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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2009

Open to Public Inspection

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 10-01-2009 and ending 09-30-2010

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: ANMED HEALTH; Doing Business As; Number and street (or P.O. box if mail is not delivered to street address): 800 NORTH FANT STREET; Room/suite; City or town, state or country, and ZIP + 4: ANDERSON, SC 29621

D Employer identification number: 57-0359174; E Telephone number: (864) 512-1000; G Gross receipts \$ 470,480,434

F Name and address of principal officer: JOHN A MILLER JR, 800 NORTH FANT STREET, ANDERSON, SC 29621

H(a) Is this a group return for affiliates? Yes No; H(b) Are all affiliates included? Yes No; H(c) Group exemption number

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

J Website: WWW.ANMEDHEALTH.ORG

K Form of organization: Corporation; L Year of formation: 1906; M State of legal domicile: SC

Part I Summary

Table with 4 columns: Description, Prior Year, Current Year, and Net Assets or Fund Balances. Rows include: 1. Mission statement; 2-7. Governance and activities; 8-12. Revenue; 13-19. Expenses; 20-22. Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer: JERRY A PARRISH CFO, Date: 2011-07-27

Paid Preparer's Use Only: Preparer's signature: Amy Bibby, Date, Check if self-employed, Preparer's identifying number, Firm's name: DIXON HUGHES GOODMAN LLP, address: 500 Ridgefield Court, Asheville, NC 28806, Phone no: (828) 254-2254

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? 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 \$ 426,746,984 including grants of \$ 55,000) (Revenue \$ 447,772,046)

ANMED HEALTH IS A HEALTHCARE SYSTEM PROVIDING A FULL RANGE OF ACUTE CARE SERVICES FOR MEDICAL, SURGICAL, PEDIATRIC, OBSTETRIC, PSYCHIATRIC, SUBSTANCE ABUSE AND REHABILITATION PATIENTS, AS WELL AS SPECIALIZED CARE IN ITS INTENSIVE CARE AND CORONARY CARE UNITS TO SUPPORT THESE INPATIENT SERVICES, ANMED HEALTH OFFERS A NORMAL COMPLEMENT OF DIAGNOSTIC AND ANCILLARY SERVICES TWO SEPARATELY LICENSED FACILITIES ARE OPERATED BY ANMED HEALTH (1) ANMED HEALTH MEDICAL CENTER IS A 461-BED FACILITY THAT OFFERS THE LATEST IN MEDICAL AND SURGICAL SERVICES A MEDICAL STAFF OF OVER 400 PHYSICIANS PROVIDES HIGH QUALITY CARE TO THE PATIENTS AT THE MEDICAL CENTER OPEN HEART SURGERY, VASCULAR SURGERY, GENERAL SURGERY, EMERGENCY/ TRAUMA MEDICINE, A NEUROLOGICAL/STROKE CENTER, THE LATEST IN DIAGNOSTIC MRI, CT AND LABORATORY MEDICINE ARE AVAILABLE (2) ANMED HEALTH WOMEN'S AND CHILDREN'S HOSPITAL IS A 72-BED ALL-PRIVATE ROOM FACILITY OFFERING INPATIENT CARE FOR LABOR/DELIVERY, WOMEN'S ELECTIVE SURGERY AND CHILDREN THIS HOSPITAL INCLUDES DEDICATED UNITS FOR LABOR/DELIVERY, MOTHER/BABY, WOMEN'S ELECTIVE SURGERY AND PEDIATRICS ON THE FIRST FLOOR, PHYSICIANS' OFFICES, A LEARNING CENTER, CAFE, COMMUNITY MEETING ROOMS AND RETAIL SHOPS MAKE VISITORS FEEL WELCOME WITH A WEALTH OF RESOURCES TO SUPPORT THESE INPATIENT SERVICES, ANMED HEALTH OFFERS A NORMAL COMPLEMENT OF DIAGNOSTIC AND ANCILLARY SERVICES ADDITIONALLY, ANMED HEALTH OFFERS OUTPATIENT SERVICES AT D K OGLESBY CENTER AT THE ANMED HEALTH NORTH CAMPUS AND HAS SEVERAL CLINICS LOCATED IN ANDERSON, IVA, CLEMSON, HONEA PATH, FAIRPLAY, PENDLETON, AND WILLIAMSTON, SOUTH CAROLINA, AND IN HARTWELL, GEORGIA THE SYSTEM PROVIDED 93,152 INPATIENT DAYS AND 5,251 NURSERY DAYS OF SERVICE FOR THE YEAR THE SYSTEM MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE LEVEL OF UNCOMPENSATED CARE, INCLUDING CHARITY CARE, IT PROVIDES THE COST OF CHARITY CARE PROVIDED WAS APPROXIMATELY \$12,818,000 THE UNCOMPENSATED COST TO PROVIDE CARE TO MEDICAID PATIENTS WAS APPROXIMATELY \$3,924,000, AND UNCOMPENSATED COST TO MEDICARE PATIENTS WAS APPROXIMATELY \$7,805,000

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 \$ 426,746,984

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)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? <input checked="" type="checkbox"/>	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> <input checked="" type="checkbox"/>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>		No
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i> <input checked="" type="checkbox"/>	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	◆ 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? <i>If "Yes," complete Schedule D, Part VII.</i>		
	◆ 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	◆ 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? <i>If "Yes," complete Schedule D, Part IX.</i>		
	◆ Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	◆ 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> <input checked="" type="checkbox"/>		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/> 12A Yes <input type="checkbox"/> No		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Part I</i>		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? <i>If "Yes," complete Schedule F, Part II</i>		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? <i>If "Yes," complete Schedule F, Part III</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	21	Yes	
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> <input checked="" type="checkbox"/>	22	Yes	
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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	28b	Yes	
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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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 299		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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 3,646		
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)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	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)?	Yes	
b	If "Yes," enter the name of the foreign country CJ 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?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		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?		
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?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
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		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	Yes	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		No
6	Does the organization have members or stockholders?	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	Yes	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
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		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?		No
10b	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?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	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	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization If "Yes" to line a or b, describe the process in Schedule O (See instructions)	Yes	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Yes	
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	Yes	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed SC
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 checked="" 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 JERRY A PARRISH 800 N FANT STREET ANDERSON, SC 29621 (864) 512-1000

1b Total	5,286,533	0	1,276,001
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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 **144**

	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>		No
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>	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>	Yes	

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ANDERSON EMERGENCY ASSOCIATES 800 N FANT STREET ANDERSON, SC 29621	ER PHYSICIANS	8,730,572
EPISODIC CARE CLINICS PC 130 CAYMAN WAY ANDERSON, SC 29621	PHYSICIANS	990,258
HOSPITAL MEDICINE CONSULTANTS 819 N FANT STREET ANDERSON, SC 29621	HOSPITALISTS	968,024
LABORATORY CORP OF AMERICA PO BOX 2280 BURLINGTON, NC 27216	ESOTERIC LAB TESTING	936,284
PIEDMONT PATHOLOGY 404 E CALHOUN ST ANDERSON, SC 29621	PATHOLOGISTS	833,644

