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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 10-01-2009 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
PALMETTO HEALTH

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
293 GREYSTONE BLVD 2ND FLOOR

City or town, state or country, and ZIP + 4
COLUMBIA, SC 29210

D Employer identification number
58-2296052

E Telephone number
(803) 296-2100

G Gross receipts $ 1,305,907,789

F Name and address of principal officer
CHARLES D BEAMAN JR
293 GREYSTONE BOULEVARD
COLUMBIA, SC 29210

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 PALMETTOHEALTH ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1996

M State of legal domicile SC

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O

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	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of employees (Part V, line 2a)	5	10,713
6	Total number of volunteers (estimate if necessary)	6	331
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	10,887,473
b	Net unrelated business taxable income from Form 990-T, line 34	7b	93,974

		Prior Year	Current Year
Revenue 8	Contributions and grants (Part VIII, line 1h)	13,983,069	11,683,437
9	Program service revenue (Part VIII, line 2g)	1,254,600,887	1,252,101,150
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,375,919	30,552,420
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-500,334	-1,433,366
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,269,459,541	1,292,903,641
Expenses 13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,472,064	9,156,285
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	543,117,597	566,818,899
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	700,412,068	652,420,385
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,245,001,729	1,228,395,569
19	Revenue less expenses Subtract line 18 from line 12	24,457,812	64,508,072

		Beginning of Current Year	End of Year
Net Assets or Fund Balances 20	Total assets (Part X, line 16)	1,342,033,292	1,442,111,218
21	Total liabilities (Part X, line 26)	748,687,007	772,882,196
22	Net assets or fund balances Subtract line 21 from line 20	593,346,285	669,229,022

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

****** | 2012-08-14
Signature of officer | Date

PAUL K DUANE EXECUTIVE V P C F O
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4	Grant Thornton LLP 201 S COLLEGE ST STE 2500 CHARLOTTE, NC 28244		EIN ▶ Phone no ▶ (704) 632-3500

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

SEE SCHEDULE O

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 $ 1,110,133,790 including grants of $ 9,041,285) (Revenue $ 1,252,101,150)

SEE SCHEDULE O

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** ▶ $ 1,110,133,790

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** **No**			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional **12A** Yes			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**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? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**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? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		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? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		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? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**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**		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? *If "Yes," complete Schedule R, Part VI*	**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, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	897		
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	Yes	
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	10,713		
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)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 15		
b	Enter the number of voting members that are independent . .	1b 10		
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		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? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

☐ 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 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 ▶

BENJAMIN M CUNNINGHAM JR
293 GREYSTONE BOULEVARD 2ND FLOOR
COLUMBIA, SC 29210
(803) 296-2135

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, and **current** key employees 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

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

1b Total . . . . . ▶	11,060,448	0	1,645,515

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 ▶ 508

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Carolina Care 3 Richland Medical Park Suite 350 COLUMBIA, SC 29203	Emergency Room Physi	13,839,561
MRI Inc of the Carolinas BMCC 1519 Marion St COLUMBIA, SC 29201	Physicians	6,152,570
Fresenius Medical Care PO Box 281471 ATLANTA, GA 30384	Dialysis Services	2,955,098
Professional Pathology Services PC PO Box 865 COLUMBIA, SC 29202	Physicians	2,781,788
Radiation Oncology PO Box 2046 WEST COLUMBIA, SC 29171	Physicians	2,104,213
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 ▶ 107		

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 4,006,283				
	e	Government grants (contributions) 1e 5,910,902				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 1,766,252				
	g	Noncash contributions included in lines 1a-1f $ _____				
	h	**Total.** Add lines 1a-1f . . . . . ▶	11,683,437			
Program Service Revenue		Business Code				
	2a	NET PATIENT REVENUE	621,300	1,139,061,037	1,139,061,037		
	b	BAPTIST EASLEY FEE	561,000	59,421,261	59,421,261		
	c	PALMETTO SENIOR CARE	623,000	19,530,116	19,530,116		
	d	REFERENCE LABORATORY	621,500	9,774,263		9,774,263	
	e	PHARMACY	446,110	7,095,193			7,095,193
	f	All other program service revenue		17,219,280	10,996,516	1,114,563	5,108,201
	g	**Total.** Add lines 2a–2f . . . . . ▶		1,252,101,150			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		13,644,353			13,644,353
	4	Income from investment of tax-exempt bond proceeds . . ▶		515,675			515,675
	5	Royalties . . . . . ▶		0			
		(i) Real / (ii) Personal					
	6a	Gross Rents 6,800,259					
	b	Less rental expenses 8,233,625					
	c	Rental income or (loss) -1,433,366					
	d	Net rental income or (loss) . . . . . ▶		-1,433,366		-1,353	-1,432,013
		(i) Securities / (ii) Other					
	7a	Gross amount from sales of assets other than inventory 21,162,915					
	b	Less cost or other basis and sales expenses 78,972 / 4,691,551					
	c	Gain or (loss) -78,972 / 16,471,364					
	d	Net gain or (loss) . . . . . ▶		16,392,392			16,392,392
Other Revenue	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 . . ▶		0			
	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 . . . ▶		0			
	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 . . ▶		0			
		Miscellaneous Revenue / Business Code					
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		0			
	12	**Total revenue.** See Instructions . . . ▶		1,292,903,641	1,229,008,930	10,887,473	41,323,801

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	9,041,285	9,041,285		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	115,000	115,000		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	8,795,162	8,795,162	0	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	463,084,962	427,570,922	35,514,040	0
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9 Other employee benefits	59,199,785	59,199,785	0	0
10 Payroll taxes	35,738,990	35,738,990	0	0
11 Fees for services (non-employees)				
a Management	4,232,213	1,663,099	2,569,114	0
b Legal	2,173,049	1,022,081	1,150,968	0
c Accounting	358,042	26,868	331,174	0
d Lobbying	0			
e Professional fundraising *See Part IV, line 17*	0			
f Investment management fees	0			
g Other	104,152,400	81,817,877	22,334,523	0
12 Advertising and promotion	2,720,639	474,648	2,245,991	0
13 Office expenses	4,572,573	4,538,495	34,078	0
14 Information technology	12,312,377	563,038	11,749,339	0
15 Royalties	0			
16 Occupancy	37,808,111	27,826,113	9,981,998	0
17 Travel	2,523,593	2,091,804	431,789	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	28,844,060	4,571,709	24,272,351	0
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	53,545,314	52,817,032	728,282	0
23 Insurance	8,189,112	8,053,676	135,436	0
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 PROVISION FOR UNCOLLECTIBLE AC	191,585,419	191,585,419	0	0
b MEDICAL SUPPLIES	172,978,563	172,357,605	620,958	0
c REPAIRS AND MAINTENANCE	5,969,859	5,941,467	28,392	0
d UNRELATED BUSINESS INCOME TAXE	250	250	0	0
e EMPLOYEE EDUCATION	3,417,332	850,059	2,567,273	0
f All other expenses	17,037,479	13,471,406	3,566,073	0
25 **Total functional expenses.** Add lines 1 through 24f	1,228,395,569	1,110,133,790	118,261,779	0
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		3,946,358	1	40,550,520
	2	Savings and temporary cash investments		109,549,808	2	40,237,284
	3	Pledges and grants receivable, net		12,128,498	3	504,437
	4	Accounts receivable, net		212,809,139	4	200,008,543
	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		3,254,350	7	3,940,245
	8	Inventories for sale or use		20,695,331	8	16,568,345
	9	Prepaid expenses and deferred charges		9,633,354	9	8,868,817
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 1,235,024,489			
	b	Less accumulated depreciation	10b 788,403,489	476,533,618	10c	446,621,000
	11	Investments—publicly traded securities		454,636,534	11	627,527,374
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		4,028,382	13	29,319,408
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		34,817,920	15	27,965,245
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,342,033,292	16	1,442,111,218
Liabilities	17	Accounts payable and accrued expenses		63,813,604	17	110,603,395
	18	Grants payable			18	5,000,000
	19	Deferred revenue		1,530,346	19	713,259
	20	Tax-exempt bond liabilities		571,524,686	20	562,659,737
	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		1,775,122	23	1,359,490
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		110,043,249	25	92,546,315
	26	**Total liabilities.** Add lines 17 through 25		748,687,007	26	772,882,196
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		565,026,438	27	641,970,191
	28	Temporarily restricted net assets		21,688,201	28	20,622,595
	29	Permanently restricted net assets		6,631,646	29	6,636,236
		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		593,346,285	33	669,229,022
	34	Total liabilities and net assets/fund balances		1,342,033,292	34	1,442,111,218

Part XI Financial Statements and Reporting

			Yes	No
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? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . .	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ 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?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
PALMETTO HEALTH

Employer identification number
58-2296052

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?

