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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 10/01/09 , and ending 09/30/10

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

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

C Name of organization
REGIONAL MEDICAL CENTER FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 3000 ST. MATTHEWS ROAD

Room/suite

City or town, state or country, and ZIP + 4 ORANGEBURG SC 29118

D Employer identification number
57-0856299

E Telephone number
803-533-2460

G Gross receipts $ 254,179

F Name and address of principal officer

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

H(b) Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.TRMCHEALTH.ORG

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

L Year of formation 1998

M State of legal domicile SC

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
THE MISSION OF THE FOUNDATION IS TO ACT AS A CATALYST IN PROMOTING THE REGIONAL MEDICAL CENTER THROUGH CHARITABLE GIFTS, EDUCATION AND POSITIVE PUBLIC RELATIONS.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	39
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	39
5	Total number of employees (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	246
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

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		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	194,887	187,449
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,891	3,332
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	159,074	63,398
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	355,852	254,179
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	242,000	188,498
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,011		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	78,248	24,164
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	320,248	212,662
19	Revenue less expenses Subtract line 18 from line 12	35,604	41,517

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	455,351	496,868
21	Total liabilities (Part X, line 26)		
22	Net assets or fund balances Subtract line 21 from line 20	455,351	496,868

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

Date

CHERYL MASON — CHIEF FINANCIAL OFFICER

Type or print name and title

Paid Preparer's Use Only

Preparer's signature		Date 07/01/11	Check if self-employed ▶ ☐
Preparer's identifying number (see instructions)	P00123695		
Firm's name (or yours if self-employed), address, and ZIP + 4	BURKETT BURKETT & BURKETT CPAS PA PO BOX 2044 WEST COLUMBIA, SC 29171	EIN ▶	57-0692602
Phone no ▶	803-794-3712		

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2009)

SCANNED JUL 19 2011

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

THE MISSION OF THE FOUNDATION IS TO ACT AS A CATALYST IN PROMOTING THE REGIONAL MEDICAL CENTER THROUGH CHARITABLE GIFTS, EDUCATION AND POSITIVE PUBLIC RELATIONS.

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 $ 182,551 including grants of $ 175,498) (Revenue $)

CONDUCTED NUMEROUS FUNDRAISINGS TO SUPPORT THE EFFORTS OF THE REGIONAL MEDICAL CENTER OF ORANGEBURG/CALHOUN COUNTIES OF PROVIDING QUALITY MEDICAL CARE TO MEMBERS OF THESE COMMUNITIES

4b (Code) (Expenses $ 13,000 including grants of $ 13,000) (Revenue $)

SCHOLARSHIPS TO STUDENTS IN ACCREDITED NURSING PROGRAMS WORKING TOWARD REGISTERED NURSING DEGREE/CREDENTIALS FOR POST GRADUATE WORK FROM ORANGEBURG OR CALHOUN COUNTIES OF SOUTH CAROLINA

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 ▶** 195,551

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11		X
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	• Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Part IV Checklist of Required Schedules (continued)

			Yes	No
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? If "Yes," complete Schedule I, Parts I and II	21	X	
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? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	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? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X
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? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	39		
b	Enter the number of voting members that are independent	1b	39		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ CHERYL MASON 3000 ST. MATTHEWS RD. ORANGEBURG SC 29118 803-533-2321

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

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

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

[X] Check this box if the organization did not compensate any current officer, director, or trustee

(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			
SEE ATTACHED BOARD OF TRUSTEES LIST								0	0	0