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 **47**

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	15,000				
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	1,450,793				
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f ▶	1,465,793				
Program Service Revenue	2a	NET PATIENT SERVICE	621,400	449,477,384	446,594,995	2,882,389	
	b	ANCILLARY SERVICES	900,099	527,158	513,349	13,809	
	c	PLASMA RECOVERY	900,099	520,220	520,220		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶	450,524,762				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶		6,994,877		6,994,877	
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
	6a	Gross Rents	(i) Real	3,166,290			
			(ii) Personal				
			Less rental expenses				
			Rental income or (loss)	3,166,290			
	d	Net rental income or (loss) ▶		3,166,290		3,166,290	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	4,819,226			
			(ii) Other				
			Less cost or other basis and sales expenses			137,410	
			Gain or (loss)	4,819,226		-137,410	
d	Net gain or (loss) ▶		4,681,816		4,681,816		
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a						
b	Less direct expenses b						
c	Net income or (loss) from fundraising events ▶						
9a	Gross income from gaming activities See Part IV, line 19 a						
b	Less direct expenses b						
c	Net income or (loss) from gaming activities ▶						
10a	Gross sales of inventory, less returns and allowances a						
b	Less cost of goods sold b						
c	Net income or (loss) from sales of inventory ▶						
	Miscellaneous Revenue	Business Code					
11a	CAFETERIA & VENDING	722,210	2,199,482		2,199,482		
b	MISCELLANEOUS REVENUE	900,099	1,124,250		1,124,250		
c	PURCHASE DISCOUNTS	900,099	185,754	143,482	42,272		
d	All other revenue						
e	Total. Add lines 11a-11d ▶		3,509,486				
12	Total revenue. See Instructions ▶		470,343,024	447,772,046	2,924,661	18,180,524	

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	37,000	37,000		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	18,000	18,000		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,464,708	2,790,606	674,102	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	171,072	171,072		
7	Other salaries and wages	138,132,262	121,211,054	16,921,208	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,043,832	2,665,801	378,031	
9	Other employee benefits	25,481,123	22,316,472	3,164,651	
10	Payroll taxes	10,852,450	9,504,620	1,347,830	
11	Fees for services (non-employees)				
a	Management				
b	Legal	576,616		576,616	
c	Accounting	148,584		148,584	
d	Lobbying	19,500		19,500	
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	1,435,747		1,435,747	
g	Other	31,757,961	29,757,961	2,000,000	
12	Advertising and promotion	671,962	147,954	524,008	
13	Office expenses	8,623,679	7,732,344	891,335	
14	Information technology	6,915,202	6,915,202		
15	Royalties				
16	Occupancy	16,038,565	16,038,565		
17	Travel	842,578	586,024	256,554	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	10,086,391	10,086,391		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	37,475,459	37,475,459		
23	Insurance	4,984,270	4,984,270		
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	BAD DEBT EXPENSE	84,014,910	84,014,910		
b	MEDICAL SUPPLIES	68,413,702	68,264,119	149,583	
c	MISCELLANEOUS EXPENSES	2,920,967	1,829,775	1,091,192	
d	ENVIRONMENTAL CONTROL	199,385	199,385		
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	456,325,925	426,746,984	29,578,941	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	25,698,000	1	22,508,471
	2 Savings and temporary cash investments	11,234,639	2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	86,384,536	4	83,231,575
	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	3,050,344	8	2,906,410
	9 Prepaid expenses and deferred charges	5,691,980	9	6,271,118
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	662,863,953		
	b Less accumulated depreciation	374,775,038	295,871,929	10c 288,088,915
	11 Investments—publicly traded securities	206,752,752	11	235,885,430
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11	4,257,862	13	3,414,239
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	20,943,418	15	20,974,328
16 Total assets. Add lines 1 through 15 (must equal line 34)	659,885,460	16	663,280,486	
Liabilities	17 Accounts payable and accrued expenses	35,270,535	17	40,082,108
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	266,415,278	20	263,165,395
	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	58,072,108	25	53,737,125
	26 Total liabilities. Add lines 17 through 25	359,757,921	26	356,984,628
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.			
	27 Unrestricted net assets	298,638,359	27	304,272,742
	28 Temporarily restricted net assets	1,489,180	28	2,023,116
	29 Permanently restricted net assets		29	
	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		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	300,127,539	33	306,295,858	
34 Total liabilities and net assets/fund balances	659,885,460	34	663,280,486	

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 Cash Accrual 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? . . .

b Were the organization's financial statements audited by an independent accountant?

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

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
 Separate basis Consolidated basis 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?

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	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
ANMED HEALTH

Employer identification number

57-0359174

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)

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

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

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

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	

19a 33 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

b 33 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

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

Part IV **Supplemental Information.** 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

Additional Data

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

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			
WILLIAM E KIBLER CHAIRMAN	1 00	X		X				0	0	0
JT BOSEMAN VICE CHAIR	1 00	X		X				0	0	0
ANN D HERBERT SECRETARY/TREASURER	1 00	X		X				0	0	0
CHARLES C THORTON JR BOARD MEMBER	1 00	X						0	0	0
ROBERT RAINEY BOARD MEMBER (SEE SCH O)	1 00	X					63,214	0	0	0
JOHN M GEER JR BOARD MEMBER	1 00	X					0	0	0	0
EVERETTE NEWMAN BOARD MEMBER	1 00	X					0	0	0	0
DR CHRIS PRZIREMBEL BOARD MEMBER	1 00	X					0	0	0	0
DR JERRY POWELL BOARD MEMBER	1 00	X					0	0	0	0
MARY ANNE D LAKE BOARD MEMBER	1 00	X					0	0	0	0
DR PAUL FRASSINELLI BOARD MEMBER (SEE SCH O)	1 00	X					48,547	0	0	0
DR JOHN R HUNT BOARD MEMBER	1 00	X					0	0	0	0
DR STEPHEN HAND BOARD MEMBER (SEE SCH O)	1 00	X					45,649	0	0	0
FRED L FOSTER BOARD MEMBER	1 00	X					0	0	0	0
JANE W MUDD BOARD MEMBER	1 00	X					0	0	0	0
JOHN A MILLER JR CEO/BOARD MEMBER	50 00	X		X			802,784	0	556,493	
WILLIAM T MANSON III PRESIDENT/COO	50 00			X			492,699	0	142,478	
JERRY A PARRISH CFO	50 00			X			447,215	0	81,665	
DR MICHAEL L TILLIRSON CHIEF MEDICAL OFFICER	50 00			X			400,908	0	88,998	
JAMES T DOUGLAS III VICE PRESIDENT	50 00				X		242,735	0	66,161	
TINA JURY CHIEF NURSING OFFICER	50 00				X		252,365	0	77,165	
JOHN D GLYPH VICE PRESIDENT	50 00				X		229,821	0	47,250	
GARRICK CHIDESTER VICE PRESIDENT	50 00				X		304,828	0	75,529	
DR HENRY B HEARN CLINICIAN - MD	50 00					X	448,281	0	29,158	
DR MARK P LACY CLINICIAN - MD	50 00					X	402,090	0	28,997	

