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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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011

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

C Name of organization
ANMED HEALTH

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
800 NORTH FANT STREET

City or town, state or country, and ZIP + 4
ANDERSON, SC 29621

D Employer identification number
57-0359174

E Telephone number
(864) 512-1000

G Gross receipts $ 494,202,119

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

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

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW ANMEDHEALTH ORG

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

L Year of formation 1906

M State of legal domicile SC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
OPERATION OF A HEALTHCARE SYSTEM INCLUDING A WIDE RANGE OF MEDICAL SERVICES

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**	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	3,655
6	Total number of volunteers (estimate if necessary)	**6**	258
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	4,311,687
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	1,522,245

Activities & Governance

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,465,793	1,092,721
9	Program service revenue (Part VIII, line 2g)	450,524,762	473,757,483
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,676,693	12,634,581
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,675,776	6,717,334
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	470,343,024	494,202,119
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	55,000	314,929
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)	181,145,447	194,043,732
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)	275,125,478	290,082,894
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	456,325,925	484,441,555
19	Revenue less expenses Subtract line 18 from line 12	14,017,099	9,760,564

Revenue / **Expenses**

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	663,280,486	645,626,066
21	Total liabilities (Part X, line 26)	356,984,628	384,738,175
22	Net assets or fund balances Subtract line 21 from line 20	306,295,858	260,887,891

Net Assets or Fund Balances

Part II Signature Block

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

Sign Here

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

JERRY A PARRISH CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶☐	PTIN
AMY BIBBY	AMY BIBBY			

Firm's name ▶ DIXON HUGHES GOODMAN LLP — Firm's EIN ▶

Firm's address ▶ 500 RIDGEFIELD COURT
ASHEVILLE, NC 28806 — Phone no ▶ (828) 254-2254

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 456,140,655 including grants of $ 350,679) (Revenue $ 474,002,207)

ANMED HEALTH IS A HEALTHCARE SYSTEM PROVIDING A FULL RANGE OF ACUTE CARE SERVICES FOR MEDICAL, SURGICAL, PEDIATRIC, OBSTETRIC, PSYCHIATRIC, SUBSTANCE ABUSE AND REHABILITATION PATIENTS, AS WELL AS SPECIALIZED CARE IN ITS INTENSIVE CARE AND CORONARY CARE UNITS TO SUPPORT THESE INPATIENT SERVICES, ANMED HEALTH OFFERS A NORMAL COMPLEMENT OF DIAGNOSTIC AND ANCILLARY SERVICES TWO SEPARATELY LICENSED FACILITIES ARE OPERATED BY ANMED HEALTH (1) ANMED HEALTH MEDICAL CENTER IS A 461-BED FACILITY THAT OFFERS THE LATEST IN MEDICAL AND SURGICAL SERVICES A MEDICAL STAFF OF OVER 400 PHYSICIANS PROVIDES HIGH QUALITY CARE TO THE PATIENTS AT THE MEDICAL CENTER OPEN HEART SURGERY, VASCULAR SURGERY, GENERAL SURGERY, EMERGENCY/ TRAUMA MEDICINE, A NEUROLOGICAL/STROKE CENTER, THE LATEST IN DIAGNOSTIC MRI, CT AND LABORATORY MEDICINE ARE AVAILABLE (2) ANMED HEALTH WOMEN'S AND CHILDREN'S HOSPITAL IS A 72-BED ALL-PRIVATE ROOM FACILITY OFFERING INPATIENT CARE FOR LABOR/DELIVERY, WOMEN'S ELECTIVE SURGERY AND CHILDREN THIS HOSPITAL INCLUDES DEDICATED UNITS FOR LABOR/DELIVERY, MOTHER/BABY, WOMEN'S ELECTIVE SURGERY AND PEDIATRICS ON THE FIRST FLOOR, PHYSICIANS' OFFICES, A LEARNING CENTER, CAFE, COMMUNITY MEETING ROOMS AND RETAIL SHOPS MAKE VISITORS FEEL WELCOME WITH A WEALTH OF RESOURCES ADDITIONALLY, ANMED HEALTH OFFERS OUTPATIENT SERVICES AT D K OGLESBY CENTER AT THE ANMED HEALTH NORTH CAMPUS AND HAS SEVERAL CLINICS LOCATED IN ANDERSON, IVA, CLEMSON, HONEA PATH, FAIRPLAY, PENDLETON, AND WILLIAMSTON, SOUTH CAROLINA, AND IN HARTWELL, GEORGIA THE SYSTEM PROVIDED 92,247 INPATIENT DAYS AND 4,884 NURSERY DAYS OF SERVICE FOR THE YEAR THE SYSTEM MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE LEVEL OF UNCOMPENSATED CARE, INCLUDING CHARITY CARE, IT PROVIDES THE COST OF CHARITY CARE PROVIDED WAS APPROXIMATELY $10,796,500

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** ▶ $ 456,140,655

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 (see instruction)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	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.*	11b		No
c	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.*	11c	Yes	
d	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.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	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 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	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, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	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, Parts III and IV*	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 (see instructions)*	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
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	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 lines 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**		No
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 (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
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**		No
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)?	**35**	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ **Yes** ☑ **No**			
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

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	337		
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	3,655		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			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 instructions for 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?			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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			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				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b		

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.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12		
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	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant 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		No
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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	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 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its 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 ▶

JERRY A PARRISH
800 N FANT STREET
ANDERSON, SC 29621
(864) 512-1000

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☐

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

- 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, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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 Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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 Additional Data Table										
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								5,326,280	0	1,289,042

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 ▶ 178

			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**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *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 or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**	Yes	