	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 the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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?
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: 58-2296052
Name: PALMETTO 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			
Jerome D Odom PhD Chairman	5 0	X		X				15,265	0	0
William L Cogdill Jr Vice Chairman	5 0	X		X				22,203	0	0
Sara B Fisher Treasurer	3 0	X		X				15,265	0	0
Traci Young Cooper EdD Secretary	3 0	X		X				15,265	0	0
James A Bennett Trustee	3 0	X						15,265	0	0
Arthur M Bjontegard Jr Trustee	3 0	X						15,265	0	0
Rep Lester P Branham Jr Trustee	3 0	X						15,265	0	0
William L Freeman III Trustee	3 0	X						15,265	0	0
Rosalyn W Frierson Trustee	3 0	X						0	0	0
Charles T Gatch Trustee	3 0	X						15,265	0	0
James H Herlong MD Trustee	3 0	X						15,415	0	0
James C Reynolds MD Trustee	3 0	X						15,265	0	0
N John Stewart Jr MD Trustee	3 0	X						15,265	0	0
Candy Y Waites Trustee	3 0	X						0	0	0
James E Rick Wheeler Trustee	3 0	X						15,265	0	0
Calvin H Elam Trustee	3 0	X						18,734	0	0
Lynn M Williams Trustee	3 0	X						15,265	0	0
Charles D Beaman Jr President & CEO	50 0			X				855,564	0	333,458
Paul K Duane EVP & CFO	50 0			X				485,248	0	154,258
James I Raymond MD Chief Medical Officer	50 0				X			566,874	0	148,719
Ellis M Knight MD Senior Vice President of Amb S	50 0				X			432,744	0	73,042
John J Singerling Executive Vice President	50 0				X			380,118	0	95,185
James Bridges Executive Vice President	50 0				X			349,630	0	138,102
Howard P West Senior Vice President	50 0				X			347,651	0	129,175
Michael S Stinson Vice President	50 0				X			316,907	0	23,682

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			
Willis Gregory III Senior Vice President	50 0				X			304,493	0	101,930
Roddey E Gettys III Executive Vice President	50 0				X			262,555	0	92,064
Caroline Seigler Vice President	50 0				X			241,724	0	20,334
Vince Ford Senior Vice President	50 0				X			211,113	0	68,272
Michelle E Edwards Chief Information Officer	50 0				X			209,970	0	43,519
Carolyn R Swinton Vice President	50 0				X			201,730	0	22,471
Ronald Carroll Vice President	50 0				X			199,128	0	14,690
Benjamin M Cunningham Jr Vice President Finance	50 0				X			199,045	0	19,891
Gregory Gattman Vice President	50 0				X			197,325	0	13,674
Katherine G Stephens Vice President	50 0				X			196,527	0	16,314
Edward S Hickson Vice President	50 0				X			186,874	0	17,772
Deborah J Tapley Vice President	50 0				X			175,736	0	15,028
James Pope Vice President	50 0				X			172,623	0	14,518
Jay D Hamm Vice President	50 0				X			159,233	0	9,471
Jeffrey T Ehreth MD Physician	50 0					X		1,232,180	0	14,698
Harris H Parker MD Physician	50 0					X		810,708	0	11,031
Reid W Tribble MD Physician	50 0					X		656,987	0	11,196
Scott J Petit MD Physician	50 0					X		653,993	0	23,483
John T Parrott MD Physician	50 0					X		651,794	0	1,674
James E Lathren President Leadership Institute	50 0						X	162,442	0	17,864

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

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
NET PATIENT REVENUE	621,300	1,139,061,037	1,139,061,037		
BAPTIST EASLEY FEE	561,000	59,421,261	59,421,261		
PALMETTO SENIOR CARE	623,000	19,530,116	19,530,116		
REFERENCE LABORATORY	621,500	9,774,263		9,774,263	
PHARMACY	446,110	7,095,193			7,095,193

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

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
PROVISION FOR UNCOLLECTIBLE AC	191,585,419	191,585,419	0	0
MEDICAL SUPPLIES	172,978,563	172,357,605	620,958	0
REPAIRS AND MAINTENANCE	5,969,859	5,941,467	28,392	0
UNRELATED BUSINESS INCOME TAXE	250	250	0	0
EMPLOYEE EDUCATION	3,417,332	850,059	2,567,273	0

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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	Employer identification number
PALMETTO HEALTH	58-2296052

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

A Check ☐ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
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-		

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

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? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 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) Yes	(a) No	(b) 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		240,404
j	Total lines 1c through 1i			240,404
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
Lobbying Activities Conducted by Organization	Part II-B, Line 1I	PALMETTO HEALTH pays annual membership dues as part of its membership with the SC Hospital Association and 7 5% ($25,629) of these dues are used for lobbying activities The remaining $214,775 are fees paid to Darrell M Campbell, hired by McNair Law Firm, an independent consultant that provides lobbying services

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
PALMETTO HEALTH

Employer identification number
58-2296052

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

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

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

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

Part V Endowment Funds. Complete if 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	3,436,758	2,933,753			
b Contributions	2,875,614	6,515,193			
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	2,404,084	6,012,188			
f Administrative expenses					
g End of year balance	3,908,288	3,436,758			

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

- a Board designated or quasi-endowment ▶ **3.680 %**
- b Permanent endowment ▶ **21.850 %**
- c Term endowment ▶ **74.470 %**

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

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		33,815,377		33,815,377
b Buildings		507,903,999	259,228,858	248,675,141
c Leasehold improvements		6,553,042	3,386,104	3,166,938
d Equipment		668,313,873	522,972,651	145,341,222
e Other		18,438,198	2,815,876	15,622,322
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				446,621,000

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

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

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

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
DERIVATIVE CHANGE IN VALUE	37,520,960
CAPITAL LEASE OBLIGATIONS	22,197,565
POST RETIREMENT RESERVE	10,793,502
DEFERRED COMPENSATION	7,850,578
SELF INSURANCE RESERVE	6,554,336
COMMUNITY OUTREACH PROGRAM	6,536,211
ASSET RETIREMENT RESERVE	1,062,077
ARBITRAGE RESERVE	31,086
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	92,546,315

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

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

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

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

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

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

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS	PART V, LINE 4	Palmetto Health's endowment funds benefit a variety of programs for the well being of their patients which is consistent with the wishes and designations of donors
FIN 48 FOOTNOTE	SCHEDULE D, PART X LINE 2	PALMETTO HEALTH CONTINUES TO EVALUATE TAX POSITIONS RELATED TO ASC 740, "INCOME TAXES," WHICH PRESCRIBES FINANCIAL STATEMENT RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTES FOR TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN TAX RETURNS

Additional Data

Software ID:
Software Version:
EIN: 58-2296052
Name: PALMETTO HEALTH

Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability	(b) Amount
DERIVATIVE CHANGE IN VALUE	37,520,960
CAPITAL LEASE OBLIGATIONS	22,197,565
POST RETIREMENT RESERVE	10,793,502
DEFERRED COMPENSATION	7,850,578
SELF INSURANCE RESERVE	6,554,336
COMMUNITY OUTREACH PROGRAM	6,536,211
ASSET RETIREMENT RESERVE	1,062,077
ARBITRAGE RESERVE	31,086

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
PALMETTO HEALTH

Employer identification number
58-2296052

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** 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? . . . . . ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Investments		
Totals . . . . . ▶					

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Schedule F-1 (Form 990) if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

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

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

Identifier	ReturnReference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
PALMETTO HEALTH