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			
DR DANIELLE W SHELLEY CLINICIAN - MD	50 00					X		363,403	0	29,411
DR TIMOTHY L DUNIHO CLINICIAN - MD	50 00					X		384,424	0	27,918
DR FELICE P MOODY CLINICIAN - MD	50 00					X		357,570	0	24,778

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.**

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), 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 ANMED HEALTH	Employer identification number 57-0359174
--	--

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 function 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 border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <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> </tbody> </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		19,500
j Total lines 1c through 1i			19,500
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).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (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 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	THE ORGANIZATION IS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION (AHA) AND THE SOUTH CAROLINA HOSPITAL ASSOCIATION (SCHA) EACH YEAR, A PORTION OF THE DUES PAID TO THESE ORGANIZATIONS IS ALLOCATED TOWARDS LOBBYING EFFORTS ON BEHALF OF THEIR MEMBERSHIP BODIES FOR FY 2010, AMOUNTS OF MEMBERSHIP DUES ALLOCATED TO THESE EXPENDITURES WERE APPROXIMATELY \$ 10,000 FOR AHA AND 9,500 FOR SCHA

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization ANMED HEALTH

Employer identification number 57-0359174

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
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?

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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

- 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

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

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

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

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

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)?

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		18,976,616		18,976,616
b Buildings		274,875,746	127,381,631	147,494,115
c Leasehold improvements		3,596,609	3,324,741	271,868
d Equipment		342,863,023	244,068,666	98,794,357
e Other		22,551,959		22,551,959
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				288,088,915

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	470,343,024
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	456,325,925
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	14,017,099
4	Net unrealized gains (losses) on investments	4	142,876
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-7,991,655
9	Total adjustments (net) Add lines 4 - 8	9	-7,848,779
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	6,168,320

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	461,542,308
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	142,876
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	1,055,280
e	Add lines 2a through 2d	2e	1,198,156
3	Subtract line 2e from line 1	3	460,344,152
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	951,937
b	Other (Describe in Part XIV)	4b	9,046,935
c	Add lines 4a and 4b	4c	9,998,872
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	470,343,024

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

1	Total expenses and losses per audited financial statements	1	455,373,988
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	0
3	Subtract line 2e from line 1	3	455,373,988
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	951,937
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	951,937
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	456,325,925

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 XI, Line 8 - Other Adjustments		LOSS ON BOND REDEMPTIONS -793069 CHANGE IN UNFUNDED PENSION COSTS -8253866 TRANSFERS FROM RELATED ORGANIZATIONS 1055280
Part XII, Line 2d - Other Adjustments		TRANSFERS FROM RELATED ORGANIZATIONS 1055280
Part XII, Line 4b - Other Adjustments		LOSS ON BOND REDEMPTIONS 793069 CHANGE IN UNFUNDED PENSION COSTS 8253866

SCHEDULE H (Form 990)

Hospitals

OMB No 1545-0047

2009

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization ANMED HEALTH

Employer identification number 57-0359174

Part I Charity Care and Certain Other Community Benefits at Cost

1a Does the organization have a charity care policy? 1b If "Yes," is it a written policy? 2 If the organization has multiple hospitals... 3 Answer the following based on the charity care eligibility criteria... 4 Does the organization's policy provide free or discounted care to the "medically indigent"? 5a Does the organization budget amounts for free or discounted care... 6a Does the organization prepare an annual community benefit report? 6b If "Yes," does the organization make it available to the public?

7 Charity Care and Certain Other Community Benefits at Cost

Table with 7 columns: (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. Rows include Charity Care and Means-Tested Government Programs and Other Benefits.

Part II Community 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
1 Physical improvements and housing						
2 Economic development			1,480		1,480	0 %
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			88,144		88,144	0.020 %
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			89,624		89,624	0.020 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		No
2 Enter the amount of the organization's bad debt expense (at cost)	2	32,891,837	
3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	2,773,000	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	103,719,587
6 Enter Medicare allowable costs of care relating to payments on line 5	6	111,524,588
7 Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-7,805,001
8 Describe 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 type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

Section C. Collection Practices

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

Part IV Management 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 %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

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

Part VI, Line 3 ANMED HEALTH PROVIDES SIGNAGE ABOUT OUR CHARITY POLICY AT EACH REGISTRATION SITE AND IT IS AVAILABLE ON OUR WEBSITE FINANCIAL COUNSELORS ARE AVAILABLE TO EXPLAIN THE APPLICATION FOR THOSE WHO NEED ASSISTANCE THE APPLICATION FOR CHARITY CARE AND ASSOCIATED DOCUMENTATION IS AVAILABLE IN ENGLISH AND SPANISH

- 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

Part VI, Line 7 ANMED HEALTH HAS AN AFFILIATION AND SERVICES AGREEMENT WITH THE CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY D/B/A CAROLINAS HEALTHCARE SYSTEM (CHS) THE AGREEMENT APPOINTS CHS AS THE MANAGER OF THE HOSPITAL SEE FORM 990, PART VI, LINE 3 FOR MORE DETAILS ANMED HEALTH ALSO HAS AN AFFILIATION AND SERVICES AGREEMENT WITH CANNON MEMORIAL HOSPITAL THE AGREEMENT APPOINTS ANMED HEALTH AS THE MANAGER OF CANNON MEMORIAL HOSPITAL THERE IS NO TRANSFER OF GOVERNANCE OR OWNERSHIP BETWEEN CHS AND ANMED HEALTH, NOR BETWEEN CANNON MEMORIAL HOSPITAL AND ANMED HEALTH

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

Additional Data

Software ID:

Software Version:

EIN: 57-0359174

Name: ANMED HEALTH

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

Part I, Line 6a SOUTH CAROLINA DOES NOT REQUIRE HOSPITALS TO FILE A COMMUNITY BENEFIT REPORT EACH YEAR FOR THE PAST FOUR YEARS, ANMED HEALTH HAS PARTICIPATED IN THE SC HOSPITAL ASSOCIATION'S (SCHA) COMMUNITY BENEFIT SURVEY PROCESS SCHA CONTRACTS WITH THE MICHIGAN HOSPITAL ASSOCIATION FOR USE OF THE COMMUNITY BENEFIT TRACKER SOFTWARE IN EACH PARTICIPATION YEAR, ANMED HEALTH HAS REPORTED ITS COMMUNITY BENEFIT INFORMATION TO SCHA, USING THE TRACKER SURVEY INSTRUMENT A SUMMARY OF THE RESULTS OF ANMED HEALTH'S COMMUNITY BENEFIT REPORT IS INCLUDED IN THE "YEAR IN REVIEW" REPORT, WHICH IS PUBLISHED ON ANMED HEALTH'S WEBSITE (WWW.ANMEDHEALTH.ORG) OUR FY' 10 REPORT OUTLINES HOW ANMED HEALTH PROVIDED APPROXIMATELY \$57.4 MILLION IN UNPAID COSTS OF PATIENT CARE, AND APPROXIMATELY \$10.2 MILLION IN COSTS FOR COMMUNITY HEALTH AND EDUCATION PROGRAMS, SUBSIDIZED SERVICES, HEALTH SCREENINGS, HEALTH CARE SUPPORT SERVICES, ONCOLOGY RESEARCH, HEALTH PROFESSIONS EDUCATION, AND COMMUNITY BUILDING ACTIVITIES ANMED HEALTH DOCUMENTED SERVING OVER 37,000 PERSONS THROUGH ITS COMMUNITY BENEFIT-RELATED SERVICES