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ANDERSON EMERGENCY ASSOCIATES 800 N FANT STREET ANDERSON, SC 29621	ER PHYSICIANS	8,689,633
ADVANCED ICU CARE 999 EXECUTIVE PARKWAY STE 210 ST LOUIS, MO 63141	INTENSIVISTS	1,130,780
HOSPITAL MEDICINE CONSULTANTS 819 N FANT STREET ANDERSON, SC 29621	HOSPITALISTS	1,077,743
GHS PARTNERS IN HEALTHCARE 701 GROVE RD GREENVILLE, SC 29605	MEDICAL SERVICES	1,042,349
PIEDMONT PATHOLOGY 404 E CALHOUN ST ANDERSON, SC 29621	PATHOLOGISTS	995,186

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 ▶ 49

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . .	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations . . .	1d	15,000			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,077,721			
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . . ▶		1,092,721			
Program Service Revenue		Business Code				
	2a NET PATIENT SERVICE	621400	472,512,437	468,202,804	4,309,633	
	b ANCILLARY SERVICES	900099	773,749	747,770		25,979
	c PLASMA RECOVERY	900099	471,297	471,297		
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		473,757,483			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		6,876,121			6,876,121
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶					

		(i) Real	(ii) Personal				
	6a Gross Rents	2,884,224					
	b Less rental expenses						
	c Rental income or (loss)	2,884,224					
	d Net rental income or (loss) . . . . . ▶			2,884,224			2,884,224

		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	5,511,802	246,658				
	b Less cost or other basis and sales expenses						
	c Gain or (loss)	5,511,802	246,658				
	d Net gain or (loss) . . . . . ▶			5,758,460			5,758,460
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 . . ▶						
	9a Gross income from gaming activities See Part IV, line 19 . a						
	b Less direct expenses . . . . . b						
	c Net income or (loss) from gaming activities . . . ▶						
	10a Gross sales of inventory, less returns and allowances . a						
	b Less cost of goods sold . . b						
	c Net income or (loss) from sales of inventory . . ▶						
	Miscellaneous Revenue		Business Code				
	11a CAFETERIA & VENDING		722210	2,272,771			2,272,771
	b MISCELLANEOUS REVENUE		900099	1,287,582			1,287,582
	c PURCHASE DISCOUNTS		900099	272,757	270,703	2,054	
	d All other revenue						
	e **Total.** Add lines 11a–11d . . . . . ▶			3,833,110			
	12 **Total revenue.** See Instructions . . . ▶			494,202,119	469,692,574	4,311,687	19,105,137

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	296,929	296,929		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	18,000	18,000		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,882,443	3,105,954	776,489	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	150,484,872	132,772,269	17,712,603	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,090,850	3,608,978	481,872	
9	Other employee benefits	24,375,149	21,503,935	2,871,214	
10	Payroll taxes	11,210,418	9,889,913	1,320,505	
a	Fees for services (non-employees) Management				
b	Legal	690,000		690,000	
c	Accounting	275,000		275,000	
d	Lobbying				
e	Professional fundraising services *See Part IV, line 17*				
f	Investment management fees	1,734,881	585,947	1,148,934	
g	Other	53,428,468	53,428,468		
12	Advertising and promotion	1,494,663	167,850	1,326,813	
13	Office expenses	8,625,499	8,162,059	463,440	
14	Information technology				
15	Royalties				
16	Occupancy	6,546,190	6,546,190		
17	Travel	1,049,635	673,603	376,032	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	10,342,555	10,342,555		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	38,075,365	38,075,365		
23	Insurance	3,656,864	3,656,864		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	BAD DEBT EXPENSE	96,623,806	96,623,806		
b	MEDICAL SUPPLIES	66,078,564	65,899,306	179,258	
c	MISCELLANEOUS EXPENSES	1,286,726	607,986	678,740	
d	ENVIRONMENTAL CONTROL	174,678	174,678		
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	484,441,555	456,140,655	28,300,900	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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		22,508,471	1	36,385,475
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		83,231,575	4	67,615,664
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		2,906,410	8	3,030,890
	9	Prepaid expenses and deferred charges		6,271,118	9	7,060,230
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 682,970,376			
	b	Less accumulated depreciation	10b 405,877,487	288,088,915	10c	277,092,889
	11	Investments—publicly traded securities		235,885,430	11	232,208,940
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		3,414,239	13	2,220,154
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		20,974,328	15	20,011,824
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		663,280,486	16	645,626,066
Liabilities	17	Accounts payable and accrued expenses		40,082,108	17	43,130,648
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		263,165,395	20	258,105,897
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		53,737,125	25	83,501,630
	26	**Total liabilities.** Add lines 17 through 25		356,984,628	26	384,738,175
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		304,272,742	27	258,677,995
	28	Temporarily restricted net assets		2,023,116	28	2,209,896
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		306,295,858	33	260,887,891
	34	Total liabilities and net assets/fund balances		663,280,486	34	645,626,066

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	494,202,119
2	Total expenses (must equal Part IX, column (A), line 25)	2	484,441,555
3	Revenue less expenses Subtract line 2 from line 1	3	9,760,564
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	306,295,858
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-55,168,531
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	260,887,891

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			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 separate basis, consolidated 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		No
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		

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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

2010

Open to Public Inspection

Name of the organization
ANMED HEALTH

Employer identification number
57-0359174

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

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

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

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

_____

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

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

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

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

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

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

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

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

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

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the 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 Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** 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—2009.** 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—2010.** 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—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(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)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(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 section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	**15**	
16	Public support percentage from 2009 Schedule A, Part III, line 15	**16**	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	**17**	
18	Investment income percentage from **2009** Schedule A, Part III, line 17	**18**	