Employer identification number
58-2296052

Part I Charity Care and Certain Other Community Benefits at Cost

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

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			68,957,181	45,684,132	23,273,049	2 240 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			98,343,022	90,250,670	8,092,352	0 780 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			167,300,203	135,934,802	31,365,401	3 020 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			10,689,703	39,020	10,650,683	1 030 %
f Health professions education (from Worksheet 5)			38,342,156	5,585,485	32,756,671	3 160 %
g Subsidized health services (from Worksheet 6)			73,396,897	62,401,477	10,995,420	1 060 %
h Research (from Worksheet 7)			2,731,976	0	2,731,976	0 260 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			639,271		639,271	0 060 %
j **Total** Other Benefits			125,800,003	68,025,982	57,774,021	5 570 %
k **Total.** Add lines 7d and 7j			293,100,206	203,960,784	89,139,422	8 590 %

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						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development			24,202		24,202	
9	Other						
10	**Total**			24,202		24,202	

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 Heathcare Financial Management Association Statement No 15?	1			No
2	Enter the amount of the organization's bad debt expense (at cost)	2	48,393,955		
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	3,708,735		
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	198,460,887		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	242,472,745		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-44,011,858		
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				

☐ Cost accounting system ☑ Cost to charge ratio ☐ 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	Parkridge Surgery	Outpatient Surgery	67 540 %		32 460 %
2	Radiation Oncology	Outpatient Oncology services	51 000 %		49 000 %
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
See Additional Data Table									

Part VI Supplemental Information

Complete this part to provide the following information

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

See additional data

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

See additional data

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

See additional data

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

See additional data

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

Palmetto Health's workforce development aids in the professional development of health care professionals Over 1,280 individuals participated in monthly job shadowing programs through Midlands Technical College and the University of South Carolina during fiscal year 2010 There were also 36 high school students who participated in workforce development programs throughout the year Around 7,300 contacts were made at various career fairs and community speaking engagements

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 communites served

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

SC

Additional Data

Software ID:
Software Version:
EIN: 58-2296052
Name: PALMETTO HEALTH

Form 990 Schedule H, Part V - Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Palmetto Health Richland 5 Medical Park Columbia, SC 29203	X	X	X	X		X	X		Heart/Children's Hospital
Palmetto Health Baptist Marion Street Columbia, SC 29220	X	X		X			X		
Radiation Oncology 166 Stoneridge Drive Columbia, SC 29210									Outpatient Oncology Services
Parkridge Surgery Center LLC 190 Parkridge Drive Columbia, SC 29212									Outpatient Surgery Center
Palmetto Health Home Care 1400 Pickens St Columbia, SC 29201									Home Health Care
Palmetto Health Private Services 1401 Pickens St Columbia, SC 29201									Private Services Care
Palmetto Health Hospice- Columbia 1402 Pickens St Columbia, SC 29201									Hospice Care
Palmetto Health Hospice- Newberry 1400 Camellia Ave Newberry, SC 29108									Hospice Care
Palmetto Health Hospice - Summerville 1815 Old Trolley Road Summerville, SC 29485									Hospice Care
Palmetto Health Hospice - Bamberg 383 McGee Street Bamberg, SC 29003									Hospice Care
PH Parkridge Outpatient Diagnostic Ctr 190 Parkridge Drive Suite G- 102 Columbia, SC 29212									Imaging Services
Palmetto Health Richland Imaging Center 14 Richland Medical Park Drive Columbia, SC 29203									Imaging Services
Palmetto Senior Care Laurel 1309 Laurel Street Columbia, SC 29201									Senior Care
Palmetto Senior Care Shandon 1100 Shirley Street Columbia, SC 29205									Senior Care
Palmetto Senior Care Lexington 700 Knox Abbott Drive West Columbia, SC 29169									Senior Care
Palmetto Senior Care White Rock 109 Wartburg Street White Rock, SC 29177									Senior Care
Senior Primary Care Practice 3010 Farrow Road Suite 300 Columbia, SC 29203									Senior Primary Care Physicians
Senior Primary Care Practice at Parkridg 190 Parkridge Drive Suite G-100 Columbia, SC 29212									Senior Primary Care Physicians
Palmetto Health Dental Center 10 Medical Park Road Columbia, SC 29203									Dental Care
Atrium Ridge Internal Medicine 11 Atrium Ridge Court Columbia, SC 29223									Physician Practice
Blythewood Family Care 738 University Village Drive Blythewood, SC 29016									Physician Practice
Carolina Cardiac Surgery 8 Med Park Suite 400 Columbia, SC 29203									Physician Practice
Carolina Colon and Rectal Surgeons 1730 St Julian Place Columbia, SC 29204									Physician Practice
Childrens Hospital Intensivists 9 Med Park Suite 530 Columbia, SC 29203									Physician Practice
ColoRectal Associates 1410 Blanding Street Suite 102 Columbia, SC 29201									Physician Practice
First Care 2406 Decker Blvd Columbia, SC 29206									Physician Practice
Harbison Family Practice 190 Parkridge Drive Suite 250 Columbia, SC 29212									Physician Practice
Hospital Internal Medicine 3 Med Park Suite 510 Columbia, SC 29203									Physician Practice
Baptist Inpatient Medical Associates Taylor at Marion Street Columbia, SC 29220									Physician Practice
Irmo Family Practice 190 Parkridge Drive Suite 220 Columbia, SC 29212									Physician Practice
Midlands Internal Medicine 3000 NE Medical Park Suite 108 Columbia, SC 29223									Physician Practice
Northeast Family Practice 3000 NE Medical Park Suite 209 Columbia, SC 29223									Physician Practice
Palmetto Children's Urology 9 Richland Medical Park Suite 420 Columbia, SC 29203									Physician Practice
PH Children's Hospital Special Care Ctr 9 Richland Medical Park Suite 420 Columbia, SC 29203									Physician Practice
Premier Orthopedic Specialist 3 Medical Park Suite 330 Columbia, SC 29203									Physician Practice
Palmetto Infectious Disease 1333 Taylor Street Suite 4-G Columbia, SC 29201									Physician Practice
Palmetto OBGYN Associates 1333 Taylor Street Suite 5F Columbia, SC 29201									Physician Practice
Palmetto Pulmonary 1333 Taylor Street Suite 4-G Columbia, SC 29201									Physician Practice
Parkridge Convenience Care 190 Parkridge Drive Suite 104 Columbia, SC 29212									Physician Practice
Pediatric Surgery 9 Medical Park Suite 500 Columbia, SC 29203									Physician Practice
Psych Hospitalists Taylor at Marion Street Columbia, SC 29220									Physician Practice
Ridgeview Family Medicine 4311 Hardscrabble Rd Columbia, SC 29229									Physician Practice
South Hampton Family Practice 5900 Garners Ferry Road Columbia, SC 29209									Physician Practice
Surgical Associates of South Carolina 1850 Laurel Street Columbia, SC 29201									Physician Practice
Trauma Surgery Palmetto Health Surgical 9 Medical Park Suite 450 Columbia, SC 29203									Physician Practice
Twelve Mile Family Creek 4711 Sunset Boulevard Hwy 378 Lexington, SC 29072									Physician Practice
Orthopedic and Spine Surgeons of SC 1333 Taylor Street Suite 3J Columbia, SC 29201									Physician Practice
Three Rivers OBGYN 1301 Taylor Street Suite 7B Columbia, SC 29201									Physician Practice
Women Physicians Associates OBGYN 9 Richland Med Park Suite 620 Columbia, SC 29203									Physician Practice

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

Explanation of Costing methodology used Costing methodology for inpatient and outpatient services was derived using a combination of IRS provided worksheets and Palmetto Health's Medicare Cost report However, actual data from Palmetto Health's (audited) financial statements was used in the costing methodology for subsidized health services

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

Consistent with Schedule H Instructions, for purposes of calculating total expense, bad debt expense of $191,585,419 reported in 990 Part IX, has been properly excluded when computing percentages for Column F

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

Accounts Receivable and Bad-debt expense methodology Palmetto Health's (audited) financial statements do not contain a specific footnote describing policies around accounts receivable and bad debt expense Palmetto Health's net accounts receivable on the (audited) financial statements represents the company's best estimate at that point in time of receivables that will eventually be realized Methodology for calculating such estimate generally includes 1) Self Pay Accounts Receivable a Current Accounts (defined as less than 90 days old) are value at historical collection percentages, b Accounts aged from 90-180 days are value at 80% of historical collection percentages, c Accounts aged from 181-365 days are valued at 60% of historical collection percentages, d Accounts greater than 365 days old are considered uncollectible and are valued at zero 2) All Other Third Party Accounts Receivable a An estimate of 5% of the gross accounts receivable is deemed to be the patient's responsibility and is treated the same as the self pay methodology noted above All discounts are applied to the patient accounts when accounting for bad debt This includes third party payor discounts, as well as discounts for those who qualify for financial assistance All uninsured and under-insured patients are interviewed during the pre-registration and registration processes The patient is referred to a financial counselor if it is determined there is a potential need All patients who apply for charity care but never complete the process/do not provide required documentation are notated in the system with a charity care qualifier Such accounts are reviewed after service has been provided and are written off as bad debt if they were not previously adjusted off as charity care