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

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

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 ▶ 0

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

Section B. Independent Contractors

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

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

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 ▶ 0

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				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 187,449				
	g Noncash contributions included in lines 1a-1f $					
	h Total. Add lines 1a–1f	▶	187,449			
Program Service Revenue		Busn. Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a–2f	▶				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	3,332			3,332
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less rental exps					
	c Rental inc or (loss)					
	d Net rental income or (loss)	▶				
	7a Gross amount from sales of assets other than inventory	(i) Securities / (ii) Other				
	b Less cost or other basis & sales exps					
	c Gain or (loss)					
	d Net gain or (loss)	▶				
	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	Busn. Code				
	11a GALA		35,772	35,772		
	b AUCTION		34,071	34,071		
	c HOSPICE TELETHON		-6,445	-6,445		
	d All other revenue					
	e Total. Add lines 11a–11d	▶	63,398			
	12 Total Revenue. See instructions.	▶	254,179	63,398	0	3,332

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	188,498	188,498		
2 Grants and other assistance to individuals in the U S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a OTHER OPERATING EXPENSES	16,100		16,100	
b PRESCRIPTIONS	7,053	7,053		
c OTHER FUNDRAISING EXPENSE	1,011			1,011
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	212,662	195,551	16,100	1,011
26 Joint costs. Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing		1	
	2	Savings and temporary cash investments	455,351	2	496,868
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment. cost or other basis Complete Part VI of Schedule D — 10a			
	b	Less accumulated depreciation — 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	455,351	16	496,868
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25		26	
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets		27	496,868
	28	Temporarily restricted net assets	455,351	28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	455,351	33	496,868
	34	Total liabilities and net assets/fund balances	455,351	34	496,868

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 [X] 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?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If "Yes" to line 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	2c		
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 separate 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?	3a		
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	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

REGIONAL MEDICAL CENTER FOUNDATION

Employer identification number

57-0856299

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 described in **section 170(b)(1)(A)(i).**

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

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

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?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i)		X
(ii) A family member of a person described in (i) above? 11g(ii)		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)		X

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
THE REGIONAL MEDICAL CENTER OF ORANGEBURG AND CALHOUN	57-6008010	7		X		X		X	175,498
Total									175,498

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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 Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15	Public support percentage from 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 a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—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 Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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 section 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

REGIONAL MEDICAL CENTER FOUNDATION

Employer identification number

57-0856299

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE REGIONAL MEDICAL CENTER 3000 ST MATTHEWS RD ORANGEBURG SC 29118			175,498		FMV		COMMUNITY EFFORTS
VB JOHNSON NURSING SCHOLARSHIP 3000 ST MATTHEWS RD ORANGEBURG SC 29118			13,000		FMV		ACCREDITED NURSING P

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

3 Enter total number of other organizations ▶

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

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

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

SCHEDULE 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
REGIONAL MEDICAL CENTER FOUNDATION

Employer identification number
57-0856299

FORM 990, PART I, LINE 6

VOLUNTEERS ASSIST WITH EVENTS

FORM 990, PART V, LINE 3B - FORM 990-T NOT FILED EXPLANATION

FORM 990-T NOT REQUIRED

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990

BOARD MEMBERS REVIEW TAX RETURN BEFORE BEING FILED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

UPON REQUEST

Special Events Schedule

Form **990**

For calendar year 2009, or tax year beginning 10/01/09 , and ending 09/30/10

2009

Name

REGIONAL MEDICAL CENTER FOUNDATION

Employer Identification Number

57-0856299

	(A)	(B)	(C)	Others	Total
Gross receipts	297,450	34,071	33,782	0	365,303
Less contributions	150,082	0	0	0	150,082
Gross revenue	147,368	34,071	33,782	0	215,221
Less direct expenses	111,596	0	40,227	0	151,823
Net income (loss)	35,772	34,071	-6,445	0	63,398

Description: (A) GALA

(B) AUCTION

(C) HOSPICE TELETHON

Others

Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75
	$ 3,332		14		
TOTAL	$ 3,332				

Special Events Direct Expenses

Description	Amount
COLUMN A	$
HOSPICE TELETHON	
EVENT EXPENSE	40,227
SUBTOTAL	40,227
COLUMN OTHERS	
GALA	
INCENTIVE GIFTS	46,698
PRODUCTION EXPENSE	62,502
SECURITY	350
AUCTION ITEM	1,965
OTHER GIFTS	81
SUBTOTAL	111,596
SUBTOTAL (OTHERS)	111,596
TOTAL	151,823

DIRECT EXPENSES OTHER THAN FUNDRAISING EXPENSES
REPORTED ON FORM 990, PAGE 1, LINE 9B.

