34 | Total liabilities and net assets/fund balances | | | 465,951,046 | 34 | 506,998,161 |

Part XI **Financial Statements and Reporting**

| | Yes | No |
|--|-----|----|
| 1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . | | No |
| b Were the organization's financial statements audited by an independent accountant? | Yes | |
| c If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . | Yes | |
| d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis | | |
| 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? | Yes | |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . | Yes | |

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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2009

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| | |
|-------------------------------------|--|
| Name of the organization SFH Inc | Employer identification number 58-2504530 |
|-------------------------------------|--|

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

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

Part II

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public Support. Subtract line 5 from line 4 | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets | | | | | | |
| 11 Total support (Add lines 7 through 10) | | | | | | |
| 12 Gross receipts from related activities, etc (See instructions) | | | | | 12 | |
| 13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|----|--|
| 14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) | 14 | |
| 15 Public Support Percentage for 2008 Schedule A, Part II, line 14 | 15 | |
| 16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | |
| b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | |
| 17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization | | |
| b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization | | |
| 18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions | | |

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6Total. Add lines 1 through 5 | | | | | | |
| 7aAmounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| cAdd lines 7a and 7b | | | | | | |
| 8Public Support (Subtract line 7c from line 6) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9Amounts from line 6 | | | | | | |
| 10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| cAdd lines 10a and 10b | | | | | | |
| 11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13Total support (Add lines 9, 10c, 11 and 12.) | | | | | | |
| 14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|----|--|
| 15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f)) | 15 | |
| 16Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|---|----|--|
| 17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f)) | 17 | |
| 18Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 | |
| 19a33 1/3% support tests—2009. 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 | | |
| b33 1/3% support tests—2008. 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 | | |
| 20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions | | |

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE 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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

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

- 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 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

| | |
|-------------------------------------|--|
| Name of the organization SFH Inc | Employer identification number 58-2504530 |
|-------------------------------------|--|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$
- 3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

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

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing Organization's Totals | (b) Affiliated Group Totals | | | | | | | | | | | | |
|--|---|---|------------------------------------|--------------------|------------------------------|---|---|---|---|--|--|-------------------|-------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | | | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | | |
| f Lobbying nontaxable amount Enter the amount from the following table in both columns | | | | | | | | | | | | | | | |
| <table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000 | | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a If zero or less, enter -0- | | | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c If zero or less, enter -0- | | | | | | | | | | | | | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 2a through 2f on page 4.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) Total |
| 2a Lobbying non-taxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots non-taxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| | | (a) | | (b) |
|---|---|-----|----|--------|
| | | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | a Volunteers? | | No | |
| | b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | No | |
| | c Media advertisements? | | No | |
| | d Mailings to members, legislators, or the public? | | No | |
| | e Publications, or published or broadcast statements? | | No | |
| | f Grants to other organizations for lobbying purposes? | | No | |
| | g Direct contact with legislators, their staffs, government officials, or a legislative body? | | No | |
| | h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| | i Other activities? If "Yes," describe in Part IV | Yes | | 12,765 |
| | j Total lines 1c through 1i | | | 12,765 |
| | 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | |

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | | 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

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

| | | | |
|---|--|----|--|
| 1 | Dues, assessments and similar amounts from members | 1 | |
| 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). | 2a | |
| a | Current year | | |
| b | Carryover from last year | | |
| c | Total | | |
| 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 (see instructions) | 5 | |

Part IV

Supplemental Information

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

| Identifier | Return Reference | Explanation |
|-------------------|--|---|
| Part II-B, Line 1 | Explanation of Other Lobbying Activities | SFH, Inc. paid dues to the South Carolina Hospital Association (SCHA) and a portion of this dues is used for lobbying activities. The portion of dues allocated to lobbying activities for this organization is \$12,765. |

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

| | |
|-------------------------------------|--|
| Name of the organization SFH Inc | Employer identification number 58-2504530 |
|-------------------------------------|--|

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

| | | |
|---|--|--|
| | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | |
| 2 | Aggregate contributions to (during year) | |
| 3 | Aggregate grants from (during year) | |
| 4 | Aggregate value at end of year | |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

| | |
|---|--|
| | Held at the End of the Year |
| a | Total number of conservation easements |
| b | Total acreage restricted by conservation easements |
| c | Number of conservation easements on a certified historic structure included in (a) |
| d | Number of conservation easements included in (c) acquired after 8/17/06 |

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9

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

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

1a

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

b

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

(i)

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

(ii)

Assets included in Form 990, Part X ▶ \$ _____

2

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

a

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

b

Assets included in Form 990, Part X ▶ \$ _____

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

| | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

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

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

Part VI

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

| Description of investment | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land | | 18,689,610 | | 18,689,610 |
| b Buildings | | 155,433,171 | 31,612,231 | 123,820,940 |
| c Leasehold improvements | | 512,815 | 264,476 | 248,339 |
| d Equipment | | 65,822,742 | 39,343,552 | 26,479,190 |
| e Other | | 20,670,366 | 18,767,790 | 1,902,576 |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶ | | | | 171,140,655 |

Schedule D (Form 990) 2009

Part XI

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

| | | | |
|----|---|----|--|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | |
| 4 | Net unrealized gains (losses) on investments | 4 | |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | |

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | |
|---|--|----|--|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV) | 2d | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | |

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | |
|---|---|----|--|
| 1 | Total expenses and losses per audited financial statements | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIV) | 2d | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5 | |

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

| Identifier | Return Reference | Explanation |
|------------|---|---|
| Part X | Description of Uncertain Tax Positions Under FIN 48 | Schedule D, Part X, Line 2 requires that the organization provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48. As the organization does not conduct a separate audit of its financial statement, below is the related statement from the Bon Secours Health System, Inc consolidated audited financial statements. The System and most of its subsidiaries (including certain joint venture entities) are exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended. The system accounts for uncertain tax positions in accordance with ASC Topic 740. Income taxes of the System's for-profit subsidiaries are not material to the accompanying consolidated financial statements. The System's taxable subsidiaries have approximately \$98,300 and \$117,200 of net operating loss carryforwards as of August 31, 2010 and 2009, respectively, which expire in varying periods through 2030 and are available to offset future taxable income. The System's deferred tax assets are fully reserved at August 31, 2010 and 2009. Any changes to the valuation allowance on the deferred tax asset are reflected in the year of the change. |