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

Portion of the shortfall in Part III, Line 7 that should be considered community benefit and costing methodology The amount within Line 7 of Part III represents the shortfall after comparing the net revenue and cost of patients classified as Medicare who were not included within the Subsidized Health Service component of Line 7G, Part I The $44 million shortfall consists of the Medicare patients who incurred a loss but were not included within the Subsidized Health Service community benefit figure The costs reported within Line 6, Part III were formulated using a hospital wide cost to charge ratio

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

Debt-collection practices for Financial Assistance patients On the front end of the debt collection process, pre-registration staff, as well as financial counselors, are proactive in explaining financial and agency assistance Palmetto Health utilizes Department of Health and Human Services on-site workers, in addition to financial counselors, who meet with the patients or family to determine their eligibility for assistance Palmetto Health also provides helpful information on financial assistance in the patients' handbook and as part of the billing process in both English and Spanish There are signs posted around the campuses and information on the website for related programs available at Palmetto Health Post discharge, a designated unit, pursues financial assistance or agency assistance for the patient, including possible discounts or payment plans Third parties are employed to work the more difficult and time consuming supplemental security income cases In addition, patients who do not respond to internal collection efforts are turned over to collection agencies All third party agencies are required to review the patients' status for financial assistance

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

Palmetto Health has contributed more than $29 million dollars towards community health outreach initiatives over the past twelve years These community outreach programs benefit the community by offering services in areas of need and by supporting existing successful community health outreach initiatives In order to assess the needs of the communities and determine what Palmetto Health's community priorities are, Palmetto Health studies disease specific research and statistics for national, state and county data Palmetto Health also uses inpatient and emergency department trends data and focus group data to help determine what community priorities will be In addition, Palmetto Health utilizes Healthy People 2020 (formerly known as Healthy People 2010) objectives to help drive the community needs program design

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

Palmetto Health strives to improve the well being of the communities it serves Quality services are made available to all members of the community regardless of an ability to pay Palmetto Health will work with uninsured or under insured patients to seek financial assistance or charity care Patients are educated about their eligibility for assistance under federal, state or local government programs or under Palmetto Health's charity care policy during the registration process During pre-registration and registration, all patients are interviewed by a financial counselor to determine whether the patient has a need for financial assistance or charity care The financial counselor reviews the financial status of the patient to determine which program(s) the patient may be eligible to participate If it is deemed that a patient may be eligible for financial assistance, Department of Health and Human Services workers are available to assist patients and their families with completing applications In order to make patients aware of financial assistance or charity care, Palmetto Health's Patient Bill of Rights is posted throughout its facilities with information and contact phone numbers It is also posted in patient brochures Patient statements contain an abbreviated version of the Patient Bill of Rights Palmetto Health's website, www palmettohealth org, states Palmetto Health will work with uninsured or under insured patients to seek financial assistance or charity care Post Discharge, patients expressing issues with being unable to pay their bill will be directed to financial counselors to assist in educating the patients about the financial assistance policy

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

The primary service area for Palmetto Health consists of Richland and Lexington Counties There are approximately 627,230 residents who live within the primary service area The median income of the constituents in Richland and Lexington Counties is $62,100 The unemployment rate for Richland County is 9 1% and Lexington County is 7 6% The secondary service area for Palmetto Health consists of Fairfield, Kershaw, Newberry, Orangeburg and Sumter Counties There are approximately 316,755 residents who live in these secondary service areas The median income for Fairfield county is $62,100 (Fairfield is included with the Richland and Lexington area for statistical purposes), Kershaw county is $55,900, Newberry County $50,500, Orangeburg County $43,700 and Sumter County is $47,600 The unemployment rate for the secondary market is Fairfield County 12 2%, Kershaw County 9 8%, Newberry county 9 9%, Orangeburg 14 1% and Sumter 11 8%

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

Promotion of healthcare Palmetto Health is central South Carolina's largest and most comprehensive not-for-profit health system In our progressive environment, the latest technology and treatment protocols go hand-in-hand with quality patient care Palmetto Health is a South Carolina nonprofit public benefit corporation recognized as an IRC section 501(c) (3) charity, which consists of the outstanding hospitals - Palmetto Health Richland and Palmetto Health Baptist, Children's Hospital and Palmetto Health Heart Hospital in Columbia Palmetto Health also jointly owns Baptist Easley Hospital in Easley, SC The 1,247-bed system is a JCAHO-accredited institution and has more than 8,500 employees and 1,300 physicians Palmetto Health furthers its exempt purposes by adopting a charity care policy that provides free care to individuals who are at or below the 200% of Federal Poverty Guidelines Palmetto Health also provides care to Medicare, Medicaid and other government payor programs Palmetto Health also operates 24-hour emergency rooms and offers services to all patients regardless of their ability to pay An open medical staff is maintained in order to have proper staffing coverage and allow for more efficient care and delivery of services in our hospital facilities Palmetto Health community health outreach programs benefit the community by offering services in areas of need and by supporting existing successful community health outreach initiatives Palmetto Health provides cash and in-kind contributions to nonprofit community healthcare organizations in the community in order to further promote the health, wellness and welfare of the communities served Palmetto Health also sponsors continuing medical education classes, health education workshops and health fairs in the community Some Community Health Initiatives include Cancer Education and Prevention, Real Men Prostate Health Campaign, Free Yourself From Smoking, Trumpeter - Tobacco prevention campaign and contest, Diabetes Initiative, Palmetto Healthy Start - For new parents and expecting moms and dads, Teen Talk! It's time to make good choices, Richland Care Additional Community Service Programs Dental Health Initiative In partnership with Family Service Center, Palmetto Health provides dental services to underinsured and Medicaid-eligible and -ineligible children and adults at the Children's Dental Clinic These patients often have difficulty in finding a dentist who will accept new Medicaid patients Nationally, the adult program was one of the first of its kind to be offered Palmetto Health also partners with the Columbia Oral Health Clinic to provide dental services to HIV/AIDS patients who otherwise could not afford dental care As the only program of its kind in South Carolina, it provides high-risk patients with a source for dental care Family Connection-Project Breathe Easy Project Breathe Easy is an asthma education program developed by Family Connection Palmetto Health provides funds to enhance services to asthmatic children and their families through the provision of asthma education, transportation and medical assistance to patients Program participants have shown a reduction in missed days from school and work, fewer emergency room visits, and a reduction in the number of preventable asthma emergencies Health Administration Scholarship Since the Fall 1998 semester, Palmetto Health has provided scholarship funds for qualified minority students enrolled in the master's degree program in Health Administration at the University of South Carolina School of Public Health The scholarships give students an opportunity to earn a degree in a field that lacks minority participation The program has received a special commendation from the Accrediting Commission on Education for Health Services Administration, one of only two commendations awarded nationwide Parish Nurse Program Palmetto Health, in collaboration with the Columbia Housing Authority, initiated a Parish Nurse Medical Program for elderly and indigent residents of Columbia Housing Authority Residents of these facilities were anticipated to have a diagnosis of high blood pressure, diabetes, cancer, obesity and other medical problems These residents, who often receive little or no medical care, benefit from the Parish Nurse services

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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," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
PALMETTO HEALTH

Employer identification number
58-2296052

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? . . . . . ☑ 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 . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 25

3 Enter total number of other organizations . . . . . ▶ 1

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 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
HELEN GOLDING LYNCH	24	35,000			
HIGH POTENTIAL EMPLOYEES	9	80,000			
See Additional Data Table					

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

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCEDURES FOR MONITORING USE OF GRANTS	PART I, LINE 2	Palmetto Health provides funding to a number of non-profit organizations to expand services in our community All funded organizations enter into a funding agreement with Palmetto Health that details the scope of services to be provided Organizations must submit monthly reports that detail the scope and type of services provided to patients/clients each month Organizations receive payment if these reports are received in a timely manner and if all conditions of the agreement with Palmetto Health are met In addition, according to the agreement Palmetto Health reserves the right to perform a financial audit regarding the use of funding dollars provided to the organization Palmetto Health will alert the organization of the audit 10 business days before such audit occurs