Forms 990 / 990-EZ Return Summary

For calendar year 2009, or tax year beginning 10/01/09 , and ending 09/30/10

57-0856299

REGIONAL MEDICAL CENTER FOUNDATION

Net Asset / Fund Balance at Beginning of Year				455,351
Revenue				
Contributions		187,449		
Program service revenue				
Investment income		3,332		
Capital gain / loss				
Special events				
Gross revenue	215,221			
Direct expenses	151,823			
Net income		63,398		
Other income		63,398		
Total revenue			254,179	
Expenses				
Program services		195,551		
Management and general		16,100		
Fundraising		1,011		
Total expenses			212,662	
Excess / (deficit)				41,517
Other changes				
Net Asset / Fund Balance at End of Year				496,868

Reconciliation of Revenue

Total revenue per financial statements	
Less	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus	
Investment expenses	
Other	
Total revenue per return	254,179

Reconciliation of Expenses

Total expenses per financial statements	
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus	
Investment expenses	
Other	
Total expenses per return	212,662

Balance Sheet

	Beginning	Ending	Differences
Assets	455,351	496,868	
Liabilities			
Net assets	455,351	496,868	41,517

Miscellaneous Information

Amended return	
Return / extended due date	05/15/11
Failure to file penalty	

The Regional Medical Center
F•O•U•N•D•A•T•I•O•N

2010 Board of Trustees

Members	Office #; Cell #; E-mail address	Fax #	Home #	Term Expires
Cathy Hughes, Chairman The Times and Democrat PO Drawer 1766 Orangeburg, SC 29116	533-5535 cathy.hughes@timesanddemocrat.com	516-6110	247-2770	2011 *N
Dr. Dallas Lovelace, Vice Chairman RMC-Radiology 3000 St. Matthews Road Orangeburg, SC 29118	395-2445 dwlovelace@regmed.com		536-2282	2011 *1
Margaret Frierson, Secretary 960 Spring Hill Lane Orangeburg, SC 29118	254-2326 (Cola.) (cell) 920-6982 mfrierson@ncmec.org	254-4299	535-4607	2011 *1
Steve Tyson, Treasurer 654 Butler Street St. Matthews, SC 29135	533-7645 534-5143 setyson@bbandt.com		874-4437	2011 *N
James Amaker 231 Oglesby Drive St. Matthews, SC 29135	874-2693		874-2843	Ex Officio – RMC Board Representative
John Ansley, MD Carolina Ear, Nose & Throat 832 Cook Road Orangeburg, SC 29118	536-5511 jfansley@yahoo.com	536-0636	534-3495	2011 *1
Charles Artis 3919 Frederick Drive Orangeburg, SC 29115	536-8188 (cell) 614-1272 cqartis@bellsouth.net		536-6807	2011 *2
Herb Bradley Century 21/The Moore Group 1480 Sims Street Orangeburg, SC 29115	535-6218 (cell) 622-0307 hbradley@c21tmg.com	535-6219	531-1825	2010 *1
Bill Carter Bill Carter Insurance 1515 St. Matthews Road Orangeburg, SC 29118	536-9000; 682-2740 (cell) bill.carter.gauw@statefarm.com			2010 *2
Thomas C. Dandridge The Regional Medical Center 3000 St. Matthews Road Orangeburg, SC 29118 Executive Committee	395-2465 bettybarber@regmed.com TCDandridge@regmed.com	395-2304	535-3597	Ex Officio – TRMC President & CEO
Wendell Davis 3744 Lake Marston Orangeburg, SC 29118	533-5900 wdavis@orangeburgdps.org		534-8488	2012 *2
Lauren Dawkins Century 21/The Moore Group 1480 Sims Street Orangeburg, SC 29115	535-6236 (cell) 290-3600 ldawkins@c21tmg.com	535-6237	534-3522	2011 *N
Gail Delaney 1138 Putter Path Orangeburg, SC 29118	gail0548@aol.com		533-1978	2011 *2