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

Part I, Line 7 WORKSHEET 2 FROM THE 2009 SCHEDULE H INSTRUCTIONS WAS USED TO COMPUTE A COST-TO-CHARGE RATIO USED TO CALCULATE COMMUNITY BENEFIT EXPENSE AT COST FOR USE IN PART I, LINE 7

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

Part I, Line 7g SUBSIDIZED HEALTH SERVICES INCLUDES AN OUTPATIENT CLINIC AND A PSYCHIATRIC INPATIENT CLINIC OPERATED BY THE ORGANIZATION THAT RUN AT A FINANCIAL LOSS BUT ARE NECESSARY FOR THE BENEFIT OF THE COMMUNITIES THEY SERVE

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

Part I, Line 7f THE AMOUNT OF TOTAL EXPENSE ON FORM 990, PART IX, LINE 25 CONTAINS BAD DEBT EXPENSE OF \$84,014,910 THAT WAS REMOVED FROM THE CALCULATION OF CHARITY CARE ON PART I, LINE 7 IN ADDITION, \$1,288,567 OF ADDITIONAL EXPENSE WAS ADDED TO ACCOUNT FOR THE ORGANIZATION'S SHARE OF EXPENSES FROM JOINT VENTURES

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

Part III, Line 4 THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS DO NOT INCLUDE A FOOTNOTE ON BAD DEBT, ACCOUNTS RECEIVABLE, OR ALLOWANCE FOR DOUBTFUL ACCOUNTS WORKSHEET 2 FROM THE 2009 SCHEDULE H INSTRUCTIONS WAS USED TO COMPUTE A COST-TO-CHARGE RATIO TO DETERMINE BAD DEBT EXPENSE AT COST REPORTED ON PART III, LINE 2 TO DETERMINE AN ESTIMATE OF THE AMOUNT OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY, THE ORGANIZATION ESTIMATED THE NUMBER OF CHARITY APPLICATIONS BEGUN BUT NEVER COMPLETED BY THE PATIENT, AND APPLIED THAT RATIO OF INCOMPLETE APPLICATIONS TO THE TOTAL BAD DEBT EXPENSE THIS METHOD IS AN APPROXIMATION BASED ON THE ASSUMPTION THAT AN APPLICATION STARTED BUT NOT COMPLETED FOR WHATEVER REASON WAS LIKELY TO QUALIFY FOR SOME DEGREE OF DISCOUNT THE ORGANIZATION IS WORKING TO DEVISE A SYSTEM TO CAPTURE MORE ACCURATE INFORMATION TO ESTIMATE THIS AMOUNT FOR FUTURE YEARS

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

Part III, Line 8 THE MEDICARE COST REPORT WAS USED TO COMPUTE MEDICARE ALLOWBLE COSTS OF CARE RELATING TO MEDICARE PAYMENTS ANMED HEALTH TREATS MEDICARE PATIENTS AT A LOSS AND BELIEVES ALL OF THIS SHOULD BE COUNTED AS A COMMUNITY BENEFIT ANMED HEALTH TREATS ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY WITHOUT THE MEDICARE PROGRAM, A PERCENTAGE OF THE POPULATION RECEIVING MEDICARE WOULD QUALIFY FOR OUR CHARITY PROGRAM AND SOME WOULD FAIL TO PAY AND BE WRITTEN OFF AS BAD DEBT EXPENSE ALTERNATIVELY, SOME WOULD HAVE COMMERCIAL INSURANCE AND WE WOULD RECEIVE MORE THAN WE DO FROM MEDICARE BECAUSE OF THESE FACTORS, THE ORGANIZATION TAKES THE POSITION THAT THE ENTIRETY OF THE MEDICARE SHORTFALL SHOULD BE CONSIDERED A COMMUNITY BENEFIT

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

Part III, Line 9b ONCE APPROVED FOR THE FINANCIAL ASSISTANCE POLICY, THE HOSPITAL WOULD ONLY EXPECT PAYMENT IF THE PATIENT RECEIVED MONEY FROM AN INSURANCE CLAIM

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

Part V THE ORGANIZATION HAS LISTED TWO GENERAL MEDICAL & SURGICAL INPATIENT FACILITIES IN PART V IN ADDITION TO THOSE THAT ARE REQUIRED TO BE REPORTED IN PART V AS LICENSED MEDICAL FACILITIES, THE ORGANIZATION ALSO OPERATES THE FOLLOWING TYPES OF FACILITIES (DIRECTLY OR THROUGH JOINT VENTURE) THAT ARE NOT REQUIRED TO BE LICENSED AS A MEDICAL FACILITY - CANCER CENTER - CARDIAC AND ORTHOPAEDIC CENTER - HOME CARE SERVICES - PHYSICIAN OFFICES ACROSS UPSTATE SOUTH CAROLINA & NE GEORGIA - OUTPATIENT CARE CENTER