19a **33 1/3% support tests—2010.** 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—2009.** 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Additional Data

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JT BOSEMAN CHAIRMAN	1 00	X		X				0	0	0
DR CHRIS PRZIREMBEL VICE CHAIRMAN	1 00	X		X				0	0	0
ANN D HERBERT SECRETARY/TREASURER	1 00	X		X				0	0	0
WILLIAM E KIBLER JR BOARD MEMBER	1 00	X						0	0	0
CHARLES C THORTON JR BOARD MEMBER	1 00	X						0	0	0
ROBERT RAINEY BOARD MEMBER	1 00	X						0	0	0
JOHN M GEER JR BOARD MEMBER	1 00	X						0	0	0
EVERETTE NEWMAN BOARD MEMBER	1 00	X						0	0	0
DR JERRY POWELL BOARD MEMBER	1 00	X						0	0	0
MARY ANNE D LAKE BOARD MEMBER	1 00	X						0	0	0
DR MICHAEL KUNKEL BOARD MEMBER	1 00	X						18,903	0	0
DR JOHN R HUNT BOARD MEMBER	1 00	X						0	0	0
DR STEPHEN HAND BOARD MEMBER (SEE SCH O)	1 00	X						81,262	0	0
FRED L FOSTER BOARD MEMBER	1 00	X						0	0	0
JANE W MUDD BOARD MEMBER	1 00	X						0	0	0
JOHN A MILLER JR CEO	50 00	X		X				720,036	0	634,166
WILLIAM T MANSON III PRESIDENT/COO	50 00			X				450,458	0	185,842
JERRY A PARRISH CFO	50 00			X				387,716	0	87,797
DR MICHAEL L TILLIRSON CHIEF MEDICAL OFFICER	50 00			X				360,616	0	84,168
JAMES T DOUGLAS III VICE PRESIDENT	50 00				X			245,276	0	27,771
TINA JURY CHIEF NURSING OFFICER	50 00				X			265,023	0	57,855
JOHN D GLYMPH VICE PRESIDENT	50 00				X			266,290	0	27,609
GARRICK CHIDESTER VICE PRESIDENT	50 00				X			264,914	0	75,136
MICHAEL CUNNINGHAM VICE PRESIDENT	50 00				X			108,157	0	37,353
DR HENRY B HEARN PHYSICIAN	50 00					X		517,751	0	24,459

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DR MARK P LACY PHYSICIAN	50 00					X		458,608	0	24,419
DR DANIELLE W SHELLEY PHYSICIAN	50 00					X		423,038	0	24,858
DR TIMOTHY L DUNIHO PHYSICIAN	50 00					X		441,502	0	21,612
DR MANDY MITCHELL PHYSICIAN	50 00					X		424,887	0	13,350

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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

2010

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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, Part V, line 35a (Proxy Tax), then

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

Name of the organization	Employer identification number
ANMED HEALTH	57-0359174

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 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 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments 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) 2007	(b) 2008	(c) 2009	(d) 2010	(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		20,600
j	Total lines 1c through 1i			20,600
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
EXPLANATION OF OTHER LOBBYING ACTIVITIES	PART II-B, LINE 1I	THE ORGANIZATION IS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION (AHA) AND THE SOUTH CAROLINA HOSPITAL ASSOCIATION (SCHA) EACH YEAR, A PORTION OF THE DUES PAID TO THESE ORGANIZATIONS IS ALLOCATED TOWARDS LOBBYING EFFORTS ON BEHALF OF THEIR MEMBERSHIP BODIES FOR FY 2011, AMOUNTS OF MEMBERSHIP DUES ALLOCATED TO THESE EXPENDITURES WERE APPROXIMATELY $ 10,000 FOR AHA AND $ 10,600 FOR SCHA

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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

2010

Open to Public Inspection

Name of the organization
ANMED HEALTH

Employer identification number
57-0359174

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

		(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					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		19,180,557		19,180,557
b Buildings		287,834,504	140,118,863	147,715,641
c Leasehold improvements		3,909,252	3,486,364	422,888
d Equipment		359,509,165	262,272,260	97,236,905
e Other		12,536,898		12,536,898
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				277,092,889

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
(1) Financial derivatives		
(2) 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
(1) INVESTMENT IN CLEMSON HEALTH CENTER	1,004,779	F
(2) INVESTMENT IN UPSTATE LINEN SERVICES, LLC	913,227	F
(3) INVESTMENT IN PREMIER	293,983	F
(4) INVESTMENT IN ANDERSON AREA P H O	8,165	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶	2,220,154	

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

(a) Description	(b) Book value
(1) CASH SURRENDER VALUE OF LIFE INSURANCE	6,567,460
(2) UNAMORTIZED BOND ISSUE COSTS	5,889,664
(3) ZERO COUPON SWAP EARNINGS RECEIVABLE	7,237,969
(4) DUE FROM RELATED ENTITIES	316,731
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	20,011,824

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
ACCRUED PENSION LIABILITY	70,454,350
ESTIMATED THIRD-PARTY SETTLEMENTS	1,885,658
DUE TO RELATED ENTITIES	65,350
RABBI TRUST LIABILITY	331,802
INTEREST RATE SWAP ALLOWANCE	10,764,470
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	83,501,630

2. Fin 48 (ASC 740) 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 (ASC740)

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	494,202,119
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	484,441,555
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	9,760,564
4	Net unrealized gains (losses) on investments	4	-13,862,214
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-41,306,317
9	Total adjustments (net) Add lines 4 - 8	9	-55,168,531
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-45,407,967

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	437,301,199
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-13,862,214		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-41,889,772		
e	Add lines **2a** through **2d**			2e	-55,751,986
3	Subtract line **2e** from line **1**			3	493,053,185
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	1,148,934		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	1,148,934
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	494,202,119