Additional Data Return to Form

Software ID:
Software Version:
EIN: 58-2296052
Name: PALMETTO HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION520 Gervais Street Columbia,SC 29201	13-5613797	501(c)(3)	17,000				Sponsorship
CITY CENTER PARTNERSHIP INC1201 MAIN STREET COLUMBIA,SC 29201	57-1116130	501(c)(3)	60,500				General Purpose
COLUMBIA BLOWFISH HWS BASEBALL V LLC301 South Assembly Street Columbia,SC 29201	20-2706317		15,000				Sponsorship
COLUMBIA CITY BALLET 1545 Main Street Columbia,SC 29201	23-7133145	501(c)(3)	5,200				Sponsorship
COLUMBIA ORAL HEALTH CLINICPO Box 3206 Columbia,SC 29230	57-1073100	501(c)(3)	75,000				Indigent Healthcare
EAU CLAIRE COOPERATIVE HEALTH 1228 HARDEN STREET COLUMBIA,SC 29204	57-0965445	501(c)(3)	111,300				Indigent Healthcare
FAMILY SERVICE CENTER 2712 Middleburg Dr PO Box 4246 Columbia,SC 29204	57-0630921	501(c)(3)	150,000				Indigent Healthcare
FREE MEDICAL CLINIC - COLAPO Box 4616 Columbia,SC 29240	57-0779279	501(c)(3)	55,000				Indigent Healthcare
IRMO CHAMBER OF COMMERCE1248 Lake Murray Blvd Irmo,SC 29063	57-0669817	501(c)(3)	8,550				Sponsorship CLINICS
JAMES R CLARK MEM SICKLE CELL FD1420 Gregg Street Columbia,SC 29201	57-0858930	501(c)(3)	25,000				Indigent Healthcare

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LEXINGTON DIXIE BASEBALLPO Box 821 Lexington, SC 29071	56-2121648	501(c)(3)	10,000				Sponsorship
MARCH OF DIMES - COLA 240 Stonebridge Dr Columbia, SC 29210	13-1846366	501(c)(3)	25,000				Prematurity Campaign
MENTAL ILLNESS RECOVERY CENTER3809 Rosewood Dr Columbia, SC 29240	57-0984185	501(c)(3)	75,000				Homeless Housing
MIDLANDS EDUCATIONAL AND BUSINESS ALLIANPO Box 2408 Columbia, SC 29202	20-0350584	501(c)(3)	10,000				Comment Training
MIDLANDS HOUSING ALLIANCE1901 Main Street Columbia, SC 29201	20-3524141	501(c)(3)	200,000				Homeless Housing
NAVIGATING FROM GOOD TO GREAT FOUNDATION 930 Richland Street Columbia, SC 29201	20-8781550	501(c)(3)	20,000				General Purpose
NEWBERRY MEMORIAL FOUNDATION2669 KINARD STREET NEWBERRY, SC 29108	58-2340652	501(c)(3)	1,250,000				General Purpose
PALMETTO CONSERVATION FOUNDATION1314 Lincoln Street Columbia, SC 29201	57-0907043	501(c)(3)	59,950				Sponsorship
RICHLAND COMMUNITY HEALTHCARE LAUREL1520 LAUREL ST COLUMBIA, SC 29201	57-0944745	501(c)(3)	100,000				Indigent Healthcare
SC CAMPAIGN TO PREVENT TEEN PREGNANCY1331 Elmwood Avenue Columbia, SC 29201	57-0897120	501(c)(3)	50,000				Teen Pregnancy Prevention

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SCHAC SC HIV AIDS COUNCIL POPO Box 2531 Columbia, SC 29202	57-0994526	501(c)(3)	28,915				HIV Testing and Prevention
SILVER RING238 Moon Clinton Rd Moon Township, PA 15108	36-4550882	501(c)(3)	10,000				General Purpose
SOUTH CAROLINA RESEARCH FOUNDATION 730 Devine Street Columbia, SC 29208	57-0967350	501(c)(3)	25,000				Child Health
THE LEADERSHIP INSTITUTE AT COLUMBIA 1301 Columbia College Drive Columbia, SC 29203	57-0324915	501(c)(3)	50,000				General Purpose
UNITED WAY OF THE MIDLANDS1800 Main Street Columbia, SC 29201	57-0314396	501(c)(3)	32,500				Asthma Education
UNIV OF SC EDUCATIONAL FOUNDATION1600 Hampton St Columbia, SC 29208	57-6017985	501(c)(3)	20,000				Scholarship

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
PALMETTO HEALTH

Employer identification number
58-2296052

Part I Questions Regarding Compensation

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

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
CEO Perquisites	PART 1, LINE 1	A Flexible Perquisites option is available to the CEO under an accountable plan as part of his taxable compensation package He may choose to be reimbursed for certain of the following items (within prescribed plan limits) under a board approved compensation plan automobile, country club membership, dining club membership, supplemental life insurance, supplemental long-term disability or certain personal services which include estate planning, tax return planning, investment counseling, annual physical exam These services do NOT include items such as maid, chauffer, chef or similar, but rather are limited to the services described above
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	PART 1, LINE 4B	The following individuals participated in a supplemental nonqualified plan Name Amounts Charles D Beaman, Jr $306,600, Paul K Duane $128,400, James I Raymond, MD $127,700, John J Singerling $76,400, Ellis M Knight, MD $58,300, Howard P West $98,000, James Bridges $119,400, Willis Gregory, III $81,500, Roddey E Gettys, III $75,300, Vince Ford $49,700 Michelle E Edwards $27,200 Palmetto provides a supplemental retirement benefit to senior executives that is contingent on them remaining at Palmetto until retirement The accrual amounts reflect the change in the actuarial value during the year and are impacted by various factors, including the age of the participant and changes in interest rates

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 58-2296052
Name: PALMETTO HEALTH

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Charles D Beaman Jr	(I)	700,209	142,413	12,942	317,384	16,074	1,189,022	0
	(II)	0	0	0	0	0	0	0
James I Raymond MD	(I)	486,074	75,043	5,757	138,242	10,477	715,593	0
	(II)	0	0	0	0	0	0	0
Paul K Duane	(I)	397,185	70,565	17,498	136,650	17,608	639,506	0
	(II)	0	0	0	0	0	0	0
Ellis M Knight MD	(I)	390,560	40,831	1,353	65,558	7,484	505,786	0
	(II)	0	0	0	0	0	0	0
John J Singerling	(I)	311,962	56,334	11,822	85,553	9,632	475,303	0
	(II)	0	0	0	0	0	0	0
James Bridges	(I)	296,708	51,409	1,513	131,668	6,434	487,732	0
	(II)	0	0	0	0	0	0	0
Howard P West	(I)	288,489	54,786	4,376	108,854	20,321	476,826	0
	(II)	0	0	0	0	0	0	0
Michael S Stinson	(I)	259,311	56,721	875	7,890	15,792	340,589	0
	(II)	0	0	0	0	0	0	0
Willis Gregory III	(I)	253,244	47,614	3,635	91,229	10,701	406,423	0
	(II)	0	0	0	0	0	0	0
Roddey E Gettys III	(I)	207,373	50,082	5,100	85,933	6,131	354,619	0
	(II)	0	0	0	0	0	0	0
Caroline Seigler	(I)	215,877	22,754	3,093	11,905	8,429	262,058	0
	(II)	0	0	0	0	0	0	0
Vince Ford	(I)	173,659	36,606	848	58,741	9,531	279,385	0
	(II)	0	0	0	0	0	0	0
Michelle E Edwards	(I)	209,318	450	202	36,494	7,025	253,489	0
	(II)	0	0	0	0	0	0	0
Carolyn R Swinton	(I)	175,640	25,714	376	8,984	13,487	224,201	0
	(II)	0	0	0	0	0	0	0
Ronald Carroll	(I)	177,621	19,040	2,467	9,124	5,566	213,818	0
	(II)	0	0	0	0	0	0	0
Benjamin M Cunningham Jr	(I)	179,303	19,353	389	7,422	12,469	218,936	0
	(II)	0	0	0	0	0	0	0
Gregory Gattman	(I)	175,625	21,139	561	3,663	10,011	210,999	0
	(II)	0	0	0	0	0	0	0
Katherine G Stephens	(I)	171,407	23,598	1,522	6,637	9,677	212,841	0
	(II)	0	0	0	0	0	0	0
Edward S Hickson	(I)	162,340	24,225	309	6,763	11,009	204,646	0
	(II)	0	0	0	0	0	0	0
Deborah J Tapley	(I)	169,802	5,562	372	8,730	6,298	190,764	0
	(II)	0	0	0	0	0	0	0
James Pope	(I)	154,174	17,149	1,300	8,684	5,834	187,141	0
	(II)	0	0	0	0	0	0	0
Jay D Hamm	(I)	135,651	10,015	13,567	0	9,471	168,704	0
	(II)	0	0	0	0	0	0	0
Jeffrey T Ehreth MD	(I)	669,043	561,361	1,776	4,097	10,601	1,246,878	0
	(II)	0	0	0	0	0	0	0
Harris H Parker MD	(I)	479,104	330,983	621	0	11,031	821,739	0
	(II)	0	0	0	0	0	0	0
Reid W Tribble MD	(I)	551,631	104,104	1,252	5,980	5,216	668,183	0
	(II)	0	0	0	0	0	0	0
Scott J Petit MD	(I)	549,055	104,104	834	5,488	17,995	677,476	0
	(II)	0	0	0	0	0	0	0
John T Parrott MD	(I)	324,426	327,314	54	0	1,674	653,468	0
	(II)	0	0	0	0	0	0	0
James E Lathren	(I)	160,312	1,225	905	6,352	11,512	180,306	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