The Regional Medical Center
F•O•U•N•D•A•T•I•O•N

2010 Board of Trustees

Members	Office #; Cell #; E-mail address	Fax #	Home #	Term Expires
Michael Delaney First Citizens Bank PO Box 2166 Orangeburg, SC 29116	533-3400 michael.delaney@firstcitizensonline.com	534-0982	531-4961	2011 *1
Jane R. Dyches Courthouse Annex #114 St. Matthews, SC 29135 Executive Committee	655-5650 jdyches@calhouncounty.sc.gov	655-5110	823-2144	2010 *2
Taylor Garick 590 Mulberry Drive Orangeburg, SC 29118	534-6591 (cell) 837-3411 tgarick@sc.rr.com	534-1266	531-6607	2010 *2
Jason Gregory, DO 377 Brookside Drive Orangeburg, SC 29115	682-0344 sandj99@msn.com		928-2778	2011 *2
Gail Gressette 413 Dantzler Street St. Matthews, SC 29135	874-2664 ext. 226; (cell) 707-3991 gressetteg@windstream.net		655-7200	2012 *1
Katie Hane 104 Hanes Mill Pond St. Matthews, SC 29135	531-0548 (cell) 331-8858 katie.hane@scbtonline.com		874-2925	2010 *2
Catherine Hay 3412 Dibble Street Orangeburg, SC 29118	(cell) 622-0244 cfhay@sc.rr.com		531-4358	2012 *1
Howard Hill 1186 Pruitt Drive Orangeburg, SC 29118 Executive Committee	535-5628 educationconsultant@sc.rr.com		534-5568	2010 *N
Michael Hill, MD Orangeburg Surgical Associates 1175 Cook Road, Suite 320 Orangeburg, SC 29118	536-2555 (pager) 268-7118 MAHill@regmed.com; BRIABRAN@aol.com		536-6964	2012 *N
Tipsy Holleman 1615 Lee Boulevard Orangeburg, SC 29118	535-2008 (cell) 707-7334 store2735@theupsstore.com	535-0701	536-4544	2011 *2
Rev. Tommy Huggins 1402 Bridge Street St. Matthews, SC 29135	(cell) 837-1455 drtbhjr@windstream.net		874-3434	2011 *2
Rev. Jud Jordan 212 Doc Elliott Retreat Orangeburg, SC 29118	534-0088 jjordan@1stpresbyterian.org		534-6671	2011 *2

The Regional Medical Center
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2010 Board of Trustees