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

1	Total expenses and losses per audited financial statements			1	482,980,919
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	-14,773		
e	Add lines **2a** through **2d**			2e	-14,773
3	Subtract line **2e** from line **1**			3	482,995,692
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	1,148,934		
b	Other (Describe in Part XIV)	4b	296,929		
c	Add lines **4a** and **4b**			4c	1,445,863
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	484,441,555

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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE HOSPITAL SYSTEM IS EXEMPT FROM INCOME TAX UNDER SECTION 501(A) AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, ACCORDINGLY, THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION OR LIABILITY FOR FEDERAL OR STATE INCOME TAXES THE MEDICAL CENTER HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF SEPTEMBER 30, 2011 FISCAL YEARS ENDING ON OR AFTER SEPTEMBER 30, 2008 REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAX AUTHORITIES
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN UNFUNDED PENSION COSTS -38,711,666 CHANGE IN FAIR VALUE OF INTEREST RATE SWAP CONTRACT -2,590,441 TRANSFERS TO RELATED ORGANIZATIONS -20,608 INCOME OF CONSOLIDATED ENTITY, NET OF MINORITY SHARE 16,398
PART XII, LINE 2D - OTHER ADJUSTMENTS		TRANSFERS FROM RELATED ORGANIZATIONS -20,608 CHANGE IN FAIR VALUE OF INTEREST RATE SWAP CONTRACT -2,590,441 CHANGE IN UNFUNDED PENSION COSTS -38,711,666 DISTRIBUTION TO NONCONTROLLING INTEREST IN CONSOLIDATED ENTITY -275,111 REVENUES OF CONSOLIDATED ENTITY 4,983 NON-OPERATING CASH GRANTS -296,929
PART XIII, LINE 2D - OTHER ADJUSTMENTS		EXPENSES OF CONSOLIDATED ENTITY -14,773
PART XIII, LINE 4B - OTHER ADJUSTMENTS		NON-OPERATING CASH GRANTS 296,929

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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

2010

Open to Public Inspection

Name of the organization
ANMED HEALTH

Employer identification number
57-0359174

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 V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

	(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees or agents in region or independent contractors	**(d)** Activities conducted in region (by type) (e g , fundraising, program services, investments, 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/investments in region
	CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		16,499,975
3a	Sub-total	0	0			16,499,975
b	Total from continuation sheets to Part I	0	0			0
c	**Totals** (add lines 3a and 3b)	0	0			16,499,975

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 Part V 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 Part V 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 Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
OTHER INFORMATION	SCHEDULE F, PART V	THE ORGANIZATION'S OWNERSHIP IN A FOREIGN CORPORATION WAS UNDER THE THRESHOLDS FOR FILING THE FORM 5471 FOR THE TAX YEAR

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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

2010

Open to Public Inspection

Name of the organization
ANMED HEALTH

Employer identification number
57-0359174

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? 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 financial assistance policy to its various hospital facilities during the tax year ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
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 FPG 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	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . .	5a	Yes	
b	If "Yes," did the organization's financial assistance 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 a community benefit report during the tax year?	6a	Yes	
6b	If "Yes," did 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 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance 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 Financial Assistance at cost (from Worksheets 1 and 2)			10,796,522		10,796,522	2 780 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			58,076,111	61,128,081	-3,051,970	0 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			68,872,633	61,128,081	7,744,552	2 780 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			317,541		317,541	0 080 %
f Health professions education (from Worksheet 5)			9,490,826	2,321,098	7,169,728	1 850 %
g Subsidized health services (from Worksheet 6)			5,660,129	3,035,951	2,624,178	0 680 %
h Research (from Worksheet 7)			317,818	166,266	151,552	0 040 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			691,485		691,485	0 180 %
j **Total** Other Benefits			16,477,799	5,523,315	10,954,484	2 830 %
k **Total.** Add lines 7d and 7j			85,350,432	66,651,396	18,699,036	5 610 %

Part II **Community Building Activities** during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

		(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			11,950		11,950	0 %
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building			82,602		82,602	0 020 %
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**			94,552		94,552	0 020 %

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1			No
2	Enter the amount of the organization's bad debt expense (at cost)	2	23,109,316		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	3	1,199,774		
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 a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	98,313,692		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	106,312,130		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-7,998,438		
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		
b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	Yes		

Part IV **Management Companies and Joint Ventures**

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 2

	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)
1	ANMED HEALTH MEDICAL CENTER 800 N FANT STREET ANDERSON, SC 29621	X	X		X			X		DISPROPORTIONATE SHARE HOSPITAL
2	ANMED HEALTH WOMEN'S & CHILDREN'S HOSPIT 2000 EAST GREENVILLE STREET ANDERSON, SC 29621	X	X	X	X					DISPROPORTIONATE SHARE HOSPITAL

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? **26**

	Name and address	Type of Facility (Describe)
1	See Additional Data Table	
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B

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 financial assistance policy

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

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities 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)

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

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
		PART I, LINE 6A SOUTH CAROLINA DOES NOT REQUIRE HOSPITALS TO FILE A COMMUNITY BENEFIT REPORT EACH YEAR FOR THE PAST FOUR YEARS, ANMED HEALTH HAS PARTICIPATED IN THE SC HOSPITAL ASSOCIATION'S (SCHA) COMMUNITY BENEFIT SURVEY PROCESS SCHA CONTRACTS WITH THE MICHIGAN HOSPITAL ASSOCIATION FOR USE OF THE COMMUNITY BENEFIT TRACKER SOFTWARE IN EACH PARTICIPATION YEAR, ANMED HEALTH HAS REPORTED ITS COMMUNITY BENEFIT INFORMATION TO SCHA, USING THE TRACKER SURVEY INSTRUMENT A SUMMARY OF THE RESULTS OF ANMED HEALTH'S COMMUNITY BENEFIT REPORT IS INCLUDED IN THE "YEAR IN REVIEW" REPORT, WHICH IS PUBLISHED ON ANMED HEALTH'S WEBSITE (WWW ANMEDHEALTH ORG)