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.

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2009

Open to Public Inspection

Name of the organization
PALMETTO HEALTH

Employer identification number
58-2296052

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	57-0960018	83703ehd0	08-28-2003	188,070,805	Refund 3-30-2000 Bonds	X			X
B	South Carolina Jobs-Economic Development Authority	57-0960018	83703eht5	08-28-2003	260,110,624	See Schedule O	X			X
C	South Carolina Jobs-Economic Develoment Authority	57-0960018	83703ejc0	12-15-2005	257,150,000	Refund 8-28-2003 Bonds	X			X
D	South Carolina Jobs-Economic Develoment Authority	57-0960018	83703fax0	03-15-2007	120,000,000	Construct and equip health facilit		X		X
E	South Carolina Jobs-Economic Development Authority	57-0960018	83703fbn1	06-12-2008	252,139,754	Refund 12-05-05 Bonds	X			X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	137,715,188	161,322,208	269,920,822	118,741,507	1,943,244
2	Gross proceeds in reserve funds	5,425,421	4,195,753	17,347,167		
3	Proceeds in refunding or defeasance escrows	129,446,031		237,324,640		
4	Other unspent proceeds	20,019,649			20,019,649	
5	Issuance costs from proceeds	2,843,736	3,083,904	15,249,015	1,211,798	1,943,244
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds	154,042,551	154,042,551		97,510,060	
8	Year of substantial completion	2006	2006		2009	

		A		B		C		D		E	
		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	X	
10	Were the bonds issued as part of an advance refunding issue?	X			X	X			X		X
11	Has the final allocation of proceeds been made?	X		X		X			X	X	
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X		X	

Part III Private Business Use

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	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		X		X
2	Are there any lease arrangements with respect to the financed property which may result in private business use?	X		X		X		X		X	

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	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		X		X	
3b	Are there any research agreements with respect to the financed property which may result in private business use?	X		X		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		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 ▶										
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 ▶	0 220 %		0 160 %		0 240 %		0 130 %		0 240 %	
6	Total of lines 4 and 5	0 220 %		0 160 %		0 240 %		0 130 %		0 240 %	
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X		X	

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	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		X
2	Is the bond issue a variable rate issue?	X			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			X
b	Name of provider	Merril Lynch				Merril Lynch					
c	Term of hedge	7 8				7 8		32 5			
4a	Were gross proceeds invested in a GIC?		X		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			X
6	Did the bond issue qualify for an exception to rebate?		X		X		X		X	X	

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

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

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PALMETTO HEALTH

Employer identification number
58-2296052

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) Sharing of organization's revenues? No
See Additional Data Table					

Additional Data

Software ID:
Software Version:
EIN: 58-2296052
Name: PALMETTO HEALTH

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction $	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
KSF CONSULTING LLC	SEE SCHEDULE O	166,875	INDEPENDENT CONTRACTOR		
HOSPITAL RECEIVABLE SERVICES	SEE SCHEDULE O	785,386	COLLECTION SERVICES		
TONI ODOM	SEE SCHEDULE O	20,758	EMPLOYEE		
RADIATION ONCOLOGY	SEE SCHEDULE O	718,197	RENT FACILITY/EQUIPMENT		
CAROLINA UROCORP	SEE SCHEDULE O	1,620,549	PERFORMANCE OF SERVICES		
CAROLINA CARE	SEE SCHEDULE O	14,296,716	PERFORMANCE OF SERVICES		
PARKRIDGE SURGERY CENTER	SEE SCHEDULE O	1,121,930	RENT/LOAN		
HOSPITAL SERVICES INC	SEE SCHEDULE O	2,715,689	LAUNDRY SERVICES		
COLUMBIA UROLOGICAL ASSOCIATES	SEE SCHEDULE O	602,514	PERFORMANCE OF SERVICES		

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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
PALMETTO HEALTH

Employer identification number
58-2296052

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 PART I AND III, LINE 1	Palmetto Health is committed to improving the physical, emotional and spiritual health of all individuals and communities we serve, to providing care with excellence and compassion, and, to working with others who share our fundamental commitment to improving the human condition

Identifier	Return Reference	Explanation
SIGNIFICANT PROGRAM SERVICES CHANGES	PART III, LINE 3	On October 1, 2009, Palmetto Health transferred to a new entity all real and personal property comprising the hospital facility in Easley, South Carolina The new entity operates the Baptist Easley Hospital (BEH) as a nonprofit entity (a hospital organization exempt under internal revenue code sections 501(c)(3) and 170(b)(1)(A)(iii)) consisting of two equal members Palmetto Health and Greenville Health Corporation (GHC) (GHC is a hospital organization exempt under internal revenue code sections 501(c)(3) and 170(b)(1)(A)(iii)) In connection with this transaction, Palmetto Health transferred net assets (at fair market value) to the new entity and received a 50% membership interest in the new entity Palmetto Health entered into this arrangement in order to further our mission and better serve the healthcare needs of the Easley community As this change represents considerably less than a 25% transfer of Palmetto Health's assets, Schedule N is not required to be completed