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
SFH Inc

Employer identification number
58-2504530

Part I

Charity Care and Certain Other Community Benefits at Cost

| | | | |
|----|--|--------|----|
| | | Yes | No |
| 1a | Does the organization have a charity care policy? If "No," skip to question 6a | 1a Yes | |
| b | If "Yes," is it a written policy? | 1b Yes | |
| 2 | If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <div><input checked="" type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Generally tailored to individual hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div> | | |
| 3 | Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients | | |
| a | Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <div><input type="checkbox"/> 100%<input type="checkbox"/> 150%<input checked="" type="checkbox"/> 200%<input type="checkbox"/> Other _____</div> | 3a Yes | |
| b | Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <div><input checked="" type="checkbox"/> 200%<input type="checkbox"/> 250%<input type="checkbox"/> 300%<input type="checkbox"/> 350%<input type="checkbox"/> 400%<input type="checkbox"/> Other _____</div> | 3b Yes | |
| c | If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care | | |
| 4 | Does the organization's policy provide free or discounted care to the "medically indigent"? | 4 Yes | |
| 5a | Does the organization budget amounts for free or discounted care provided under its charity care policy? | 5a Yes | |
| b | If "Yes," did the organization's charity care expenses exceed the budgeted amount? | 5b Yes | |
| c | If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? | 5c | No |
| 6a | Does the organization prepare an annual community benefit report? | 6a Yes | |
| 6b | If "Yes," does the organization make it available to the public? | 6b Yes | |
| | Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H | | |

7

Charity Care and Certain Other Community Benefits at Cost

| Charity Care and Means-Tested Government Programs | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|---|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| a Charity care at cost (from Worksheets 1 and 2) | | | 3,724,435 | 13,500 | 3,710,935 | 1 070 % |
| b Unreimbursed Medicaid (from Worksheet 3, column a) | | | 20,655,547 | 20,503,098 | 152,449 | 0 040 % |
| c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d Total Charity Care and Means-Tested Government Programs | | | 24,379,982 | 20,516,598 | 3,863,384 | 1 110 % |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | 105,793 | 1,718,942 | 79,501 | 1,639,441 | 0 470 % |
| f Health professions education (from Worksheet 5) | | 1,753 | 1,162,363 | | 1,162,363 | 0 340 % |
| g Subsidized health services (from Worksheet 6) | | | | | | |
| h Research (from Worksheet 7) | | | | | | |
| i Cash and in-kind contributions to community groups (from Worksheet 8) | | 329 | 479,688 | 3,398 | 476,290 | 0 140 % |
| j Total Other Benefits | | 107,875 | 3,360,993 | 82,899 | 3,278,094 | 0 950 % |
| k Total. Add lines 7d and 7j | | 107,875 | 27,740,975 | 20,599,497 | 7,141,478 | 2 060 % |

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

| | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|--|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1Physical improvements and housing | | | | | | |
| 2Economic development | | | | | | |
| 3Community support | 6 | 559 | 175,231 | | 175,231 | 0.050 % |
| 4Environmental improvements | | | | | | |
| 5Leadership development and training for community members | 1 | | 1,318 | | 1,318 | 0 % |
| 6Coalition building | | | | | | |
| 7Community health improvement advocacy | 1 | 92 | 42,735 | | 42,735 | 0.010 % |
| 8Workforce development | | | | | | |
| 9Other | | | | | | |
| 10Total | 8 | 651 | 219,284 | | 219,284 | 0.060 % |

Part IIIBad Debt, Medicare, & Collection Practices

Section A.Bad Debt Expense

| | | Yes | No |
|--|---|------------|----|
| 1Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? | 1 | Yes | |
| 2Enter the amount of the organization's bad debt expense (at cost) | 2 | 11,082,633 | |
| 3Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy | 3 | | |
| 4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit. | | | |

Section B.Medicare

| | | | |
|--|---|-------------|--|
| 5Enter total revenue received from Medicare (including DSH and IME) | 5 | 145,326,096 | |
| 6Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 163,802,032 | |
| 7Subtract line 6 from line 5. This is the surplus or (shortfall). | 7 | -18,475,936 | |
| 8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other | | | |

Section C.Collection Practices

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

Part IVManagement Companies and Joint Ventures

| (a) Name of entity | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership% | (e) Physicians' profit % or stock ownership % |
|-------------------------|---|--|---|---|
| 1Upstate Surgery Center | Ambulatory Surgery Center | 58.090 % | | 23.070 % |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
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| 13 | | | | |
| 14 | | | | |

[illegible]

Part VI

Supplemental Information

Complete this part to provide the following information

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

See additional data

2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves

See additional data

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

See additional data

4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

See additional data

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

See additional data

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)

See additional data

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

See additional data

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

SC

Additional Data

Software ID:

Software Version:

EIN: 58-2504530

Name: SFH Inc

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 6a BSSFHS annually develops a report to the community, explaining the various community benefit services and programs that exist This report also includes the annual financial commitment of the local system to the community, detailing monetary contributions for government sponsored healthcare shortfall, community benefit programs and charity care at cost This report is published each year and posted on the web at [http //www stfrancishealth org/communityreport php](http://www.stfrancishealth.org/communityreport.php) on or around January 24 , commemorating Foundation Day of the Sisters of Bon Secours

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7 Part I, line 7a Charity Care at cost is computed by applying a cost-to-charge ratio to the aggregate charity adjustments recorded in the general ledger Part I, line 7b Unreimbursed Medicaid is computed by determining the cost of Medicaid services supplied less payments received for these services To determine the cost of Medicaid services provided, a cost-to-charge ratio is applied to traditional and managed Medicaid gross charges recorded in the general ledger Payments include payments for individual claims, payments from the Medicaid program paid outside the claim process (such as medical education payments) and expected or actual cost report settlements Part I, line 7b(f) Prior to 2006, Medicaid in the state of South Carolina was reimbursed to hospitals on a fixed prospective basis (fixed rates not directly related to costs) For years 2006 - 2011, the state has adjusted their methodology from a fixed prospective basis to a cost-to-care basis (actual costs to provide services) As a result of this change, a greater percentage of Medicaid is reimbursed to hospitals and unreimbursed Medicaid as a percentage of total expenses is significantly lower than those of hospitals in other states As a nonprofit hospital in South Carolina, the unreimbursed Medicaid percentage for SFH, Inc is fairly consistent with those of other hospitals in the state Part I, line 7c Unreimbursed costs from other means-tested government programs are computed by applying a cost-to-charge ratio to the total charges to patients covered under these programs The charges are identified by the financial class assigned to the patient For Part I, Line 7 a-c computations The cost-to-charge ratio is derived using the suggested computation in Worksheet 2, Ratio of Patient Care Cost-to-Charges Operating expenses and Gross patient charges are taken from the general ledger Expenses for nonpatient care activities recorded in operating expenses are approximated as directly equaling other operating revenue, assuming these activities do not provide profit Part I, line 7e Community health improvement services and community benefit operations are accumulated throughout the year and reported at actual cost in a software program that specifically addresses this purpose Part I, line 7f Health professions education cost is determined as the direct and indirect cost of qualifying education activities as traditionally reported in columns 21-24 on Worksheet B of the Medicare cost report as a Medical Education program, nursing school or other allied health program