Identifier	ReturnReference	Explanation
		PART I, LINE 7 WORKSHEET 2 FROM THE 2010 SCHEDULE H INSTRUCTIONS WAS USED TO COMPUTE A COST-TO-CHARGE RATIO USED TO CALCULATE COMMUNITY BENEFIT EXPENSE AT COST FOR USE IN PART I, LINE 7

Identifier	ReturnReference	Explanation
		PART I, LINE 7G SUBSIDIZED HEALTH SERVICES INCLUDES TWO OUTPATIENT CLINICS AND A PSYCHIATRIC INPATIENT CLINIC OPERATED BY THE ORGANIZATION ONE OF THE OUTPATIENT CLINICS IS OPERATED IN A LOW-INCOME NEIGHBORHOOD AND THE OTHER IS A PEDIATRIC CLINIC EACH CLINIC RUNS AT A FINANCIAL LOSS BUT IS NECESSARY FOR THE BENEFIT OF THE COMMUNITIES SERVED

Identifier	ReturnReference	Explanation
		PART I, L7 COL(F) THE AMOUNT OF TOTAL EXPENSE ON FORM 990, PART IX, LINE 25 CONTAINS BAD DEBT EXPENSE OF $96,623,806 THAT WAS REMOVED FROM THE CALCULATION OF CHARITY CARE ON PART I, LINE 7

Identifier	ReturnReference	Explanation
		PART II LINE 2 ECONOMIC DEVELOPMENT INCLUDED HERE ARE 363 TOTAL VOLUNTEER HOURS REPORTED BY 7 DIFFERENT ANMED HEALTH LEADERS IN SERVICE TO ORGANIZATIONS THAT SUPPORT THE ECONOMIC DEVELOPMENT OF ANDERSON COUNTY AND THE UPSTATE SC REGION ANMED HEALTH'S CEO, MR JOHN MILLER, SETS AN EXAMPLE FOR COMMUNITY LEADERSHIP IN THIS ARENA, THROUGH HIS SERVICE ON THE BOARD OF TRUSTEES AND COMMITTEES OF UPSTATE SC ALLIANCE AND TEN AT THE TOP (TATT) THE UPSTATE SC ALLIANCE IS A REGIONAL ECONOMIC DEVELOPMENT ORGANIZATION DESIGNED TO MARKET THE 10-COUNTY UPSTATE SC REGION, WHICH INCLUDES ANDERSON COUNTY TATT IS A COLLABORATIVE OF PUBLIC, PRIVATE, AND NONPROFIT LEADERS ACROSS THE 10-COUNTY UPSTATE REGION, WHOSE MISSION IS TO EDUCATE LEADERS AND RESIDENTS ON THE VALUE OF BULLDING REGIONAL TRUST AND CONSENSUS THROUGH DATA-DRIVEN RESEARCH TATT LEADERS ENCOURAGE QUALITY GROWTH, ENHANCED ECONOMIC VITALITY , AND IMPROVED QUALITY OF LIFE FOR THIS TARGETED REGION OF SC MR BILL MANSON, ANMED HEALTH'S COO AND PRESIDENT, SERVED AS CHAIR OF THE BOARD FOR ANDERSON AREA CHAMBER OF COMMERCE OTHER ANMED HEALTH LEADERS ALSO SERVED ON THE CHAMBER'S BOARD, AS WELL AS COMMITTEES AND TASK FORCES SUCH AS PUBLIC POLICY, "COMPLETE THE STREETS", AND LEADERSHIP ANDERSON THE COMMUNITY BENEFIT EXPENSE WAS CALCULATED BASED ON 363 VOLUNTEER HOURS AT AN ORGANIZATION-WIDE AVERAGE SALARY PLUS BENEFIT RATE OF $32 92/HOUR PART II, LINE 6 COALITION BUILDING INCLUDED HERE ARE 1,694 VOLUNTEER HOURS REPORTED BY 28 DIFFERENT ANMED HEALTH EMPLOYEES VOLUNTEERING WITH ANDERSON-AREA ORGANIZATIONS SUCH AS THE UNITED WAY, THE YMCA, PUBLIC SCHOOL DISTRICTS, UNIVERSITIES AND TECHNICAL COLLEGES, AND OTHER NOT-FOR-PROFIT HEALTH AND HUMAN SERVICE ORGANIZATIONS ANMED HEALTH'S CEO, MR JOHN MILLER, AND COO/PRESIDENT MR BILL MANSON, SET AN EXAMPLE FOR ANMED HEALTH'S LEADERSHIP THEY SERVE ON BOARDS AND COMMITTEES FOR LOCAL ORGANIZATIONS SUCH AS IMAGINE ANDERSON, CLEMSON UNIVERSITY, INNOVATE ANDERSON, UPSTATE DIVERSITY LEADERSHIP INSTITUTE, AND UNITED WAY'S COMMUNITY IMPACT THE COMMUNITY BENEFIT EXPENSE FOR THESE VOLUNTEER HOURS WAS CALCULATED BASED ON 1,694 VOLUNTEER HOURS AT AN ORGANIZATION-WIDE AVERAGE SALARY+BENEFIT RATE OF $32 92/HOUR ALSO INCLUDED IN THIS SECTION IS THE FAIR MARKET VALUE OF THE LEASE OF LAND ADJACENT TO ANMED HEALTH'S NORTH CAMPUS, PROVIDED TO THE CITY OF ANDERSON FOR THE OPERATION OF A CITY FIRE SUBSTATION ANMED HEALTH SEEKS TO WORK WITH THESE ORGANIZATIONS IN ORDER TO ENCOURAGE COMMUNITY INVOLVEMENT, TO INCREASE SOCIAL CAPITAL, TO HIGHLIGHT THE NEEDS OF THE COMMUNITY, AND TO WORK WITH OTHER LOCAL ORGANIZATIONS TO MEET THESE NEEDS