Members	Office #; Cell #; E-mail address	Fax #	Home #	Term Expires
Richard Lackey Cox Wood Industries PO Box 1124 Orangeburg, SC 29116	534-7467; 378-6793 (cell) rlackey@coxwood.com	534-3628	534-1483	2011 *1
Theresa Marshall 1107 Moore Road Orangeburg, SC 29118	(cell) 515-3232 queentressy@bellsouth.net		534-1253	2011 *1
Donna Matthews 1469 Lee Boulevard Orangeburg, SC 29118 Executive Committee	(cell) 837-0112 dada1227papa@aol.com		531-6587	2011 *1
Celia Richardson 2425 Francis Street Orangeburg, SC 29118	536-3000 (cell) 707-5800 celiarich@aol.com		536-0626	2012 *2
Gregg Robinson 1867 Blair Lane Orangeburg, SC 29115	536-3333 ext.223 (cell) 614-8808 grobinson@ocdc.com	534-1165		2012 *1
Richard Singleton 120 Waterford Parkway Orangeburg, SC 29118	(cell) 840-2190	535-3298	535-0156	2010 *2
Randolph Smoak, MD 112 Cloister Cove Lane Orangeburg, SC 29115	randysmoak@earthlink.net		536-2068	2012 *1
Randy L. Snell 392 Livingston Terrace Orangeburg, SC 29118	531-2174 rsnell@zeusinc.com		534-5312	2010 *2
Caroline Thompson 1 Church Camp Road Cameron, SC 29030	803-823-2344			Ex-Officio-President of Auxiliary
Charles Thompson 637 Farnum Road Orangeburg, SC 29118	536-0007 grovepark@earthlink.net cthomp9519@aol.com 308-7373 (cell)		536-1835	2012 *1
John Webber South Carolina Bank and Trust PO Box 1287 Orangeburg, SC 29116-1287	531-0586 john.webber@SCBTonline.com		531-5652	2012 *N
Meree Williamson PO Box 310 Norway, SC 29113	803-263-4795 (cell) 682-5992 mdwilliamson@tds.net	803-263-4809	803-263-4732	2012 *2

The Regional Medical Center
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2010 Board of Trustees

Members	Office #; Cell #; E-mail address	Fax #	Home #	Term Expires
Mike Wolfe First Citizens PO Box 2166 Orangeburg, SC 29116 Executive Committee	531-1060 mike.wolfe@firstcitizensonline.com	535-1065	536-9145	2011 *N
John Yow 1910 Middleton Street Orangeburg, SC 29115	533-6000 jyow@orangeburg.sc.us		531-2035	2012 *N

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2009 Board of Trustees - Emeritus

Members	Office #; Cell #; E-mail address	Fax #	Home #	Term Expires
Faye W. Bookhart PO Box 140 Elloree, SC 29047	897-3330 (farm) Burkhardt 897-1051	897-2521	897-2622	Emeritus
Jesse Eargle 2360 Lakeside Drive Orangeburg, SC 29118	534-6280 664-0234 (cell) jeargle@clemson.edu	534-5037	531-3139	Emeritus
Francis Faulling 421 Rutledge Orangeburg, SC 29115			534-7899	Emeritus
Edna Fischer 4482 Columbia Road Orangeburg, SC 29118	803-535-6226; 800-397-1028 x226 Mobile: 803-707-3432 salefisch@ntinet.com; esfischer@yahoo.com	535-6227	534-1121	Emeritus
Dwight Frierson 1030 Moss NE Orangeburg, SC 29115	dfrierson@orangeburgcoke.com		536-4047	Emeritus
Gloria Garrison 1110 Putter Path Orangeburg, SC 29118	ggarrison@automatedbizsystems.com			Emeritus

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2009 Board of Trustees - Emeritus

Members	Office #; Cell #; E-mail address	Fax #	Home #	Term Expires
F. Reeves Gressette, Jr. Gressette Pest Control Co. 821 Five Chop Road PO Box 614 Orangeburg, SC 29116	534-7118 707-3990 (cell)	534-4444	655-7200	Emeritus
Mayor Paul Miller Centrex Promotions, Inc. PO Box 2214 Orangeburg, SC 29116	531-8503 centrex@bellsouth.net	531-8509		Emeritus
Julie Nance Dr. M. Maceo Nance Jr. Highway 2526 Magnolia Street Orangeburg, SC 29118			533-1526	Emeritus
Joyce Rheney 279 Livingston Terrace Orangeburg, SC 29118	534-6402		534-6402	Emeritus
Carol Riley Century 21/ The Moore Group 1480 Sims Street Orangeburg, SC 29115	535-6240 533-9248 (cell) criley@c21tmg.com	531-6241	536-3247	Emeritus
Robert Swetnam, DO RMC Emergency Dept. 3000 St. Matthews Road		854-5407		Emeritus
Harriett F. Tindall 2408 Palmetto Blvd. Edisto Beach, SC 29438	854-2119 (cell) 682-0890 harrietttindall@yahoo.com	854-3951	874-2312	Emeritus
Dave Todd 3130 Landing Way Orangeburg, SC 29118	535-3555		535-3555	Emeritus