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

| | | | |
|-----------------|--------------------------|--|--------------|
| Part I, Line 7f | Part I, Line 7, Column f | Current year bad debt expense not included in the calculation for line 7, Column (f) | \$50,736,215 |
|-----------------|--------------------------|--|--------------|

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 4 Part III, line 2 Bad Debt Expense at cost is computed by applying the cost-to-charge ratio computed on Worksheet 2 to the aggregate bad debt expense for patient accounts recorded in the general ledger. Bad debt expense on the general ledger includes: 1) actual write offs of discounted gross charges where it is determined an uninsured patient can pay and does not pay, and 2) the estimated write offs for uninsured patient accounts with outstanding balances after discount. Estimates are based on historical collection rates. When an uninsured patient is billed for patient care services, the charges are automatically discounted and the patient is requested to only pay the amount after discount. The discount is recorded as an adjustment to gross revenue and is not recorded in bad debt expense. If the balance after discount is not paid or not paid in full, the unpaid amount will be written off to bad debt expense. When a patient remits a payment on an account that has already been written off to bad debt expense, the payment is recorded as a recovery of bad debt, which reduces bad debt expense. Part III, line 3 The organization does not report an estimate for the portion of bad debt expense that may have been likely to qualify for financial assistance under the hospital's charity care policy. The organization takes the position that ample opportunity and assistance is provided to the patient to qualify under the financial assistance policy. If sufficient information is not provided, the organization must assume the patient does not qualify.

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 8 Part III, Line 6 Medicare allowable costs reflected in Part III come directly from the facility's Medicare cost report. The cost report segregates the total facility actual expenses into costs for support departments, clinical departments (routine and ancillary) and nonreimbursable departments. The cost report uses appropriate statistical bases to "step down" support costs to allowable clinical and nonreimbursable departments. The charges for clinical departments are matched to the total cost for these departments for a cost-to-charge ratio. Medicare-specific allowable costs for in- and outpatient ancillary departments are computed by applying the department-specific cost-to-charge ratio to the Medicare program charges by department. For routine departments, a per diem total cost is computed and applied to Medicare program days for the Medicare routine program cost. Part III, Line 8 The total shortfall of Medicare reimbursement compared to computed Medicare allowable costs should be treated as community benefit. The hospital improves access to patient care by providing services regardless of a patient's ability to pay or the hospital's ability to receive full cost reimbursement for services. The hospital also relieves the government of a financial burden when it provides care to publically insured patients where reimbursement is less than cost of providing the service.

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 9b Part III, Line 9b The hospital has a written policy that describes collection practices applying to patients who qualify for charity care or financial assistance If full assistance is approved, no collection efforts are pursued on that patient's account(s) If partial assistance is provided, the patient is responsible for the adjusted account balance and collection efforts will follow the established practices for all patients where a self-pay balance exists Collection efforts are not pursued on any pending FAP account Specific criteria exist for how much assistance, partial or total, will be provided to the patient based on the assessed need Criteria is based on Federal Poverty Guidelines and is reviewed and updated annually Once a patient has been deemed eligible for the Patient Financial Assistance Program (FAP), the patient is notified by letter within 60 days after receipt of the application and supporting documentation The patient retains eligibility for a period of twelve months from the date of the approval This eligibility is signaled to hospital admissions, billing and collection staff by the assignment of a specific financial class with accompanying eligibility dates At the end of those twelve months, the patient is responsible for reapplying for FAP eligibility

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Quantified Community Benefit and Community Building Activities The financial information was prepared in accordance with the Catholic Health Association's community benefit reporting guidelines and IRS instructions As a tax-exempt entity, BSSFHS is exempt from federal and state taxation However, BSSFHS contributes value to the community that consistently exceeds the benefit of this tax exemption Over the years, BSSFHS periodically has an independent analysis performed by outside consultants knowledgeable of tax law The consultants help to quantify the value of its tax exemption including income, unemployment, real estate, property and excise taxes, and the benefit of being able to borrow at tax-exempt interest rates This independent analysis provides BSSFHS with a baseline methodology to compare its cost of community benefit services and the taxes that it would pay if it were a taxable entity For the fiscal year ending August 31, 2010, BSSFHS provided over \$3 million in community benefit services and community building activities at cost This is well in excess of the value of its potential tax obligation

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

Part VI, Line 2 Bon Secours St Francis currently participates in local needs assessments of the medically underserved in Greenville County on a quinquennial basis through the direction of Greenville Forward (a local community organization) The fiscal agents behind the most recent needs assessment include BSSFHS, Greenville Forward, Greenville Hospital System (GHS), the United Way of Greenville County and the Piedmont Healthcare Foundation The first health care assessment was conducted in 1998 Subsequent assessments since then have reflected successes and critical areas for action A full report of findings, including over 400 pages of charts, graphs, and slide for the 2008 assessment can be found at [http //www greenvilleforward com/healthassessment](http://www.greenvilleforward.com/healthassessment)

Form 990 Schedule H, Part VI - Supplemental Information, Line 3
Form 990 Schedule H, Part VI - Supplemental Information, Line 3