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

Part VI, Line 2 ANMED HEALTH ASSESSES THE HEALTH CARE NEEDS OF THE ANDERSON COMMUNITY THROUGH A NUMBER OF FORMAL AND INFORMAL PROCESSES ANMED HEALTH CONDUCTED A FORMAL COMPREHENSIVE COMMUNITY HEALTH ASSESSMENT OF ANDERSON COUNTY IN 1995 IN 2002, ANMED HEALTH AND NINE OTHER COMMUNITY GROUPS PARTNERED TO CONDUCT A FOLLOW-UP COMMUNITY ASSESSMENT THAT ADDRESSED NOT ONLY HEALTH, BUT A FULL SCOPE OF OTHER COMMUNITY PRIORITIES THE RESULTS OF THE HEALTH-RELATED COMPONENTS OF THE 2002 STUDY INDICATED THAT "ACCESS TO CARE" AND "HEALTHY LIFESTYLES" WERE KEY ISSUES TO BE ADDRESSED SINCE 2002, ANMED HEALTH'S BOARD OF TRUSTEES HAVE DIRECTED THE HEALTH SYSTEM TO LOOK FOR OPPORTUNITIES TO IMPROVE ACCESS TO CARE AND TO PROMOTE HEALTHY LIFESTYLES IN THE RESIDENTS OF ANDERSON COUNTY AS A RESULT, ANMED HEALTH HAS DEVELOPED A NETWORK OF PRIMARY CARE PHYSICIAN PRACTICES THAT SERVE PATIENTS THROUGHOUT ANMED HEALTH'S SERVICE AREA ANMED HEALTH HAS ALSO PROVIDED REDUCED-FEE CLINICS FOR CHILDREN, AND FOR FAMILIES IN A MEDICALLY-UNDERSERVED NEIGHBORHOOD BY OPENING TWO "MINOR CARE" (URGENT CARE) SITES, PRIMARY CARE IS ACCESSIBLE FOR PATIENTS WHO OTHERWISE WOULD USE THE EMERGENCY DEPARTMENT FOR CARE IN ADDITION, ANMED HEALTH HAS CONTINUED TO PROVIDE COMMUNITY EDUCATION AND SCREENINGS TO PROMOTE HEALTHY LIFESTYLES AND PREVENTION ON AN INFORMAL AND ONGOING BASIS, ANMED HEALTH ASSESSES THE HEALTH NEEDS IN THE COMMUNITY THROUGH VARIOUS PROCESSES THE ANMED HEALTH BOARD OF TRUSTEES REPRESENTS A DIVERSE GROUP OF MEMBERS WHO CONSTANTLY ASSESS THE HEALTH NEEDS IN THE COMMUNITY AND THROUGH THEIR INTERACTIONS WITH OTHER COMMUNITY LEADERS THE "COMMUNITY HEALTH IMPROVEMENT COMMITTEE" OF THE BOARD OF TRUSTEES IDENTIFIES AND PRIORITIZES COMMUNITY HEALTH NEEDS ANMED HEALTH'S LEADERSHIP TEAM SERVES ON NUMEROUS BOARDS AND COMMITTEES OF LOCAL NOT-FOR-PROFITS, AND THUS ARE MADE AWARE OF UNMET NEEDS ANMED HEALTH'S MEDICAL STAFF IDENTIFY UNMET NEEDS THAT THEY SEE WITHIN THEIR COMMUNITY PRACTICES THE COUNTY HEALTH DEPARTMENT IS A RESOURCE TO HELP ANMED HEALTH IDENTIFY UNMET HEALTH NEEDS

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

Part VI, Line 4 ANMED HEALTH SERVES NUMEROUS COUNTIES IN SOUTH CAROLINA AND GEORGIA ANMED HEALTH HAS DEFINED THOSE COMMUNITIES WHICH IT SERVES BY LOOKING AT THE PERCENTAGE OF PATIENT ORIGIN AT DISCHARGE AS WELL AS GEOGRAPHIC PROXIMITY TO THE HOSPITAL THE COMMUNITIES SERVED BY ANMED HEALTH PRIMARILY INCLUDES ANDERSON COUNTY, AND WE SERVE AS A SECONDARY SERVICE TO OCONEE COUNTY, PICKENS COUNTY, AND ABBEVILLE COUNTY IN SOUTH CAROLINA, AS WELL AS HART COUNTY, GEORGIA ANDERSON COUNTY--THE PRIMARY COMMUNITY SERVED BY ANMED HEALTH--IS AN URBAN COMMUNITY THAN ENCOMPASSES APPROXIMATELY 185,000 RESIDENTS THE POPULATION OF ANDERSON COUNTY IS EXPECTED TO GROW AT 1% PER YEAR THE MEDIAN INCOME FOR A HOUSEHOLD IN THE COUNTY WAS \$44,747 THE PER CAPITA INCOME FOR THE COUNTY WAS \$18,365, WITH APPROXIMATELY 14.3% OF COMMUNITY RESIDENTS HAVING INCOMES BELOW THE FEDERAL POVERTY GUIDELINE THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES DESIGNATED SIX MEDICALLY UNDERSERVED AREAS IN ANDERSON COUNTY FROM THE SOUTH CAROLINA PRIMARY HEALTH CARE ASSOCIATION, REGARDING MEDICALLY UNDERSERVED AREAS IN ANDERSON COUNTY, THE AREAS ARE AS FOLLOWS IN THE ASSOCIATED CENSUS TRACTS ANDERSON COUNTY 03093 - CT 0005 00, CT 0006 00, CT 0007 00 AND BELTON DIVISION SERVICE AREA 03099 - MCD (90221) BELTON CCD, MCD (91170) FORK CCD, MCD (93224) STARR CCD OVER 12.5% IS UNEMPLOYED AND APPROXIMATELY 77.8% OF ANDERSON COUNTY RESIDENTS WHO ARE UNINSURED OR MEDICAID RECIPIENTS COME TO ANMED HEALTH FOR THEIR INPATIENT MEDICAL CARE ANMED HEALTH MAINTAINS OVER 75% MARKET SHARE

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

Part VI, Line 5 ANMED HEALTH'S STAFF DOCUMENTED MORE THAN 750 VOLUNTEER HOURS IN SERVICE TO OTHER COMMUNITY ORGANIZATIONS IN FY '10 VOLUNTEER HOURS SERVING THE ANDERSON AREA CHAMBER OF COMMERCE SUPPORT THE MISSION OF THE CHAMBER SUPPORTING THE BUSINESS COMMUNITY HELPS IN JOB CREATION, AND THE LIKELIHOOD THAT EMPLOYEES WILL HAVE HEALTH INSURANCE AND THE ABILITY TO ACCESS CARE FOR THEMSELVES AND THEIR FAMILIES THROUGH COLLABORATIVE EFFORTS WITH LOCAL NOT-FOR-PROFITS, ANMED HEALTH IS ABLE TO SUPPORT ORGAIZANIZATIONS SUCH AS UNITED WAY, CANCER ASSOCIATION, AND MEALS ON WHEELS THESE ORGANIZATIONS SUPPORT HEALTH, WELLNESS, AND OTHER ISSUES THAT REINFORCE AND STRENGTHENS ANMED HEALTH'S ABILITY TO MEET ITS MISSION IN THE COMMUNITY ANMED HEALTH STAFF ALSO VOLUNTEERED ALMOST 1,000 HOURS TO ORGANIZATIONS THAT SHARE IN ITS HEALTH-RELATED MISSION