Identifier	ReturnReference	Explanation
		PART III, LINE 4 THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS DO NOT INCLUDE A FOOTNOTE ON BAD DEBT, ACCOUNTS RECEIVABLE, OR ALLOWANCE FOR DOUBTFUL ACCOUNTS WORKSHEET 2 FROM THE 2010 SCHEDULE H INSTRUCTIONS WAS USED TO COMPUTE A COST-TO-CHARGE RATIO TO DETERMINE BAD DEBT EXPENSE AT COST REPORTED ON PART III, LINE 2 TO DETERMINE AN ESTIMATE OF THE AMOUNT OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY, THE ORGANIZATION ESTIMATED THE NUMBER OF CHARITY APPLICATIONS BEGUN BUT NEVER COMPLETED BY THE PATIENT, AND APPLIED THAT RATIO OF INCOMPLETE APPLICATIONS TO THE TOTAL BAD DEBT EXPENSE THIS METHOD IS AN APPROXIMATION BASED ON THE ASSUMPTION THAT AN APPLICATION STARTED BUT NOT COMPLETED FOR WHATEVER REASON WAS LIKELY TO QUALIFY FOR SOME DEGREE OF DISCOUNT THE ORGANIZATION IS WORKING TO DEVISE A SYSTEM TO CAPTURE MORE ACCURATE INFORMATION TO ESTIMATE THIS AMOUNT FOR FUTURE YEARS

Identifier	ReturnReference	Explanation
		PART III, LINE 8 THE MEDICARE COST REPORT WAS USED TO COMPUTE MEDICARE ALLOWBLE COSTS OF CARE RELATING TO MEDICARE PAYMENTS ADDITIONAL ACTIVITIES FROM MEDICARE MANAGED CARE AND PHYSICIAN PRACTICES NOT REPORTED IN THE MEDICARE COST REPORT TOTAL REVENUE RECIEVED FROM OTHER MEDICARE PROGRAMS $ 58,968,389 COSTS OF CARE RELATED TO THE PAYMENTS ABOVE 100,558,131 SHORTFALL OF OTHER MEDICARE SERVICES (41,589,742) ANMED HEALTH TREATS MEDICARE PATIENTS AT A LOSS AND BELIEVES ALL OF THIS SHOULD BE COUNTED AS A COMMUNITY BENEFIT ANMED HEALTH TREATS ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY WITHOUT THE MEDICARE PROGRAM, A PERCENTAGE OF THE POPULATION RECEIVING MEDICARE WOULD QUALIFY FOR OUR CHARITY PROGRAM AND SOME WOULD FAIL TO PAY AND BE WRITTEN OFF AS BAD DEBT EXPENSE ALTERNATIVELY, SOME WOULD HAVE COMMERCIAL INSURANCE AND WE WOULD RECEIVE MORE THAN WE DO FROM MEDICARE BECAUSE OF THESE FACTORS, THE ORGANIZATION TAKES THE POSITION THAT THE ENTIRETY OF THE MEDICARE SHORTFALL SHOULD BE CONSIDERED A COMMUNITY BENEFIT

Identifier	ReturnReference	Explanation
		PART III, LINE 9B ONCE APPROVED FOR THE FINANCIAL ASSISTANCE POLICY, NO ADDITIONAL COLLECTION EFFORTS ARE MADE OR BILLS SENT BY THE ORGANIZATION, AND THE HOSPITAL SYSTEM WOULD ONLY EXPECT PAYMENT IF THE PATIENT RECEIVED MONEY FROM AN INSURANCE CLAIM

Identifier	ReturnReference	Explanation
		OUR FISCAL YEAR 2011 REPORT OUTLINES HOW ANMED HEALTH PROVIDED APPROXIMATELY $76 5 MILLION IN UNPAID COSTS OF PATIENT CARE, AND APPROXIMATELY $10 9M IN COSTS FOR COMMUNITY HEALTH AND EDUCATION PROGRAMS, SUBSIDIZED HEALTH SERVICES, HEALTH SCREENINGS, HEALTH CARE SUPPORT SERVICES, ONCOLOGY RESEARCH, HEALTH PROFESSIONS EDUCATION, AND COMMUNITY BUILDING ACTIVITIES ANMED HEALTH DOCUMENTED SERVING OVER 44,000 PERSONS THROUGH ITS COMMUNITY BENEFIT-RELATED SERVICES

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

Identifier	ReturnReference	Explanation
		PART VI, LINE 3 ANMED HEALTH PROVIDES SIGNAGE ABOUT OUR CHARITY POLICY AT EACH REGISTRATION SITE FINANCIAL COUNSELORS ARE AVAILABLE TO EXPLAIN THE APPLICATION FOR THOSE WHO NEED ASSISTANCE CONTACT INFORMATION FOR THE COUNSELORS IS ON OUR WEBSITE, AND A COPY OF THE ASSISTANCE POLICY IS ON OUR WEBSITE UNDER "PATIENTS AND VISITORS", THEN "MEDICAL ASSISTANCE POLICY" THE APPLICATION FOR CHARITY CARE AND ASSOCIATED DOCUMENTATION IS AVAILABLE IN ENGLISH AND SPANISH