Part VI, Line 3 BSSFHS Charity Care/Patient Financial Assistance Policy BSSFHS is committed to ensuring access to health care services for all. As a health care provider, BSSFHS treats all patients, whether insured, underinsured or uninsured, with dignity, respect and compassion throughout admission, delivery of services, discharge and billing and collection processes. BSSFHS addresses the needs of the uninsured by providing free or reduced fees on hospital services, community outreach efforts to assist with Medicaid and SCHIP enrollment, and free community-based preventive and primary care services. BSSFHS proactively screens to identify individuals and their families who may qualify for federal, state or local health insurance programs or the Bon Secours Patient Financial Assistance Program (FAP) and assist the potential eligible patients through the qualification process. Potentially eligible patients that do not qualify for a federal or state health insurance program are referred to the Financial Assistance Coordinator located in Patient Financial Services for assistance in completing the documentation required to establish FAP eligibility. Patients are responsible for providing the information necessary to complete the documentation. The FAP aids uninsured and underinsured patients who do not qualify for government-sponsored health insurance and who communicate their inability to pay for their medical care. The FAP provides 100% financial assistance to uninsured patients with annual family incomes at or below 200% of the Federal Poverty Guidelines (FPG), as adjusted by the Medicare geographic wage index for each community served to reflect that community's relative cost of living (Adjusted FPG). A sliding scale assistance policy is afforded patients that exceed the income guidelines for 100% assistance. Sliding scale assistance is provided to patients between 200% and 400% of the Adjusted FPG and progressively declines in proportion to the patients higher income level. Additionally, all uninsured (i.e. self-pay) patients are given a reduction to the amount of the full charges for medically necessary services through a community service adjustment (CSA). The CSA is market adjusted and based on the payment discount received by other health care payers doing business in the community. For these patients, the FAP also sets a maximum annual family payment liability to ensure that no family suffers a catastrophic financial burden to receive necessary health care services. Based on research conducted by the Tax Foundation, a non-partisan tax research group based in Washington DC, the maximum annual family liability is based on a sliding scale determined by the family income and size. The standard sliding scale is adjusted by the Medicare geographic wage index of each community served to reflect that community's relative cost of living. All patients are eligible for a Prompt Pay Discount. In addition, a variety of other potential payment options are available. This patient financial assistance policy is communicated to patients verbally upon registration, visible postings of the policy in common areas throughout the hospital, brochures and on BSSFHS website www.stfrancisealth.org. BSSFHS is dedicated to meeting the needs of non-English speaking patients. BSSFHS staffs 3 full-time onsite Spanish translators, as well as offering a dedicated Spanish phone line. In addition, BSSFHS employs the telephone language service, CyraCom, which assists in meeting any language needs that arise. The translation services are offered to non-English speaking patients from admission to discharge, including the financial process. Programs are available through St. Francis that assists with the financial burden of treatment of illnesses, one specifically being cancer. St. Francis uses funds received through the Susan G. Komen Grant to provide free mammograms to women who qualify. In addition, Bon Secours St. Francis Foundation offers financial assistance for oncology patients who cannot afford treatment or travel. Additionally, a new program is in development through the BSSFHS Batson Cancer Unit and Patient Financial Services departments that will hire an Oncology Patient Assistance Coordinator. This coordinator will be responsible for utilizing existing drug and patient financial assistance resources to allow for maximum drug and service coverage along with minimum out-of-pocket expenses for our oncology patient population. Patient financial counseling and patient need assessments will also be conducted under this position. The coordinator will determine patient qualifications for grants, drug cost recovery programs and other paying sources related to lack of insurance coverage or lack of benefits, non-covered services, or patient ability to pay out of pocket costs. This position will permit follow-up and maintain patient accounts that qualify for assistance. Finally, the coordinator will create and maintain a patient assistance database.

Form 990 Schedule H, Part VI - Supplemental Information, Line 3

database and train staff to interpret and assist with maintaining the database. Any collection attorneys or agencies used by BSSFHS commit to follow BSSFHS value-based procedure, including, without limitation, BSHSI/BSSFHS Code of Conduct, in pursuit of estates, garnishments and judgments for non-payment.

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

Part VI, Line 4 BSSFHS primarily serves Greenville County, which is comprised of approximately 425,000 residents with a growth of over 40,000 people each year Greenville County is the largest county in the state and one of the fastest growing with a 13% population increase over the past 8 years Conveniently located along Interstate 85 and less than a two-hour drive to Atlanta, Georgia and Charlotte, North Carolina, Greenville County has become a premiere destination for capital investment that now totals approximately \$300 billion annually and is home to 170 corporate headquarters including Michelin North America, Bowater, and Kemet Per capita income for Greenville County is an average of \$24,215 (Greenville County Health Assessment, 2008) 13 2% of residents in Greenville County are in households that fall below the federal poverty guidelines (US Census) Currently, 37 2% of Greenville County (169,000 residents) are medically underserved 14 4% are currently using or qualify for Medicare and/or Medicaid Two specific populations with large growth rates in the county are the senior population, with a 17% growth of residents 60 and older since 2000, and the Hispanic population, with an estimated growth of over 1200% estimated between 1990 and 2013 (Greenville County Health Assessment, 2008) The major health problems plaguing Greenville residents are cardiovascular disease, cancer and stroke Greenville County data from 2008 indicates an age-adjusted rate of 181 4 (per 100,000) for cancer deaths State level data from 2008 indicates an age-adjusted rate of 186 3 (per 100,000) for cancer deaths Prevalence of cardiovascular disease in Greenville County is 5 5%, whereas the state of SC has a prevalence rate of 4 6% Mortality rates for stroke for Greenville County reached an age-adjusted rate (per 100,000) of 51 6 in 2007, while the state of South Carolina had an age adjusted rate (per 100,000) of 53 3 (State of South Carolina, Department of Health and Environmental Control, Bureau of Community Health and Chronic Disease Prevention, County Chronic Disease Fact Sheet, February 2010) Risk factors that contribute to the incidence of these diseases are also an issue in Greenville County County level data from 2008 indicates 23% of Greenville County residents smoke, compared to 20% of South Carolina Additionally, 65% of Greenville residents are overweight, not significantly higher than 64% reflected by the state Finally 42% of Greenville County residents have high cholesterol, not statistically different from 43% reflected by the state (State of South Carolina, Department of Health and Environmental Control, Bureau of Community Health and Chronic Disease Prevention, County Chronic Disease Fact Sheet, February 2010) BSSFHS uses these statistics to develop community programming in partnership with local agencies, as well as improve on services within the hospital For example, the St Francis Breast Health Center, which was recently granted a full accreditation designation by the National Accreditation Program for Breast Centers (NAPBC), offers free mammograms, breast ultrasounds, breast MRI's and needle biopsies for patients who are unable to pay for these breast procedures with the help of funds received by the Susan G Komen Foundation In addition, two full time Breast Health Navigators are available at no cost to patients who have mammogram results that indicate breast cancer, as well as those whose results are abnormal but non-cancerous They offer emotional support to ensure our patients know all of their options and understand exactly what to expect during their testing and treatment BSSFHS has two specialty services that are recognized centers of excellence The first is a fully accredited bone marrow transplant program that is the first and only of its kind in the area and one of just two programs in South Carolina The unit is currently undergoing major expansions that will more than double current capacity for both inpatient and outpatient services In addition, BSSFHS is the only hospital in Greenville to offer Robotic Surgery in 2009

Form 990 Schedule H, Part VI - Supplemental Information, Line 5
Form 990 Schedule H, Part VI - Supplemental Information, Line 5