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

Part VI, Line 6 A MAJORITY OF THE ORGANIZATION'S GOVERNING BODY IS COMPRISED OF PERSONS WHO RESIDE IN THE ORGANIZATION'S PRIMARY SERVICE AREA AND WHO ARE NEITHER EMPLOYEES NOR INDEPENDENT CONTRACTORS OF THE ORGANIZATION, NOR FAMILY MEMBERS THEREOF ANMED HEALTH EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY FOR MANY OF ITS DEPARTMENTS SURPLUS FUNDS ARE SPENT TO IMPROVE THE CARE WE PROVIDE OUR PATIENTS THIS IS DONE THROUGH UPDATES TO OUR EQUIPMENT AND BUILDINGS, INVESTING IN NEW TECHNOLOGY, SUPPORTING OUR FAMILY MEDICINE RESIDENCY PROGRAM, ONCOLOGY RESEARCH, AND PROVIDING COMMUNITY BENEFITS ANMED HEALTH PROVIDES, SUPPORTS, PROMOTES, AND/OR SPONSORS A BROAD SCOPE OF COMMUNITY BENEFIT ACTIVITIES AND PROGRAMS THAT PROMOTE GOOD HEALTH EXAMPLES OF COMMUNITY HEALTH EDUCATION PROGRAMS INCLUDE - A TEDDY BEAR CLINIC TO TEACH CHILDREN ABOUT SERVICES PROVIDED BY DOCTORS AND HOSPITALS, - NUTRITION TALKS TO EDUCATE ON HEALTH FOODS AND PROPER DIETS, - HEALTH FAIRS IN THE COMMUNITY AND BUSINESSES TO EDUCATE ON PREVENTION, WELLNESS, AND HEALTH RISKS, - SAFE KIDS PROGRAMS TO TEACH BIKE AND WATERSPORTS SAFETY, FIRE SAFETY, AND CAR SEAT USE, AND - A SUMMER CAMP FOR CHILDREN WITH ASTHMA, TO TEACH CHILDREN AND PARENTS ABOUT BEST PRACTICES IN MANAGING THIS CHRONIC DISEASE EXAMPLES OF COMMUNITY HEALTH SCREENINGS INCLUDE MOBILE VAN SCREENINGS FOR HYPERTENSION AND CHOLESTEROL, AND OTHERS PROVIDED TO IDENTIFY THOSE AT RISK FOR HEART DISEASE AND STROKE REDUCED-FEE CLINICS ARE PROVIDED IN FAMILY MEDICINE AND IN PEDIATRICS FREE COUNSELING IS PROVIDED FOR GENETICS (RELATED TO CANCER RISKS), MENTAL HEALTH, AND SUBSTANCE ABUSE FAMILY SUPPORT SERVICES INCLUDE ASSISTANCE WITH MEDICAID ENROLLMENT, MEDICATION ASSISTANCE PROGRAMS, AND A NURSEWISE REFERRAL LINE ANMED HEALTH SUPPORTS A NUMBER OF HEALTH PROFESSIONALS EDUCATION PROGRAMS, INCLUDING A FAMILY MEDICINE RESIDENCY PROGRAM, NURSING TRAINING, A RADIOLOGY TECHNOLOGY PROGRAM, THERAPY INTERNSHIPS, PHARMACY STUDENT ROTATIONS ANMED HEALTH SUPPORTS ONCOLOGY RESEARCH THROUGH A DEPARTMENT THAT WORKS WITH PHYSICIANS AND PATIENTS TO IDENTIFY AVAILABLE STUDIES AND TRIALS OF INVESTIGATIONAL MEDICATIONS AND REGIMENS FINALLY, ANMED HEALTH SUPPORTS MANY OTHER NOT-FOR-PROFIT COMMUNITY ORGANIZATIONS THROUGH CASH AND IN-KIND DONATIONS THESE ORGANIZATIONS SHARE A SIMILAR VISION OF A HEALTHY COMMUNITY, AND INCLUDE THE ANDERSON FREE CLINIC, UNITED WAY, ANDERSON CANCER ASSOCIATION, ANDERSON YMCA, AND MANY OTHERS ANMED HEALTH'S LEADERS ARE INVOLVED IN VOLUNTEER ACTIVITIES IN THE CHAMBER OF COMMERCE, CIVIC ORGANIZATIONS, AND OTHER LOCAL, REGIONAL, AND STATEWIDE ORGANIZATIONS

Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

2009

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization ANMED HEALTH

Employer identification number 57-0359174

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Includes rows for Anderson Free Clinic, Foothills Community Foundation, Young Men's Christian Association, and Cancer Association of Anderson.

2 Enter total number of section 501(c)(3) and government organizations 4
3 Enter total number of other organizations 0

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
ANMED HEALTH

Employer identification number

57-0359174

Part I Questions Regarding Compensation

Yes No

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|---|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b 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"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <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?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

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?

b Any related organization?

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?

b Any related organization?

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

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	Yes	
2	Yes	
4a		No
4b	Yes	
4c		No
5a		No
5b		No
6a	Yes	
6b		No
7		No
8		No
9		

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other 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 reportable compensation				
DR STEPHEN HAND	(i)	45,649	0	0	0	0	45,649	0
	(ii)	0	0	0	0	0	0	0
JOHN A MILLER JR	(i)	620,894	137,080	44,810	369,051	187,442	1,359,277	0
	(ii)	0	0	0	0	0	0	0
WILLIAM T MANSON III	(i)	405,124	68,264	19,311	90,535	51,943	635,177	24,843
	(ii)	0	0	0	0	0	0	0
JERRY A PARRISH	(i)	371,419	60,720	15,076	45,290	36,375	528,880	29,390
	(ii)	0	0	0	0	0	0	0
DR MICHAEL L TILLIRSON	(i)	333,490	54,059	13,359	44,535	44,463	489,906	31,291
	(ii)	0	0	0	0	0	0	0
JAMES T DOUGLAS III	(i)	201,231	36,616	4,888	15,692	50,469	308,896	7,539
	(ii)	0	0	0	0	0	0	0
TINA JURY	(i)	210,728	36,146	5,491	22,610	54,555	329,530	19,271
	(ii)	0	0	0	0	0	0	0
JOHN D GLYMPH	(i)	189,454	34,629	5,738	17,699	29,551	277,071	6,718
	(ii)	0	0	0	0	0	0	0
GARRICK CHIDESTER	(i)	254,993	42,302	7,533	36,950	38,579	380,357	13,718
	(ii)	0	0	0	0	0	0	0
DR HENRY B HEARN	(i)	443,707	0	4,574	6,571	22,587	477,439	0
	(ii)	0	0	0	0	0	0	0
DR MARK P LACY	(i)	398,952	0	3,138	6,540	22,457	431,087	0
	(ii)	0	0	0	0	0	0	0
DR DANIELLE W SHELLEY	(i)	362,689	0	714	6,363	23,048	392,814	0
	(ii)	0	0	0	0	0	0	0
DR TIMOTHY L DUNIHO	(i)	383,039	0	1,385	5,331	22,587	412,342	0
	(ii)	0	0	0	0	0	0	0
DR FELICE P MOODY	(i)	354,080	0	3,490	0	24,778	382,348	0
	(ii)	0	0	0	0	0	0	0