Identifier	ReturnReference	Explanation
		PART VI, LINE 4 ANMED HEALTH'S PRIMARY SERVICE AREA IS ANDERSON COUNTY, SC, BASED ON THE COUNTY OF RESIDENCE FOR THE MAJORITY OF ANMED HEALTH'S PATIENTS MORE THAN 85% OF ANMED HEALTH'S INPATIENT, HOSPITAL OUTPATIENT, AND EMERGENCY DEPARTMENT ENCOUNTERS ARE FROM ANDERSON COUNTY RESIDENTS RESIDENTS OF SURROUNDING COUNTIES IN SC AND GA SEEK HEALTHCARE SERVICES FROM ANMED HEALTH AS WELL, INCLUDING RESIDENTS OF OCONEE, PICKENS, AND ABBEVILLE COUNTIES IN SC, AND RESIDENTS OF HART COUNTY IN GA THE RESIDENTS OF SURROUNDING COUNTIES SEEK CARE FROM ANMED HEALTH FOR A VARIETY OF REASONS, BUT PARTICULARLY BECAUSE OF THE SCOPE AND QUALITY OF SERVICES, AND THE NUMBER OF DIFFERENT PHYSICIAN SPECIALISTS ON STAFF AT ANMED HEALTH ANDERSON COUNTY, THE PRIMARY COMMUNITY SERVED BY ANMED HEALTH IS AN URBAN COMMUNITY THAN ENCOMPASSES APPROXIMATELY 187,126 RESIDENTS THE POPULATION OF ANDERSON COUNTY IS EXPECTED TO GROW AT 1% PER YEAR THE MEDIAN HOUSEHOLD INCOME IN THE COUNTY WAS $42,871 THE PER CAPITA INCOME FOR THE COUNTY WAS $22,117 WITH APPROXIMATELY 15 8% OF COMMUNITY RESIDENTS HAVING INCOMES BELOW THE FEDERAL POVERTY GUIDELINE THE US DEPARTMENT OF HEALTH AND HUMAN SERVICES DESIGNATED SIX MEDICALLY UNDERSERVED AREAS IN ANDERSON COUNTY FROM THE SOUTH CAROLINA PRIMARY HEALTH CARE ASSOCIATION, REGARDING MEDICALLY UNDERSERVED AREAS IN ANDERSON COUNTY, THE AREAS ARE AS FOLLOWS IN THE ASSOCIATED CENSUS TRACTS ANDERSON COUNTY 03093 - CT 0005 00, CT 0006 00, CT 0007 00 AND BELTON DIVISION SERVICE AREA 03099 - MCD (90221) BELTON CCD, MCD (91170 FORK CCD, MCD (93224) STARR CCD OVER 8 4% IS UNEMPLOYED AND APPROXIMATELY 75% OF ANDERSON COUNTY RESIDENTS WHO ARE UNINSURED OR MEDICAID RECIPIENTS COME TO ANMED HEALTH FOR THEIR INPATIENT MEDICAL CARE ANMED HEALTH MAINTAINS OVER 75% MARKET SHARE WITH TWO OTHER HOSPITALS CONSISTING OF SLIGHTLY OVER 19% MARKET SHARE