Part VI, Line 5 In 2008, BSSFHS conducted an analysis to identify the most vulnerable neighborhoods within the broader community. The analysis was based on socio/economic factors including household income, education, social/linguistic isolation, access to healthcare, housing, and environment. The criteria to select the initial vulnerable community of focus included the vulnerability assessment, the number of BSSFHS employees living in the community and the importance of BSSFHS presence as an anchor institution in the community. The BSSFHS decided to select Greenville's Sterling community to have a full-time employee who works exclusively with this community. Sterling is one of the most low-income populations in Greenville County. According to the 2000 Census, Sterling was listed as a neighborhood with nearly 40% of its residents earning less than \$15,000/year. The full-time employee's title is Director of Community Relationship Building, tasked with coordinating efforts to unite the community (Sterling and the wider Greenville area with Sterling) together as well as provide support for health and social issues. Specifically, the Director assesses the needs and assets of the community by conducting resident interviews, community forums, focus groups, and community summits. Data received is not only being used to develop programs and services that will work to alleviate paramount issues within this vulnerable community, but also create a sustainable, vibrant, and healthy environment. The community building activities exist for the sole purpose of co-creating a healthier community with the residents from that community. As an advocate for health, the Director facilitates dialogues, focus groups, and other related activities that help residents, caregivers, professionals, and others from an array of diverse backgrounds to see the connection between health, economics, culture, and neighborhood/environmental design/infrastructure. BSSFHS works with residents and various stakeholders to help promote positive change in Sterling through structured programming that empowers residents to make sustainable improvements in the areas of economic development and prosperity, environmental stewardship, and healthier lifestyle choices. Since the start of community building activities in the Fall of 2008 and throughout the 2009 calendar year, our efforts in Sterling have received wide community support and attention. The Director of Community Relationship Building spends considerable time monthly going door to door engaging the community of nearly 900 residents personally. He attends their events and meetings on a regular basis at local churches or community centers. He has held various community engagement and health advocacy related events to educate the community on things taking place as well as provide opportunities for residents to participate directly in the process as decision makers. In the Fall of 2008, the Director of Community Relationship Building revitalized community building efforts to be more tailored to the community of focus, calling the effort The Sterling Phoenix League. Into early 2009, the Sterling Phoenix League has seen over 100 participants rally behind the community's effort to revitalize, rotating themselves across 8 different teams that were set up around the following areas: Health & Wellness, Economic Development, Housing, Peace & Safety, Community Spirit, Going Green (Environment, trails, gardens, urban farms, recycling), Youth Engagement, Senior Advocacy. The community also designed a Master Plan to help guide infrastructure improvements, promote economic development, and honor the character and history of the neighborhood. Sterling residents have been centrally involved in all aspects of the Sterling Phoenix League, eventually having created their own Sterling Community Land Trust in 2009, which is the first land trust organization in South Carolina. The Director of Community Relationship Building has spent considerable time facilitating and building the capacity of this organization as it will likely be a more organized and vocal representation for the community's interests in terms of historic preservation, housing, and economic development for the community. BSSFHS is slated to provide initial seed funding for the organization during the 2011 fiscal year (Fall 2010 calendar year). The Director of Community Relationship Building has met with the residents and facilitated their leadership development and capacity building and helped projects like the Land Trust, Sterling Trail System, Community Gardens, Sterling Health & Wellness events and assessments, and the Master Plan to come to fruition. Monthly meetings are held and bring residents, key stakeholders and community agencies together for updates and work sessions, at times facilitating groups as large as 50 to 80 people. The Director of Community Relationship Building has sought to leverage existing programs, resources, and relationships (or bridge

Form 990 Schedule H, Part VI - Supplemental Information, Line 5

new ones) within Sterling and from outside the community to cover costs, share costs, or more efficiently use established budgets

Form 990 Schedule H, Part VI - Supplemental Information, Line 6
Form 990 Schedule H, Part VI - Supplemental Information, Line 6

Part VI, Line 6 BSSFHS has an open medical staff with privileges available to all qualified physicians. BSSFHS operates an emergency room at both of its hospitals which provide services 24 hours a day, seven days a week to ensure access to needed emergency care for all persons. In 2009-2010, the health system was led in its mission to serve the community by a governing board that included 17 members, fourteen of whom are representative of the community. Additionally, BSSFHS supports several community programs through the Bon Secours mission to be good help to those in need. As part of this mission, BSSFHS provides dedicated staff and services with the sole purpose of measuring the needs of the community and engaging community partners to address the needs. These include the Community Ministries department, which has four full-time dedicated staff members, the Faith Community Nursing Program, LifeWise (a community initiative targeting adults 55 and older), and Open Arms Hospice, a partnership providing the only community Hospice House in the region. These dedicated staff assist in the following programs and also work to build collaborative partnerships in the community.

Access to Oral Health Care Program Oral disease is the most common, yet preventable, chronic health problem among children - five times more common than asthma (CDC, Jan 2005). BSSFHS in collaboration with the Community Health Alliance and the key service partners Greenville Technical College and New Horizon Family Health Services, Inc. (NHFHS), improved access to oral health care through an integrated service partnership that links businesses, funding agencies, a dental hygiene training program, and a mobile medical unit with a primary care provider. The target population for this program includes low income, uninsured and Medicaid-covered children and adults in Greenville and surrounding counties. The overall objective is to improve their oral health status by ensuring access to comprehensive and sustainable oral health services. Two key activities to accomplish this objective are 1) a community-based dental clinic providing a full range of oral health services, and 2) operation of a mobile dental unit that will travel to churches, schools, shelters, and other sites. Both components provide preventive, primary and restorative care through Greenville Technical College's dental hygienist training program as well as NHFHS dentists. In 2009-2010, BSSFHS and the partners involved in this program were able to educate and provide direct service to 2,644 underserved children and over 900 underserved adults and seniors in Greenville County community.

Healthy Connections Healthy Connections (HC) is a collaboration among health care providers, Greenville County Schools, Communities-in-Schools, and the United Way of Greenville County. HC has staff in four Title I schools in Greenville County (a school is considered Title I when over 60% of students are eligible for free and reduced lunch). Each school involved in the HC program works closely with school nurses and additional school staff to identify health-related problems of students and determine the barriers to receiving needed care. Services provided by HC staff include coordinating the child's health care appointments, accompanying the child to the appointment, age appropriate education during visits and follow-up with the child's family. Particular attention is paid to the parent, child, and staff relationship.

Self-Care for Families with School Children Annually, BSSFHS provides each family with a 4 year old kindergarten student residing in Greenville County a self-care manual/resource for accessing appropriate health care in Greenville. The self-care guides are purchased from the American Institute of Preventive Medicine, Health at Home, explains common medical issues and provides a decision tree for how to care for the problem at home and how and when to seek appropriate medical care. In 2009-2010, this health literacy project, A Healthy You, documented a six-month follow-up study concluding that 51% of families surveyed were able to avoid one or more visits to the doctor in the past 6 months because of the Health at Home book (22% said they were able to avoid a visit to the doctor 3-4 times). In addition, 58% of families thought that the Health at Home books saved them money on medical or health care in the past 6 months and at least 67% thought it would save them money on health care in the next 6 months.