Identifier	Return Reference	Explanation
PROGRAM SERVICES	PART III, LINE 4A	Palmetto Health is central South Carolina's largest and most comprehensive not-for-profit health system In our progressive environment, the latest technology and treatment protocols go hand-in-hand with quality patient care Palmetto Health is a South Carolina nonprofit public benefit corporation recognized as an IRC section 501(c) (3) charity, which consists of the outstanding hospitals - Palmetto Health Richland and Palmetto Health Baptist, Children's Hospital and Palmetto Health Heart Hospital in Columbia Palmetto Health also jointly owns Baptist Easley Hospital in Easley, SC The 1,247-bed system is a JCAHO-accredited institution and has more than 8,500 employees and 1,300 physicians Being the largest private employer in the Midlands and the third largest in SC is an important economic development driver for our region, but also having the best employees is a recognition for which the system is very proud For the last three years, Palmetto Health was named one of the Top 100 Places to Work in Healthcare, after a survey of US healthcare organizations by Modern Healthcare magazine, last year placing 29th in the nation The SC Chamber of Commerce named Palmetto Health one of the top 20 places to work in SC for the second year Four years in a row, Palmetto Health has been named one of the top places in the country to work in Information Technology by ComputerWorld magazine In keeping with Palmetto Health's vision to be remembered by each patient as providing the care and compassion we want for our families and ourselves, the system focuses on putting patients at the center of all we do Each year, our hospitals treat nearly a half million patients, welcome more than 6,700 babies into the world, treat more than 80,000 pediatric patients and 3,000 cancer patients, accommodate more than 149,000 emergency department visits, perform more than 50,000 mammograms, and make more than 32,000 home care visits We proudly offer services that are available nowhere else in the region Among those are the largest private behavioral health services, the only Level I trauma center in the region, the only two Level III neonatal intensive care units in the region providing the highest level of care for premature infants, pediatric intensive care unit, children's emergency room, robotic assisted surgery, gamma knife and many others Many of our programs and services have been uniquely accredited for excellence, such as the state's first accredited chest pain center and accredited breast center by the American College of Surgeons' National Accreditation Program The Joint Commission recently accredited Palmetto Health's Heart Failure program and accreditation as a Primary Stroke Center is pending Blue Cross has designated centers for cardiac care and total joint replacement for their Blue Distinction designation Palmetto Health provides health care for nearly 70 percent of the residents of Richland County and almost 55 percent of the health care for the combined Richland/Lexington County area Patients are rendered services without distinction due to race, religion, color, national origin, ancestry, sex, gender, age, veteran's status and disability Palmetto Health provides the local community with more low or no cost services than any other health provider We do this under local ownership, local management and local accountability Our goal is to provide the best for our community, in the best equipped facilities in the state while working with others to achieve our mission Palmetto Health has pledged 10 percent of its annual bottom line for 3 5 years to fund community health care initiatives in cancer education and prevention, and maternal and child health services and many others In the last decade, Palmetto Health has spent $29 million in this special effort alone This tithe is a contribution over and above the care provide provided in our hospitals for services to patients in need During 20 10, Palmetto Health conducted a community benefits assessment of free services provided by our system to the communities we served during the previous year The total included $73 million in care to patients who were unable to pay, as well as $38 million associated with Medicare and Medicaid programs Palmetto Health is proud to have focused on quality and patient safety improvement initiatives and set about creating the structure, culture and accountability to achieve it These efforts allowed our hospitals to achieve significant progress in decreasing mortality and increasing the performance in appropriate care measures for nationally benchmarked standards of care for six high-volume procedures This ambitious and concerted quality goal of eliminating all preventable errors and deaths continues to be a focus of all at Palmetto Health while attention has increased on reducing "harm events" such as infections, falls and the like, and on reducing unnecessary readmissions In addition to the healthcare outreach efforts in whic

Identifier	Return Reference	Explanation
PROGRAM SERVICES	PART III, LINE 4A	h Palmetto Health engages, the system accepts a key role in community support through inve stment by its employees in the United Way and our ow n Palmetto Health Foundation Addition ally, the organization and its employees participate and invest in community agencies such as the Heart Association, March of Dimes, American Cancer Society, and a myriad of other health and human services organizations With key leaders taking significant leadership ro les in organizations like the Chambers of Commerce, City Center Partnership, Central Carol ina Economic Development Alliance and a host of others, Palmetto Health is making its pres ence know n and essential in the community

Identifier	Return Reference	Explanation
ORGANIZATION'S STOCKHOLDERS	PART VI, SECTION A, LINE 6	Palmetto Health has two members Richland Memorial Hospital (Class R Member) and Baptist Healthcare System of SC, Inc (Class B member)

Identifier	Return Reference	Explanation
ORGANIZATION'S MEMBERS ELECTION RIGHTS	PART VI, SECTION A, LINE 7a	The Class R member and the Class B member nominate and elect six directors each to the Palmetto Health Board of Directors Those twelve directors nominate and elect an additional three members for a total of 15 voting directors

Identifier	Return Reference	Explanation
DECISIONS SUBJECT TO MEMBERS APPROVAL	PART VI, SECTION A, LINE 7B	The Class R and Class B member have "reserved powers " These powers include (quoted directly from Palmetto Health Bylaws) "(i) any change in the Board that would result in those directors selected by the Class R and Class B Members comprising, on a combined basis, less than a majority of the total number of directors, (ii) any change that would result in the Class R Member having the right to elect a different number of directors than the Class B Member, (iii) any change in a Member's rights regarding the election or removal of directors, (iv) approval of any amendment to, or repeal of, the Articles of Incorporation of the Corporation (the "Articles"), (v) approval of any merger, consolidation, sale, or lease of all or substantially all of the assets of the Corporation, (vi) approval of the dissolution of the Corporation, (vii) approval of the addition of a Member, (viii) any change in provisions of the Members' Pre-incorporation and Joint Operating Agreement (the "Joint Operating Agreement") or these Bylaws that require that if the Chair is elected from among the Richland Directors, the Vice Chair must be elected from among the Baptist Directors and vice versa, (ix) any change in provisions of the Joint Operating Agreement or these Bylaws regarding the duties or composition requirements of the Executive Management Committee of the Board, (x) any of the Board actions described in Section 3 14 2 7, below, regarding Palmetto Health Baptist Easley, (xi) any change in the Mission Statement, (xii) approval of the strategic plan of the Corporation or any material modification thereto, and (xiii) any amendment or repeal of these Bylaws that would affect any authority or privilege of a Member as described above " Further explanation for item (x) approval of a merger, consolidation, sale, or lease of all or substantially all of the assets of Palmetto Health Baptist Easley ("PHBE"), approval of the conversion of PHBE to primarily an outpatient facility, or approval of the discontinuation of operation of PHBE

Identifier	Return Reference	Explanation
ORGANIZATION'S FORM 990 REVIEW PROCESS	PART VI, SECTION B, LINE 11	Palmetto Health's Form 990 was reviewed in detail by the Accounting Manager and Vice President of Finance The form was discussed and reviewed in detail by Grant Thornton (outside tax advisors) The CFO then conducted a higher level review of the form with the Vice President of Finance The 990 was provided to Palmetto Health's board of directors and each member was allowed ample time for review and to make inquiries before filing with the IRS

Identifier	Return Reference	Explanation
ORGANIZATION'S MONITORING CONFLICT OF INTEREST POLICY	PART VI, SECTION B, LINE 12C	Each member of the Board of Directors shall complete an annual acknowledgement statement that each of them (a) has received a copy of the Rules of Conduct (conflicts of interest policy), (b) has read and understands the policy, (c) agrees to comply with the policy, (d) understands that the policy applies to all committees, and (e) understands that the organization is a charitable organization and must continuously engage primarily in activities which accomplish one or more of its tax-exempt purposes These acknowledgement statements are returned to the Audit and Compliance Committee for review and follow-up as appropriate The Chair of the Audit and Compliance Committee reports to the full Board that the above-referenced process has been completed Upon hire, each employee is educated on Palmetto Health's Potential Conflicts of Interest policy and is asked to document any relationships that may create a potential conflict of interest on a form that is reviewed by Corporate Compliance and retained in the employee's Human Resources file Annually, the policy is reviewed via computer-based training that is mandatory for all employees Situations that are believed to be actual conflicts are addressed by Corporate Compliance, department management and senior leadership as necessary

Identifier	Return Reference	Explanation
OFFICER/KEY EMPLOYEE COMPENSATION DECISIONS	PART VI, SECTION B, LINE 15B	Palmetto Health's Executive Compensation Committee (the "Committee"), composed of members of the board of directors who are disinterested in and independent from the persons compensated, oversees Palmetto Health's executive compensation and benefits programs. The Committee annually receives a report from its independent executive compensation consultant on the executive compensation program, including third-party comparability data for functionally-similar positions at similarly-situated organizations (the "Compensation Review"). Last completed in the fall of 2010, the Compensation Review includes market analyses for base salaries, total cash compensation, benefits and perquisites and aggregate total compensation values for the President & Chief Executive Officer, Executive Vice Presidents and Senior Vice Presidents. In of the qualification for the rebuttable presumption of reasonableness, the Committee reviews and approves the President's & CEO's compensation, based on the board-approved compensation philosophy and the Compensation Review, and the decision is documented in meeting minutes. In addition, the Committee reviews the information in the Compensation Review relating to aggregate total compensation paid to the Executive Vice President and Senior Vice President positions and positions that are functionally-similar at similarly situated organizations. Utilizing the information contained in the Compensation Review provided to and reviewed by the Committee, the President and CEO approve the compensation levels payable to the Vice Presidents, Executive Vice President and Senior Vice President positions

Identifier	Return Reference	Explanation
DOCUMENTS AVAILABLE TO THE PUBLIC	PART VI, SECTION C, LINE 19	The organization's audited financial statements are published annually and quarterly financial information is available to the public at www dacbond com