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	<p>THE FOLLOWING OFFICERS RECEIVED DEFERRED COMPENSATION ALLOCATIONS FROM A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) JOHN A MILLER - \$ 242,290 WILLIAM T MANSON - 34,740 THE PURPOSE OF THE SERP FOR JOHN A MILLER IS TO PROVIDE THE PARTICIPANT WITH ADDITIONAL RETIREMENT BENEFITS TO ENCOURAGE THE PARTICIPANT'S CONTINUED INTEREST IN THE COMPANY'S SUCCESS AND TO REINFORCE THE PARTICIPANT'S COMMITMENT NOT TO COMPETE WITH THE COMPANY FOLLOWING SEPARATION FROM SERVICE BEFORE THE PARTICIPANT'S NORMAL RETIREMENT DATE (PARTICIPANT'S 65TH BIRTHDAY) THE PLAN COMMENCED ON JANUARY 1, 1998 IF THE PARTICIPANT REMAINS EMPLOYED TO THE NORMAL RETIREMENT DATE, THE COMPANY SHALL PAY TO THE PARTICIPANT IN A LUMP SUM A SERP BENEFIT EQUAL TO THE ACTUARIAL PRESENT VALUE OF A LIFETIME ANNUITY PAYING ANNUAL BENEFITS (IN MONTHLY INSTALLMENTS) EQUAL TO 60% TIMES THE PARTICIPANT'S FINAL AVERAGE TOTAL COMPENSATION, WHICH IS THEN REDUCED BY SOCIAL SECURITY BENEFITS AND THE COMPANY'S QUALIFIED PLAN BENEFITS THE PURPOSE OF THE SERP FOR WILLIAM T MANSON IS TO PROVIDE SUPPLEMENTAL RETIREMENT BENEFITS TO THE PARTICIPANT TO ENCOURAGE HIS CONTINUED INTEREST IN THE SUCCESS OF THE COMPANY, AND TO PROVIDE REASONABLE RETIREMENT BENEFITS THE PLAN COMMENCED ON MARCH 1, 2005 THE COMPANY SHALL CREDIT TO THE PARTICIPANT'S SERP ACCOUNT AN AMOUNT PROJECTED TO PROVIDE ANNUAL RETIREMENT BENEFITS EQUAL TO 50% OF THE PARTICIPANT'S FINAL FIVE-YEAR AVERAGE CASH COMPENSATION AT AGE 65 THE PROJECTION TAKES INTO ACCOUNT THAT THE TOTAL TARGETED RETIREMENT BENEFIT CONSISTS OF THE QUALIFIED DEFINED BENEFIT PENSION PLAN, 403(B) PLAN MATCHING CONTRIBUTIONS EARNED THEREON, 50% OF THE PROJECTED SOCIAL SECURITY PRIMARY RETIREMENT BENEFITS, AND BENEFITS UNDER THIS PLAN THE COMPANY DOES NOT GUARANTEE THAT THE CREDITS WILL ACTUALLY PROVIDE THE TARGETED BENEFIT, RATHER, THE PARTICIPANT'S BENEFIT IS LIMITED TO THE AMOUNT ACCRUED IN HIS ACCOUNT THE PARTICIPANT'S ENTITLEMENT TO THE BENEFITS DEPENDS ON THE PARTICIPANT'S FUTURE PERFORMANCE OF SUBSTANTIAL SERVICES</p>
	Part I, Line 6	<p>PHYSICIANS ARE COMMONLY COMPENSATED BY THE ORGANIZATION THROUGH AN AGREEMENT BASING THE BASE RATE ON A "TARGET COMPENSATION" AMOUNT THAT CONSIDERS THE MOST RECENT TWELVE MONTHS OF FINANCIAL DATA OF THE PHYSICIAN'S PRACTICE, WHICH IS A SUBSET OF THE ORGANIZATION AS A WHOLE, PROJECTED PATIENT VOLUMES AND COLLECTIONS DURING THE YEAR FROM THE SUBSET, AN ALLOCATION OF OVERHEAD COSTS FROM THE ORGANIZATION, EXPENSES OF THE PRACTICE, AND FULL-TIME EQUIVALENT STATUS OF THE PHYSICIAN THE FOLLOWING INDIVIDUALS LISTED ON PART VII OF THE FORM 990 ARE ENGAGED IN SUCH AN AGREEMENT, AND THEIR COMPENSATION IS SET ANNUALLY ON THE PERFORMANCE FACTORS DISCUSSED HERE HENRY B HEARN MARK P LACY DANIELLE W SHELLEY TIMOTHY L DUNIHO FELICE P MOODY</p>
Supplemental Information	Part III	<p>COMPENSATION FROM AN UNRELATED ORGANIZATION DR STEPHEN HAND WAS COMPENSATED BY HIS PERSONAL MEDICAL PRACTICE FOR SERVICES RENDERED TO ANMED HEALTH ON OCTOBER 1, 2009, THE HOSPITAL ENTERED INTO A SERVICES AND AFFILIATION AGREEMENT WITH THE CHARLOTTE MECKLENBURG HOSPITAL AUTHORITY D/B/A CAROLINAS HEALTHCARE SYSTEM THE AGREEMENT APPOINTS CAROLINAS HEALTHCARE SYSTEM AS THE MANAGER OF THE HOSPITAL THE FOLLOWING OFFICERS AND KEY EMPLOYEES WERE COMPENSATED ACCORDING TO THIS AGREEMENT AMOUNTS SHOWN RELATE TO COMPENSATION ACCRUED FOLLOWING THE AGREEMENT INITIATED OCTOBER 1, 2009 JOHN A MILLER JR -- \$106,746 WILLIAM T MANSON, III -- \$65,853 JERRY A PARRISH -- \$60,190 DR MICHAEL L TILLIRSON -- \$52,604 GARRICK CHIDESTER -- \$42,317 THE ABOVE AMOUNTS ARE REPRESENTED IN THE TOTALS SHOWN IN PART II THE REMAINDER OF THE AMOUNTS SHOWN IN PART II WERE PAID BY THE ORGANIZATION PRIOR TO THE INITIATION OF THE AGREEMENT</p>

**Schedule K
(Form 990)**

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**

▶ **Attach to Form 990. ▶ See separate instructions.**

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
ANMED HEALTH

Employer identification number

57-0359174

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	SOUTH CAROLINA JOBS-ECONOMIC DEVELOPMENT AUTHORITY	57-6000286	83703FBX9	04-02-2009	34,585,000	QUALIFIED HOSPITAL BOND, SERIES 2009A		X		X
B	SOUTH CAROLINA JOBS-ECONOMIC DEVELOPMENT AUTHORITY	57-6000286	83703FCQ3	05-13-2009	109,368,483	QUALIFIED HOSPITAL BOND, SERIES 2009B		X		X
C	SOUTH CAROLINA JOBS-ECONOMIC DEVELOPMENT AUTHORITY	57-6000286	83703FCQ3	05-13-2009	75,605,000	QUALIFIED HOSPITAL BOND, SERIES 2009C & D		X		X
D	SOUTH CAROLINA JOBS-ECONOMIC DEVELOPMENT AUTHORITY	59-0960018	83703FBX9	03-04-2010	43,752,346	QUALIFIED HOSPITAL BOND, SERIES 2010		X		X