The Faith Community Nursing Program In addition to the volunteer parish nurses and lay health promoters who met the needs of their local congregations, BSSFHS employs three nurses who directly serve and minister to vulnerable populations. These Faith Community nurses work with organizations throughout Greenville, focusing on the needs of the underserved in local organizations such as Triune Mercy Center, Mercy Housings Mulberry Court and St Anthony of Padua Catholic Church. These Faith Community

Form 990 Schedule H, Part VI - Supplemental Information, Line 6

nurses keep the community healthy by helping people with major health issues connect to the appropriate resources available in the community with an emphasis on spiritual health BSSFHS is actively involved in National Cover the Uninsured Week each year, assisting with advocacy efforts to help more people in Greenville County receive coverage In addition, strong partnerships exist with the following local organizations United Way of Greenville County, New Horizon Family Health Services (a federally-qualified health center), Greenville Free Medical Clinic, Greenville Technical College, Greenville Forward, Greenville County School District, Upstate Homeless Coalition, Mercy Housing, Meals on Wheels, and local churches and universities These local organizations support BSSFHS to identify community needs, as well as gaps in services and work collaboratively to improve the health and welln ess of Greenville County

Form 990 Schedule H, Part VI - Supplemental Information, Line 7

Part VI, Line 7 Bon Secours Health System, Inc , a Maryland nonprofit, nonstock membership corporation (BSHSI), and all of the other entities that are controlled directly or indirectly by Bon Secours, Inc , a Maryland nonprofit, nonstock membership corporation (BSI) are described collectively as the System BSI, which is the sole corporate member of BSHSI, has no healthcare operations The System was organized in June 1983 to fulfill the healthcare mission of the United States Province of the Congregation of the Sisters of Bon Secours of Paris, a congregation of religious women of the Roman Catholic Church founded in France in 1824 The System's activities are in the states of New York, Pennsylvania, Maryland, Virginia, Kentucky, South Carolina, and Florida, each referred to as a local system The Ministry of BSHSI aids those in need, particularly those who are sick and dying, by offering services that include but are not limited to acute inpatient, outpatient, pastoral, palliative, home health, nursing home, rehabilitative, primary and secondary care and assisted living without regard to race, religion, color, gender, age, marital status, national origin, sexual orientation, or disability Activities directly associated with this purpose are considered operating activities Operating activities also include other incidental services that are closely related to healthcare BSSFHS exists to benefit the people living in the communities it serves Through all of the services offered to the community, the mission is to bring compassion to health care and to be good help to those in need, especially those who are poor and dying As a System of caregivers, we commit ourselves to help bring people and communities to health and wholeness as part of the healing ministry of Jesus Christ and the Catholic Church BSSFHS shares the BSHSI Vision Inspired by the healing ministry of Jesus Christ and the charisma of Bon Secours, Bon Secours Health System will be recognized for its leadership in justice, transforming the communities in which we serve and work into places of health and hope, and being a prophetic voice for systemic US health reform and a more humane world BSSFHS is comprised of two general acute care hospitals (St Francis - Downtown and St Francis - Eastside) and a physician joint-ventured ambulatory surgery center (Upstate Surgery Center), all of which are located in Greenville, South Carolina St Francis downtown is located in downtown Greenville and has 245 licensed beds, 16 operating rooms and offers a full range of medical/surgical services Core clinical areas of excellence include cardiology/CV surgery, orthopedics, and general surgery St Francis eastside is located on the eastside of Greenville County, the fastest growing area of county with regards to residential growth as well as commercial and business growth This facility has 93 licensed beds (35 of which are Labor/Delivery/Recovery/Post-partum units) and eight operating rooms Core clinical areas of excellence include OB/GYN, ENT, and orthopedics The health system operates two emergency departments on opposite sides of the county to ensure that all persons, regardless of their ability to pay, have access to emergency care The Upstate Surgery Center is a physician joint-ventured ambulatory surgery center that is located on the eastside of Greenville County, very close in proximity to St Francis eastside This facility has two licensed operating rooms and the primary surgical procedures performed are ENT and ophthalmology

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

| | |
|-------------------------------------|--|
| Name of the organization SFH Inc | Employer identification number 58-2504530 |
|-------------------------------------|--|

Part I

Questions Regarding Compensation

| | | |
|--|-----|----|
| | Yes | No |
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items | | |
| <input type="checkbox"/> First-class or charter travel | | |
| <input type="checkbox"/> Travel for companions | | |
| <input type="checkbox"/> Tax idemnification and gross-up payments | | |
| <input type="checkbox"/> Discretionary spending account | | |
| <input type="checkbox"/> Housing allowance or residence for personal use | | |
| <input type="checkbox"/> Payments for business use of personal residence | | |
| <input type="checkbox"/> Health or social club dues or initiation fees | | |
| <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef) | | |
| 1b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain | | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | | |
| 3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply | | |
| <input checked="" type="checkbox"/> Compensation committee | | |
| <input checked="" type="checkbox"/> Independent compensation consultant | | |
| <input type="checkbox"/> Form 990 of other organizations | | |
| <input checked="" type="checkbox"/> Written employment contract | | |
| <input checked="" type="checkbox"/> Compensation survey or study | | |
| <input checked="" type="checkbox"/> Approval by the board or compensation committee | | |
| 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization | | |
| a Receive a severance payment or change-of-control payment? | | No |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | Yes | |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | | No |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | |
| Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. | | |
| 5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of | | |
| a The organization? | | No |
| b Any related organization? | | No |
| If "Yes," to line 5a or 5b, describe in Part III | | |
| 6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of | | |
| a The organization? | | No |
| b Any related organization? | | No |
| If "Yes," to line 6a or 6b, describe in Part III | | |
| 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | | No |
| 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III | | No |
| 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | | |

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

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

[illegible]

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.

| Identifier | Return Reference | Explanation |
|--------------------------|------------------|---|
| | Part I, Line 4b | SFH, Inc. participates in a BSHSI sponsored executive retirement program that allows for deposits into additional retirement plans and available only to officers and key employees. The 457F plan is a non-qualified plan and is subject to a minimum three-year service requirement before vesting on deposits are made into this plan. |
| Supplemental Information | Part III | Part I, Line 3: Bon Secours Health System, Inc., a related organization of SFH, Inc., uses the following to establish the compensation of the organization's CEO/Executive Director: Compensation Committee; Independent Compensation Consultant; Written Employment Contract; Compensation Survey or Study; Approval by the Board or Compensation Committee. |