Identifier	Return Reference	Explanation
SCHEDULE K		Bond Issue 8/28/2003 - CUSIP# 83703EHD0 Part II, line 5 includes the following Underwriters fees $1,404,575, Actual (Cost of Issuance) COI Funds expended $638,021, Credit Enhancement Fees $801,140 Bond Issue 8/28/2003 - CUSIP# 83703EHT5 Part I, Column f - Description of purpose Refund of 7-10-91, 9-8-93 and 6-29-95 Bonds and Construct and Equip health facilities Part II, line 5 includes the following Underwriters fees $2,210,425, Actual COI Funds expended $873,479 Part III, Line 4 This percentage is less than 00% Part IV, line 5 - Arbitrage calculation performed in 2008 indicated no liability for funds invested beyond temporary period Bond Issue 12/15/2005 - CUSIP# 83703EJC0 Part II, line 5 includes the following Actual COI Funds expended $2,804,445, Credit Enhancement Fees $12,444,570 Part III, Line 4 This percentage is less than 00% Bond Issue 3/15/2007 - CUSIP# 83703FAX0 Part II, line 5 includes the following Underwriters fees $455,000, Actual COI Funds expended $756,798 Part III, Line 4 This percentage is less than 00% Part IV, line 5 - Funds invested beyond temporary period were invested in securities yielding rates below the arbitrage yield Bond Issue 06/12/2008 - CUSIP# 83703FBN1 Part II, line 5 includes the following Underwriters fees $127,035, Actual COI Funds expended $365,000, Debt modification costs $1,080,581, Credit Enhancement Fees $370,628 Part III, Line 4 This percentage is less than 00% Bond Issue 06/12/2008 - CUSIP# 83703FBP6 Part II, line 5 includes the following Underwriters fees $143,144, Actual COI Funds expended $645,000, Credit Enhancement Fees $290,587 Part III, Line 4 This percentage is less than 00% Bond Issue 09/23/2009 - CUSIP# 83703FDG4 Part I, Column F - Description of purpose Refund of 8-28-2003 Bonds and Contruct and Equip health facilities Part II, line 5 includes the following Underwriters fees $1,327,852, Actual COI Funds expended $900,400, Swap Termination Cost $8,867,576 Part III, Line 4 This percentage is less than 00% Part III, Line 5 This percentage is less than 00%

Identifier	Return Reference	Explanation
BUSINESS TRANSACTIONS INVOLVING INTERESTED PARTIES	SCHEDULE L, PART IV	(1)(b) KSF Consulting, LLC is an entity owned 100% by Kester S Freeman, former officer of Palmetto Health (2)(b) The following individual is a director of Hospital Receivable Services, Inc , a for-profit corporation Charles D Beaman, Jr an officer of Palmetto Health This individual sits on the board of this entity as a representative of Palmetto Health, but does not hold any ownership interest (3)(b) Toni Odom is a family member of Dr Jerome Odom, a board member of Palmetto Health (4)(b) The following individuals are directors of Radiation Oncology, a for-profit partnership owned in part by Palmetto Health Benjamin M Cunningham, Jr, Stan Hickson and Marty Bridges, Key Employees of Palmetto Health These individuals sit on the board of this entity as representatives of Palmetto Health, but do not hold any ownership interest (5)(b) Carolina UroCorp is an entity more than 5% owned by Dr James Herlong, a Board member of Palmetto Health (6)(b) Carolina Care is an entity in which a board member of Palmetto Health, Dr N John Stewart, MD, is an Officer (7)(b) The following individuals are directors of Parkridge Surgery Center, a for-profit partnership owned in part by Palmetto Health Paul Duane, Officer of Palmetto Health and Marty Bridges, Key Employee of Palmetto Health, and Arthur M "Art" Bjontegard, Jr , Board Member of Palmetto Health These individuals sit on the board of this entity as representatives of Palmetto Health, but do not hold any ownership interest (8)(b) The following individual is a director of Hospital Services, Inc , a for-profit corporation owned in part by Palmetto Health James A Bennett, a board member of Palmetto Health This individual sits on the board of this entity as a representative of Palmetto Health, but does not hold any ownership interest (9)(b) Columbia Urological Associates is an entity more than 5% owned by Dr James Herlong, a Board member of Palmetto Health

Identifier	Return Reference	Explanation
FAIR MARKET VALUE OF TRANSACTIONS	SCHEDULE R, PART V	For all transactions listed in Part V, Line 2, fair market value is determined by obtaining independent third party valuations

Identifier	Return Reference	Explanation
AMENDED RETURN		THIS RETURN IS BEING AMENDED TO REFLECT A RESTATEMENT THAT WAS MADE TO THE AUDITED FINANCIAL STATEMENTS WHICH WAS DUE TO A MISCALCULATION MADE BY MEDICARE THAT WAS IDENTIFIED BY PALMETTO HEALTH CERTAIN BALANCE SHEET, REVENUE, EXPENSE AND SCHEDULE H AMOUNTS WERE IMPACTED BY THE RESTATEMENT

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
PALMETTO HEALTH

Employer identification number
58-2296052

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
PALMETTO HEALTH QUALITY COLLABORATIVE LL 1301 Taylor Street Suite 9A Columbia, SC 29201 27-3029587	ACO	SC	0	0	NA

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
BAPTIST MEDICAL CENTER EASLEY FOUNDATION 200 FLEETWOOD DRIVE EASLEY, SC 29640 57-0880538	SUPPORTS HOSP	SC	501(C)(3)	11a-I	NA
PALMETTO HEALTH FOUNDATION 1600 MARION STREET COLUMBIA, SC 29202 57-0725699	SUPPORTS HOSP	SC	501(C)(3)	11c-III-FI	NA
PALMETTO RICHLAND MEMORIAL AUXILLARY 5 RICHLAND MEDICAL PARK DRIVE COLUMBIA, SC 29203 57-0645678	SUPPORTS HOSP	SC	501(C)(3)	11a-I	NA
RICHLAND MEM HOSP RESEARCH & EDUCATION 293 GREYSTONE BLVD 2ND FLOOR COLUMBIA, SC 29210 23-7010028	SUPPORTS HOSP	SC	501(C)(3)	11c-III-FI	NA

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
PARKRIDGE SURGERY CENTER LLC 190 PARKRIDGE DRIVE COLUMBIA, SC29212 37-1470219	HEALTHCARE	SC	NA	RELATED	82,853	1,934,353		No	0	Yes	
RADIATION ONCOLOGY 7 RICHLAND MEDICAL PARKS DRIVE COLUMBIA, SC29203 36-4542465	HEALTHCARE	SC	NA	RELATED	1,884,733	3,486,504		No	0		No
CAROLINA HOME THERAPEUTICS 26220 ENTERPRISE CT LAKE FOREST, CA92630 57-0880120	HEALTHCARE	CA	HEALTHSOURCE	RELATED	0	0		No	0	Yes	
EASLEY MRI LLC PO BOX 2987 GREENVILLE, SC29602 57-1131117	HEALTHCARE		NA	RELATED	68,445	66,162		No	0	Yes	

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
HEALTHSOURCE INC 293 GREYSTONE BLVD COLUMBIA, SC29210 57-0938686	HEALTHCARE	SC	NA	C CORP	599,830	2,140,091	100 000 %
PHYSICIAN PRACTICE SERVICES INC 293 GREYSTONE BLVD COLUMBIA, SC29210 57-1013538	HEALTHCARE	SC	HEALTHSOURCE	C CORP	0	0	100 000 %
HOME CARE RESOURCES INC 293 GREYSTONE BLVD COLUMBIA, SC29210 57-0938656	HEALTHCARE	SC	HEALTHSOURCE	C CORP	0	0	100 000 %
PREMIER PRACTICE MANAGEMENT CAROLINAS 293 GREYSTONE BLVD COLUMBIA, SC29210 36-4366595	HEALTHCARE	SC	N/A	S CORP	-35,981	815,953	100 000 %
BAPTIST MEDICAL FACILITIES INC 293 GREYSTONE BLVD COLUMBIA, SC28210 57-0818162	INACTIVE	SC	NA	C CORP	0	0	100 000 %

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

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

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) PARKRIDGE SURGERY CENTER LLC	A	389,308
(2) PARKRIDGE SURGERY CENTER LLC	D	732,622
(3) RADIATION ONCOLOGY LLC	A	437,083
(4) RADIATION ONCOLOGY LLC	I	281,115
(5)		
(6)		

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No