*1 = eligible one additional term
*2= eligible two additional terms
*N= not eligible for re-appointment

Revised 5/27/09

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2011 Board of Trustees

Members	Office #; Cell #; E-mail address	Fax #	Home #	Term Expires
Dr. Dallas Lovelace, Chairman RMC-Radiology 3000 St. Matthews Road Orangeburg, SC 29118	395-2445 dwlovelace@regmed.com		536-2282	2011 *1
Steve Tyson, Vice chairman 654 Butler Street St. Matthews, SC 29135	533-7645 534-5143 setyson@bbandt.com		874-4437	2011 *N
Charles Thompson, Treasurer 637 Farnum Road Orangeburg, SC 29118	536-0007 grovepark@earthlink.net cthomp9519@aol.com 308-7373 (cell)		536-1835	2012 *1
Margaret Frierson, Secretary 960 Spring Hill Lane Orangeburg, SC 29118	254-2326 (Cola.) (cell) 920-6982 mfrierson@bellsouth.net	254-4299	535-4607	2011 *1
James Amaker 231 Oglesby Drive St. Matthews, SC 29135	874-2693		874-2843	Ex Officio – RMC Board Representative
John Ansley, MD Carolina Ear, Nose & Throat 832 Cook Road Orangeburg, SC 29118	536-5511 jfansley@yahoo.com	536-0636	534-3495	2011 *1
Herb Bradley Century 21/The Moore Group 1480 Sims Street Orangeburg, SC 29115	535-6218 (cell) 622-0307 hbradley@c21tmg.com	535-6219	531-1825	2010 *1
Bill Carter Bill Carter Insurance 1515 St. Matthews Road Orangeburg, SC 29118	536-9000; 682-2740 (cell) bill.carter.gauw@statefarm.com			2010 *2
Thomas C. Dandridge The Regional Medical Center 3000 St. Matthews Road Orangeburg, SC 29118 Executive Committee	395-2465 bettybarber@regmed.com TCDandridge@regmed.com	395-2304	535-3597	Ex Officio – TRMC President & CEO
Wendell Davis 3744 Lake Marston Orangeburg, SC 29118	533-5900 wdavis@orangeburgdps.org		534-8488	2012 *2
Lauren Dawkins Century 21/The Moore Group 1480 Sims Street Orangeburg, SC 29115	535-6236 (cell) 290-3600 ldawkins@c21tmg.com	535-6237	534-3522	2011 *N
Gail Delaney 1138 Putter Path Orangeburg, SC 29118	gail0548@aol.com		533-1978	2011 *2
Michael Delaney First Citizens Bank PO Box 2166 Orangeburg, SC 29116	533-3400 michael.delaney@firstcitizensonline.com	534-0982	531-4961	2011 *1