Software ID:
Software Version:
EIN: 58-2504530
Name: SFH Inc

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

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|-------------------|------|--|-------------------------------------|--------------------------|---------------------------|-------------------------|---------------------------------|--|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other compensation | | | | |
| Jeff Oak | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 278,856 | 200,024 | 51,441 | 29,576 | 24,699 | 584,596 | 0 |
| Valinda Rutledge | (i) | 428,528 | 356,742 | 13,338 | 72,325 | 19,726 | 890,659 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Thomas Morris | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 225,765 | 157,345 | 34,549 | 35,338 | 10,143 | 463,140 | 0 |
| John Shea | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 446,997 | 341,161 | 3,884 | 116,092 | 15,699 | 923,833 | 0 |
| Richard Hanson | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 407,990 | 335,679 | 29,077 | 80,844 | 27,400 | 880,990 | 0 |
| Ronnie Hyatt | (i) | 309,993 | 69,125 | 13,547 | 82,524 | 4,997 | 480,186 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Lisa Slayton | (i) | 186,701 | 42,176 | 4,243 | 61,508 | 3,040 | 297,668 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Johnna Reed | (i) | 178,849 | 38,174 | 11,168 | 54,275 | 6,989 | 289,455 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Teresa Ficicchy | (i) | 220,840 | 43,858 | 5,476 | 84,747 | 8,449 | 363,370 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Patricia Fowler | (i) | 167,832 | 39,086 | 6,303 | 70,764 | 11,082 | 295,067 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Randall Romberger | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | -3,373 | 37,538 | 250,278 | 0 | 3,373 | 287,816 | 0 |
| Mary Jo Cagle | (i) | 325,476 | 74,771 | 1,096 | 52,024 | 30,562 | 483,929 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Mark Klapperich | (i) | 218,260 | 108 | 6,607 | 25,656 | 20,933 | 271,564 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Nancy Graebner | (i) | 232,313 | 52,421 | 14,468 | 87,060 | 18,501 | 404,763 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Elizabeth Keith | (i) | 155,154 | 35,231 | 3,662 | 54,778 | 12,913 | 261,738 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| James Phil Feisal | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 131,593 | 27,500 | 11,319 | 4,400 | 23,450 | 198,262 | 0 |
| Mary Hassett | (i) | -1,931 | 50,625 | 310,979 | 0 | 1,931 | 361,604 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

| | |
|-------------------------------------|--|
| Name of the organization SFH Inc | Employer identification number 58-2504530 |
|-------------------------------------|--|

| Identifier | Return Reference | Explanation |
|--------------------------------------|------------------|---|
| Form 990, Part VI, Section A, line 2 | | Board member Sam B Phillips and board member David Poole have a business relationship |

| Identifier | Return Reference | Explanation |
|--------------------------------------|------------------|---|
| Form 990, Part VI, Section A, line 6 | | Bon Secours Health System, Inc is the sole member of Bon Secours St Francis Health System, Inc , which in turn is the sole member of SFH, Inc |

| Identifier | Return Reference | Explanation |
|---------------------------------------|------------------|---|
| Form 990, Part VI, Section A, line 7a | | The governing body of SFH, Inc. is appointed by its member Bon Secours St. Francis Health System, Inc. and subject to approval by Bon Secours Health System, Inc. |

| Identifier | Return Reference | Explanation |
|---------------------------------------|------------------|---|
| Form 990, Part VI, Section A, line 7b | | Certain authorities of SFH, Inc are reserved to its member or to Bon Secours Health System, Inc |

| Identifier | Return Reference | Explanation |
|---------------------------------------|------------------|--|
| Form 990, Part VI, Section B, line 11 | | The process the organization uses to review the Form 990 consists of a review by St Francis Health System's audit and compliance board committee and providing the form to SFH, Inc 's board of directors to allow for a thorough review by both before the filing date of July 15, 2011 St Francis Health System's audit and compliance board committee and SFH, Inc 's board of directors will review the Form 990 and ask any additional questions regarding the Form 990 before the return is filed by July 15, 2011 |

| Identifier | Return Reference | Explanation |
|--|------------------|---|
| Form 990, Part VI, Section B, line 12c | | SFH, Inc. regularly and consistently monitors compliance with the conflict of interest policy. On an annual basis all persons subject to the policy, including all officers, directors and key employees are required to make certain disclosures. These include disclosures related to certain personal, financial and organizational relationships that may present a conflict, or the appearance of a conflict of interest, with SFH, Inc. All disclosures go through a three-part review process: (1) disclosures are reviewed first by the corporate responsibility officer (CRO), (2) a governance team comprised of the CEO, board president, board chair, CRO, and the BSHSI CRO participates in a second review of all disclosures during which recommendations are made as to the resolution of any conflicts or potential conflicts. Depending on the facts and circumstances, resolutions may include ongoing disclosure, recusal or removal of the conflict, and (3) all disclosures and recommendations are reviewed by a board committee (audit and compliance committee reviews the disclosures of management and the governance committee reviews the disclosures of the board and board committee members). |

| Identifier | Return Reference | Explanation |
|---------------------------------------|------------------|---|
| Form 990, Part VI, Section B, line 15 | | <p>The compensation committee of the board of Bon Secours Health System, Inc engages in a comprehensive process for the oversight and management of remuneration for executive employees and disqualified parties of SFH, Inc as well as other officers, key employees and highest paid employees. The compensation committee consists of a group of independent board members and engages an independent external compensation consultant to ensure the reasonableness of compensation paid to executives and disqualified parties. The committee maintains a Board-approved compensation philosophy, review s pay practices against local, regional and national healthcare organizations and approves all remunerative decisions for this group of individuals. The committee review s and receives assurances that all levels of pay w ithin the organization are reasonable based on performance and validates incentives are met. These decisions are reported to the BSHSI Board of Directors and documented in the BSHSI compensation committee minutes. Form 990, Part VI, Section b , Line 15b - Compensation Process Other Officers/ Key Employees. The process included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. In the review , the other officers or key employees of SFH, Inc were compared to other hospitals' employees in the area that hold the same title. During the review and approval of the compensation, documentation of the decision was recorded in human resources.</p> |

| Identifier | Return Reference | Explanation |
|---------------------------------------|------------------|--|
| Form 990, Part VI, Section C, line 19 | | SFH, Inc provides any documents open to public inspection upon request |

| Identifier | Return Reference | Explanation |
|--------------------|------------------|--|
| Form 990, Part VII | | <p>Hours worked are not tracked on an entity by entity basis. All officer's and director's hours reported on Form 990, Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors represent aggregate hours worked per week. Richard Hanson's compensation is paid by Bon Secours Health System, Inc , a related organization. The compensation he receives is for his role as the CEO of Bon Secours Hampton Roads Health System, Inc (former). John Shea's compensation is from Bon Secours Health System, Inc , a related organization. The compensation he receives is for the role as an employee at Bon Secours Health System, Inc. Jeff Oak's compensation is paid by Bon Secours Health System, Inc , a related organization. The compensation he receives is for his role as the Chief Corporate Responsibility and Development Officer of Bon Secours Health System, Inc. Thom Morris's compensation is from Bon Secours Health System, Inc , a related organization. The compensation he receives is for the role as an SVP of Sponsorship at Bon Secours Health System, Inc. James Phil Feisal's compensation is paid by Bon Secours Health System, Inc , a related organization. The compensation he receives is for his role as the Executive Vice President of Bon Secours St Francis Health System- Downtown. Randall Romberger's compensation is paid by Bon Secours Health System, Inc , a related organization. The compensation he received is for his role as the Executive Vice President of Bon Secours St Francis Health System- Eastside. Sister Rose Marie Jasinski does not receive payroll distributions as she has taken a vow of poverty. Hours worked are based on hours spent across multiple entities. Hours worked are not tracked on an entity by entity basis.</p> |