Part II Proceeds

		A		B		C		D		E	
1	Total proceeds of issue	34,585,000		109,369,980		75,605,000		43,752,346			
2	Gross proceeds in reserve funds	993,917		993,917		66,667		3,414,817			
3	Proceeds in refunding or defeasance escrows										
4	Other unspent proceeds										
5	Issuance costs from proceeds	730,046		3,977,343		1,355,000		668,721			
6	Working capital expenditures from proceeds										
7	Capital expenditures from proceeds	51,142,629		51,142,629							
8	Year of substantial completion	2007		2010		2010		1999			
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?	X		X		X		X			
10	Were the bonds issued as part of an advance refunding issue?		X		X		X		X		
11	Has the final allocation of proceeds been made?	X			X		X	X			
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X			

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No								
3a Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X		X				
3b Are there any research agreements with respect to the financed property which may result in private business use?		X		X		X				
3c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X					
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %		0 %					
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %		0 %					
6 Total of lines 4 and 5	0 %		0 %		0 %					
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X					

Part IV Arbitrage

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

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
ANMED HEALTH

Employer identification number

57-0359174

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 3		ON OCTOBER 1, 2009, THE HOSPITAL ENTERED INTO A SERVICES AND AFFILIATION AGREEMENT WITH THE CHARLOTTE MECKLENBURG HOSPITAL AUTHORITY D/B/A CAROLINAS HEALTHCARE SYSTEM (CHS) THE AGREEMENT APPOINTS CAROLINAS HEALTHCARE SYSTEM AS THE MANAGER OF THE HOSPITAL THE BOARD OF ANMED HEALTH CONTINUES TO OVERSEE THE OPERATIONS OF THE HEALTHCARE FACILITY AND RELATED EXEMPT ACTIVITIES AS PART OF THE AGREEMENT, ANMED HEALTH GRANTS CHS THE RESPONSIBILITY FOR MANAGEMENT OF THE HEALTH SYSTEM, SUBJECT TO THE GENERAL APPROVAL OF THE BOARD OF DIRECTORS OF ANMED HEALTH BOARD APPROVAL IS REQUIRED FOR LARGE CAPITAL EXPENDITURES, SALE OR DISPOSAL OF SYSTEM ASSETS, AND BORROWING IN EXCESS OF IMMATERIAL AMOUNTS CHS IS REQUIRED TO PROVIDE KEY MANAGEMENT PERSONNEL, HOWEVER, THE CURRENT CEO, CFO, AND A NUMBER OF KEY EMPLOYEES ARE PERSONS THAT WERE FORMERLY EMPLOYED DIRECTLY BY ANMED HEALTH, PRIOR TO THE EFFECTIVE DATE OF THE AGREEMENT

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		THE SOLE MEMBER OF THE ORGANIZATION IS ANMED HEALTH FOUNDATION

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

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		THE RETURN WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM WITH ASSISTANCE AND OVERSIGHT BY MANAGEMENT UPON COMPLETION AND REVIEW BY MANAGEMENT, THE RETURN WAS EMAILED TO EACH VOTING MEMBER OF THE BOARD AND PLACED ON A SECURE WEBSITE PRIOR TO THE JULY 2011 BOARD MEETING AT THE MEETING, BOARD MEMBERS HAD AN OPPORTUNITY TO DISCUSS THE RETURN AND ASK QUESTIONS OF THE CFO AND A REPRESENTATIVE OF THE ACCOUNTING FIRM

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

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

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 18		PHOTOCOPIES OF THE FORM 990 ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S EXECUTIVE OFFICES IN ADDITION, RECENT FILINGS OF THE FORM 990 ARE AVAILABLE ONLINE AT WWW GUIDESTAR.ORG

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

Identifier	Return Reference	Explanation
		SCHEDULE K, PART I EXTENDED DESCRIPTION OF PURPOSE BOND (A) THE SERIES 2009A BONDS WERE ISSUED TO REFUND BONDS ISSUED APRIL 18, 2007 THE PRIOR BONDS WERE CALLED AND REFUNDED AS OF APRIL 20, 2009 BOND (B) THE SERIES 2009B BONDS WERE ISSUED IN PART TO REFUND BONDS ISSUED JULY 2, 2003 THE PRIOR BONDS WERE CALLED AND REFUNDED AS OF JUNE 4, 2009 IN ADDITION, THE BONDS WERE ALSO ISSUED FOR THE CAPITAL ACQUISITION OF BUILDINGS, STRUCTURES, AND EQUIPMENT WITH A RECOVERY PERIOD OF FIVE YEARS OR LESS BOND (C) THE SERIES 2009C & D BONDS WERE ISSUED TO REFUND BONDS ISSUED JULY 2, 2003 THE PRIOR BONDS WERE CALLED AND REFUNDED AS OF JUNE 18, 2009 BOND (D) THE SERIES 2010 BONDS WERE ISSUED TO REFUND BONDS ISSUED JULY 28, 1999 THE PRIOR BONDS WERE CALLED AND REFUNDED AS OF APRIL 5, 2010

Identifier	Return Reference	Explanation
		<p>SCHEDULE K, PART II, LINE 5 BREAKDOWN OF COSTS OF ISSUANCE BOND (A) COSTS OF ISSUANCE 235,121 CREDIT ENHANCEMENT 371,110 UNDERWRITER'S DISCOUNT 123,814 TOTAL 730,046 BOND (B) COSTS OF ISSUANCE 238,500 UNDERWRITER'S SPREAD 1,016,960 CREDIT ENHANCEMENT 2,721,883 TOTAL 3,977,343 BOND (C) COSTS OF ISSUANCE 653,394 CREDIT ENHANCEMENT 701,606 TOTAL 1,355,000 BOND (D) COSTS OF ISSUANCE 321,595 UNDERWRITER'S DISCOUNT 347,126 TOTAL 668,721</p>

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

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

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009

**Open to Public
Inspection**

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
ANMED HEALTH

Employer identification number

57-0359174

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

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
ANMED HEALTH FOUNDATION 800 N FANT STREET ANDERSON, SC 29621 57-0817544	FUNDRAISING/SUPPORT OF ANMED HEALTH	SC	501(c)(3)	Line 7	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) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	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
ANMED HEALTH ENTERPRISES INC 800 N FANT STREET ANDERSON, SC29621 57-0815011	HOLDING CORPORATION	SC	N/A	C			
ANMED HEALTH PLAN INC 800 N FANT STREET ANDERSON, SC29621 57-0811053	MANAGEMENT SERVICES ORGANIZATION	SC	N/A	C			
ANMED HEALTH SERVICES INC 800 N FANT STREET ANDERSON, SC29621 57-0741536	HEALTHCARE	SC	N/A	C			
ANDERSON AREA PHYSICIAN HOSPITAL ORGANIZATION 800 N FANT STREET ANDERSON, SC29621 57-1042018	MEDICAL SERVICES	SC	N/A	C	334,188	2,110,017	83 000 %

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		No
1b		No
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l	Yes	
1m		No
1n	Yes	
1o		No
1p	Yes	
1q		No
1r	Yes	

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

	(b) Transaction type(a-r)	(c) Amount involved
(a) Name of other organization		
(1) NO REPORTABLE TRANSACTIONS WITH CONTROLLED ORGANIZATIONS		
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