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2011 Board of Trustees

Members	Office #; Cell #; E-mail address	Fax #	Home #	Term Expires
Jane R. Dyches Courthouse Annex #114 St. Matthews, SC 29135 Executive Committee	655-5650 jdyches@calhouncounty.sc.gov	655-5110	823-2144	2010 *2
Taylor Garick 590 Mulberry Drive Orangeburg, SC 29118	534-6591 (cell) 837-3411 tgarick@sc.rr.com	534-1266	531-6607	2010 *2
Vivian Glover PO Box 1867 Orangeburg, SC 29116	803-606-7770 vivianglover@msn.com			2012 *2
Jason Gregory, DO 377 Brookside Drive Orangeburg, SC 29115	682-0344 sandj99@msn.com		928-2778	2011 *2
Gail Gressette 413 Dantzler Street St. Matthews, SC 29135	874-2664 ext. 226; (cell) 707-3991 gressetteg@windstream.net		655-7200	2012 *1
Katie Hane 104 Hanes Mill Pond St. Matthews, SC 29135	531-0548 (cell) 531-8858 katie.hane@scbtonline.com		874-2925	2010 *2
Catherine Hay 3412 Dibble Street Orangeburg, SC 29118	(cell) 622-0244 cfhay@sc.rr.com		531-4358	2012 *1
Michael Hill, MD Orangeburg Surgical Associates 1175 Cook Road, Suite 320 Orangeburg, SC 29118	536-2555 (pager) 268-7118 MAHill@regmed.com; BRIABRAN@aol.com		536-6964	2012 *N
Tipsy Holleman 1615 Lee Boulevard Orangeburg, SC 29118	535-2008 (cell) 707-7334 store2735@theupsstore.com	535-0701	536-4544	2011 *2
Rev. Tommy Huggins 1402 Bridge Street St. Matthews, SC 29135	(cell) 837-1455 drtbhjr@windstream.net		874-3434	2011 *2
Cathy Hughes The Times and Democrat PO Drawer 1766 Orangeburg, SC 29116	533-5535 cathy.hughes@timesanddemocrat.com	516-6110	247-2770	2011 *N Immediate Past Chairman
Rev. Jud Jordan 212 Doc Elliott Retreat Orangeburg, SC 29118	534-0088 jjordan@1stpresbyterian.org		534-6671	2011 *2
Richard Lackey Cox Wood Industries PO Box 1124 Orangeburg, SC 29116	534-7467; 378-6793 (cell) rlackey@coxwood.com	534-3628	534-1483	2011 *1

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Theresa Marshall 1107 Moore Road Orangeburg, SC 29118	(cell) 515-3232 queentressy@bellsouth.net		534-1253	2011 *1
Donna Matthews 1469 Lee Boulevard Orangeburg, SC 29118 Executive Committee	(cell) 837-0112 dada1227papa@aol.com		531-6587	2011 *1
Geraldine Matthews 1317 Arista Road Bowman, SC 29018	803-664-0927 (cell)	829-2423	829-2383	2013 *2
Charles Raine Zeus 3737 Industrial Blvd. Orangeburg, SC 29118	268-9537; 378-4857 (cell) craine@zeusinc.com	526-3842	667-4305	2013 *2
Celia Richardson 2425 Francis Street Orangeburg, SC 29118	536-3000 (cell) 707-5800 celiarich@aol.com		536-0626	2012 *2
Gregg Robinson 171 St. Julien Place Orangeburg, SC 29118	536-3333 ext.223 (cell) 614-8808 grobinson@ocdc.com	534-1165		2012 *1
Richard Singleton 120 Waterford Parkway Orangeburg, SC 29118	(cell) 840-2190	535-3298	535-0156	2010 *2
Randolph Smoak, MD 112 Cloister Cove Lane Orangeburg, SC 29115	randysmoak@earthlink.net		536-2068	2012 *1
Laura Spiers 8810 Old State Road Cameron, SC 29030	682-0927 (cell) spiers8810@windstream.net		823-2814	2013 *2
Caroline Thompson 1 Church Camp Road Cameron, SC 29030	803-823-2344			Ex-Officio- President of Auxiliary
Judy Weathers 1097 Moore Road Orangeburg, SC 29115	Jhweathers2@aol.com		536-4494	2013 *2
John Webber 1395 Lee Blvd Orangeburg, SC 29118	707-8366 john.webber@SCBTonline.com		531-5652	2012 *N
Donnie Whisenhunt 4900 Citadel Avenue Columbia, SC 29206	803-343-0118; 803-261-4529 (cell) Donnie.whisenhunt@stephens.com	803-343-0110		2013 *3
Meree Williamson PO Box 310 Norway, SC 29113	803-263-4795 (cell) 682-5992 mdwilliamson@tds.net	803-263-4809	803-263-4732	2012 *2