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SFH Inc

Employer identification number
58-2504530

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

| (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 |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| Physicians' Surgery Center at St Francis LLC One St Francis Drive Greenville, SC 29601 | | SC | | | SFH Inc |
| Bon Secours St Francis Diagnostic One St Francis Drive Greenville, SC 29601 80-0520229 | | SC | | | SFH Inc |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity |
|--|--------------------------------|--|----------------------------|---|----------------------------------|
| Bon Secours Health System Inc 1505 Marnottsville Road Marnottsville, SC 21104 52-1301088 | Parent Org Management Services | SC | 501(c)(3) | Line 11, Type II 50 | N/A |
| Bon Secours St Francis Health System Inc 1 St Francis Drive Greenville, SC 296013955 58-2504528 | Local System Parent Org | SC | 501(c)(3) | Line 11, Type II 50 | N/A |
| St Francis Foundation 1 St Francis Drive Greenville, SC 296013955 26-0012031 | Grant Making Foundation | SC | 501(c)(3) | Line 7 170(b)(1)(a) | N/A |
| St Francis Physician Services 1 St Francis Drive Greenville, SC 296013955 13-4290167 | Physician Services | SC | 501(c)(3) | Line 11, Type I 509 | N/A |
| | | | | | |
| | | | | | |
| | | | | | |

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | |
|---|------------------------------|--|-------------------------------------|---|------------------------------|---------------------------------------|--|----|---|---|----|
| | | | | | | | Yes | No | | Yes | No |
| Upstate Surgery Center 1 St Francis Drive Greenville, SC296013955 56-2186977 | Ambulatory Surgery Center | SC | N/A | Related | 584,388 | 967,617 | | No | | | No |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership |
|--|-------------------------|---|-------------------------------------|--|------------------------------|--|--------------------------------|
| Health Care Enterprises Inc 1 St Francis Drive Greenville, SC296013955 57-1012852 | Holding Company | SC | N/A | C | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

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

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

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

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

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

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

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

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

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

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

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

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

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

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

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

Yes

No

No

No

No

No

No

No

Yes

Yes

No

No

Yes

No

No

No

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

| (a) Name of other organization | (b) Transaction type(a-r) | (c) Amount involved |
|-----------------------------------|---------------------------------|------------------------|
| (1) None | | |
| (1) See Additional Data Table | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |

Schedule R (Form 990) 2009

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

[illegible]

Additional Data

Software ID:
Software Version:
EIN: 58-2504530
Name: SFH Inc

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Leonard Byrne Board Member | 4 00 | X | | | | | | 0 | 0 | 0 |
| Camilla Hertwig Board Member | 4 00 | X | | | | | | 0 | 0 | 0 |
| Eric Le Corre Board Member | 4 00 | X | | | | | | 0 | 0 | 0 |
| Sam B Phillips Board Member | 4 00 | X | | | | | | 0 | 0 | 0 |
| David Poole Board Member | 4 00 | X | | | | | | 0 | 0 | 0 |
| Linton B Puckett Board Member | 4 00 | X | | | | | | 0 | 0 | 0 |
| Robert Hitt Board Member | 4 00 | X | | | | | | 0 | 0 | 0 |
| Valerie Hollinger Board Member | 4 00 | X | | | | | | 0 | 0 | 0 |
| Jeff Oak Board Member | 50 00 | X | | | | | | 0 | 530,321 | 54,275 |
| Fletcher Kirkland Board Member | 4 00 | X | | | | | | 0 | 0 | 0 |
| Brother Peter Campbell Board Member | 4 00 | X | | | | | | 0 | 0 | 0 |
| Charlton Armstrong III MD Board Member | 4 00 | X | | | | | | 0 | 0 | 0 |
| Wayne McDonald MD Board Member | 4 00 | X | | | | | | 0 | 0 | 0 |
| Greg Haselden Board Member | 4 00 | X | | | | | | 0 | 0 | 0 |
| Sr Rose Marie Jasinski President (Sept - Dec) | 50 00 | X | | X | | | | 0 | 0 | 0 |
| Valinda Rutledge CEO (Sept) | 50 00 | X | | X | | | | 798,608 | 0 | 92,051 |
| Thomas Morris President (Jan - Aug) | 50 00 | X | | X | | | | 0 | 417,659 | 45,481 |
| Pearlie Harris Chairman | 6 00 | X | | X | | | | 0 | 0 | 0 |
| John Shea Interim CEO (Sept) | 50 00 | X | | X | | | | 0 | 792,042 | 131,791 |
| Richard Hanson Interim CEO (Oct-Jan) | 50 00 | X | | X | | | | 0 | 772,746 | 108,244 |
| Mark Nantz CEO (Jan-Aug) | 50 00 | X | | X | | | | 0 | 0 | 0 |
| Ronnie Hyatt CFO/Treasurer | 50 00 | | | X | | | | 392,665 | 0 | 87,521 |
| Irene Holcombe Secretary | 50 00 | | | X | | | | 86,270 | 0 | 12,881 |
| Lisa Slayton Senior VP/HR | 50 00 | | | | X | | | 233,120 | 0 | 64,548 |
| Johnna Reed Senior VP/Ancillary | 50 00 | | | | X | | | 228,191 | 0 | 61,264 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Teresa Ficicchy CNO | 50 00 | | | | X | | | 270,174 | 0 | 93,196 |
| Patricia Fowler VP/Surgical Services | 50 00 | | | | X | | | 213,221 | 0 | 81,846 |
| Randall Romberger EVP/COO | 50 00 | | | | X | | | 0 | 284,443 | 3,373 |
| Mary Jo Cagle SVP, Medical Affairs | 50 00 | | | | | X | | 401,343 | 0 | 82,586 |
| Mark Klapperich CRNA | 50 00 | | | | | X | | 224,975 | 0 | 46,589 |
| Nancy Graebner EVP | 50 00 | | | | | X | | 299,202 | 0 | 105,561 |
| Elizabeth Keith SVP, Mission Services | 50 00 | | | | | X | | 194,047 | 0 | 67,691 |
| James Phil Feisal Former EVP/COO | 0 00 | | | | | | X | 0 | 170,412 | 27,850 |
| Mary Hassett Former SVP, Strategic | 0 00 | | | | | | X | 359,673 | 0 | 1,931 |

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

| <i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i> | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| Medical supplies | 78,726,445 | 70,853,802 | 7,872,643 | |
| Bad debt | 50,215,827 | 50,215,827 | | |
| Repairs/Rental | 6,937,383 | 6,243,645 | 693,738 | |
| Tax and license fee | 4,908,996 | 4,418,096 | 490,900 | |
| UBIT expense | 467,879 | 421,091 | 46,788 | |