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Mike Wolfe First Citizens PO Box 2166 Orangeburg, SC 29116 Executive Committee	531-1060 mike.wolfe@firstcitizensonline.com	535-1065	536-9145	2011 *N
John Yow 1910 Middleton Street Orangeburg, SC 29115	533-6000 jyow@orangeburg.sc.us		531-2035	2012 *N

Revised 4/15/2011

The Regional Medical Center
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2009 Board of Trustees - Emeritus

Members	Office #; Cell #; E-mail address	Fax #	Home #	Term Expires
Faye W. Miller PO Box 140 Elloree, SC 29047	897-3330 (farm) Burkhardt 897-1051	897-2521	897-2622	Emeritus
Jesse Eargle 2360 Lakeside Drive Orangeburg, SC 29118	534-6280 664-0234 (cell) jeargle@clemson.edu	534-5037	531-3139	Emeritus
Francis Faulling 421 Rutledge Orangeburg, SC 29115			534-7899	Emeritus
Edna Fischer 4482 Columbia Road Orangeburg, SC 29118	803-535-6226; 800-397-1028 x226 Mobile: 803-707-3432 esfischer@yahoo.com	535-6227	534-1121	Emeritus
Dwight Frierson 1030 Moss NE Orangeburg, SC 29115	dfrierson@orangeburgcoke.com		536-4047	Emeritus
Gloria Garrison 1110 Putter Path Orangeburg, SC 29118	ggarrison@automatedbizsystems.com			Emeritus

The Regional Medical Center
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2009 Board of Trustees - Emeritus

Members	Office #; Cell #; E-mail address	Fax #	Home #	Term Expires
F. Reeves Gressette, Jr. Gressette Pest Control Co. 821 Five Chop Road PO Box 614 Orangeburg, SC 29116	534-7118 707-3990 (cell)	534-4444	655-7200	Emeritus
Howard Hill 1186 Pruitt Drive Orangeburg, SC 29118	534-5568 educationconsultant@sc.rr.com			Emeritus
Mayor Paul Miller Centrex Promotions, Inc. PO Box 2214 Orangeburg, SC 29116	531-8503 centrex@bellsouth.net	531-8509		Emeritus
Julie Nance Dr. M. Maceo Nance Jr. Highway 2526 Magnolia Street Orangeburg, SC 29118			533-1526	Emeritus
Joyce Rheney 279 Livingston Terrace Orangeburg, SC 29118	534-6402		534-6402	Emeritus
Carol Riley Century 21/ The Moore Group 1480 Sims Street Orangeburg, SC 29115	535-6240 533-9248 (cell) criley@c21tmg.com	531-6241	536-3247	Emeritus
Robert Swetnam, DO RMC Emergency Dept. 3000 St. Matthews Road		854-5407		Emeritus
Harriett F. Tindall 2408 Palmetto Blvd. Edisto Beach, SC 29438	854-2119 (cell) 682-0890 harrietttindall@yahoo.com	854-3951	874-2312	Emeritus

*1 = eligible one additional term
*2= eligible two additional terms
*N= not eligible for re-appointment

Revised 3/16/11

Form **8868**
(Rev January 2011)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No 1545-1709

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

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

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits

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

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

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

Type or print File by the due date for filing your return See instructions	Name of exempt organization	Employer identification number
	REGIONAL MEDICAL CENTER FOUNDATION	57-0856299
	Number, street, and room or suite no If a P O box, see instructions 3000 ST. MATTHEWS ROAD	
	City, town or post office, state, and ZIP code For a foreign address, see instructions ORANGEBURG SC 29118	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ CHERYL MASON
  Telephone No ▶ 803-533-2321 FAX No ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 05/15/11, to file the exempt organization return for the organization named above The extension is for the organization's return for:
▶ [ ] calendar year or
▶ [X] tax year beginning 10/01/09, and ending 09/30/10

2 If this tax year entered in line 1 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

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

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