Identifier	ReturnReference	Explanation
		PART VI, LINE 6 A MAJORITY OF THE ORGANIZATION'S GOVERNING BODY IS COMPRISED OF PERSONS WHO RESIDE IN THE ORGANIZATION'S PRIMARY SERVICE AREA AND WHO ARE NEITHER EMPLOYEES NOR INDEPENDENT CONTRACTORS OF THE ORGANIZATION, NOR FAMILY MEMBERS THEREOF ANMED HEALTH EXTENDS MEDICAL STAFF PRIVILEDGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY FOR MANY OF ITS DEPARTMENTS SURPLUS FUNDS ARE SPENT TO IMPROVE THE CARE WE PROVIDE OUR PATIENTS THIS IS DONE THROUGH UPDATES TO OUR EQUIPMENT AND BUILDINGS, INVESTING IN NEW TECHNOLOGY, SUPPORTING OUR FAMILY MEDICINE RESIDENCY PROGRAM, ONCOLOGY RESEARCH, AND PROVIDING COMMUNITY BENEFITS ANMED HEALTH PROVIDES, SUPPORTS, PROMOTES, AND / OR SPONSORS A BROAD SCOPE OF COMMUNITY BENEFIT ACTIVITIES AND PROGRAMS THAT PROMOTE GOOD HEALTH, WELLNESS / PREVENTION, AND ACCESS TO HEALTH CARE SERVICES EXAMPLES OF COMMUNITY HEALTH EDUCATION PROGRAMS INCLUDE - CAMP ASTHMANIA, A SUMMER CAMP FOR CHILDREN WHO HAVE ASTHMA, TO TEACH CHILDREN AND PARENTS ABOUT BEST PRACTICES IN MANAGING THIS CHRONIC DISEASE - CANCER SURVIVORS' DAY, CELEBRATING THE LIVES OF THOSE WHO HAVE SURVIVED A CANCER DIAGNOSIS, AND WHO HAVE EMBRACED HEALTHY LIFESTYLES FOR THE FUTURE - MULTIPLE COMMUNITY EDUCATION PROGRAMS FOCUSED ON CHRONIC DISEASES SUCH AS DIABETES AND CONGESTIVE HEART FAILURE, WITH AN EMPHASIS ON MANAGEMENT OF THESE DISEASES IN THE OUTPATIENT SETTING - SPEAKERS FOR COMMUNITY EDUCATION ABOUT PROPER NUTRITION AND WEIGHT LOSS - SAFE KIDS PROGRAMS TO TEACH BIKE AND WATERSPORTS SAFETY, FIRE SAFETY, AND PROPER CAR SEAT USE - A TEDDY BEAR CLINIC TO TEACH CHILDREN ABOUT SERVICES PROVIDED BY DOCTORS AND HOSPITALS - MULTIPLE HEALTH FAIRS THAT SERVED OVER 2500 PERSONS - COMMUNITY SUPPORT GROUPS FOR CARDIAC DISEASE, DIABETES, STROKE, ASTHMAS, AND WEIGHT-LOSS DURING THE YEAR, OVER 13,000 PERSONS WERE SERVED AT OVER 400 COMMUNITY HEALTH EDUCATION EVENTS AN EXAMPLE OF COMMUNITY-BASED CLINICAL SERVICES PROVIDED AT NO CHARGE DURING THE YEAR IS THAT OVER 3700 PERSONS WERE SCREENED FOR SYMPTOMS SUCH AS CHRONIC ELEVATED BLOOD PRESSURE, CHOLESTEROL, BLOOD SUGAR, AND FOR PROSTATE DISEASE, USING A MOBILE VAN AND OTHER COMMUNITY SCREENINGS ALSO, REDUCED-FEE CLINICS WERE PROVIDED IN FAMILY MEDICINE AND IN PEDIATRICS, AS WELL AS PEDIATRIC REHABILITATION THERAPIES OTHER HEALTH CARE SUPPORT SERVICES PROVIDED DURING THE YEAR INCLUDE FREE GENETICS COUNSELING RELATED TO CANCER RISKS, MENTAL HEALTH AND SUBSTANCE ABUSE CRISIS INTERVENTION PHONE RESPONSE, FAMILY SUPPORT SERVICES TO ASSIST WITH MEDICAID ENROLLMENT, MEDICATION ASSISTANCE PROGRAMS, AND A NURSEWISE REFERRAL LINE HEALTH PROFESSIONS EDUCATION PROGRAMS INCLUDES A FAMILY MEDICINE RESIDENCY PROGRAM, NURSING TRAINING AND MENTORING, A RADIOLOGY TECHNOLOGY PROGRAM, THERAPY INTERNSHIPS, AND PHARMACY STUDENT ROTATIONS AN ONCOLOGY RESEARCH PROGRAM WORKS WITH PHYSICIANS AND PATIENTS TO IDENTIFY AVAILABLE STUDIES AND TRIALS OF INVESTIGATIONAL MEDICATIONS AND REGIMENS FOR CANCER TREATMENT FINALLY, ANMED HEALTH SUPPORTS MANY OTHER NOT-FOR-PROFIT COMMUNITY ORGANIZATIONS THROUGH CASH AND IN-KIND DONATIONS THESE ORGANIZATIONS SHARE A SIMILAR VISION OF A HEALTHY COMMUNITY, AND INCLUDE THE ANDERSON FREE CLINIC, UNITED WAY, ANDERSON CANCER ASSOCIATION, ANDERSON YMCA, AND MANY OTHERS ANMED HEALTH'S LEADERS ARE INVOLVED IN VOLUNTEER ACTIVITIES IN THE CHAMBER OF COMMERCE, CIVIC ORGANIZATIONS, AND OTHER LOCAL, REGIONAL, AND STATEWIDE ORGANIZATIONS DURING THE YEAR, ANMED HEALTH'S LEADERS AND STAFF DOCUMENTED OVER 600 VOLUNTEER HOURS TO HEALTH-RELATED COMMUNITY ORGANIZATIONS AND EVENTS, AND ANOTHER 2000 VOLUNTEER HOURS FOR COMMUNITY-BUILDING ORGANIZATIONS AND EVENTS

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

Identifier	ReturnReference	Explanation
REPORTS FILED WITH STATES	PART VI, LINE 7	SC

Additional Data

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

Form 990 Schedule H, Part V Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, measured by total revenue per facility, from largest to smallest) How many non-hospital facilities did the organization operate during the tax year? **26** Name and address	Type of Facility (Describe)
CLEMSON HEALTH CENTER 885 TIGER BLVD CLEMSON,SC 29631	OUTPATIENT FACILITY
ANMED HEALTH MINOR CARE 600 N FANT ST ANDERSON,SC 29621	OUTPATIENT FACILITY
CARDIAC & ORTHOPAEDIC CENTER 100 HEALTHY WAY ANDERSON,SC 29621	OUTPATIENT FACILITY
ANMED HEALTH VASCULAR MEDICINE 703 N FANT ST ANDERSON,SC 29621	PHYSICIAN OFFICE
ANMED HEALTH CAROLINA OBGYN 160 PERPETUAL SQUARE DR ANDERSON,SC 29621	PHYSICIAN OFFICE
ANMED HEALTH HOME HEALTHLIFELINE 1926 MCCONNELL SPRINGS RD ANDERSON,SC 29621	HOME HEALTH
ANMED HEALTH ANDERSON BONE & JOINT 112 MONTGOMERY DR ANDERSON,SC 29621	PHYSICIAN OFFICE
ANMED HEALTH CHILDREN'S HEALTH CENTER 500 N FANT ST ANDERSON,SC 29621	PHYSICIAN OFFICE
ANMED HEALTH PEDIATRIC THERAPY WORKS 701 N FANT ST ANDERSON,SC 29621	OUTPATIENT FACILITY
ANMED HEALTH HONEA PATH FAMILY MEDLAB 21 S SHIRLEY AVE HONEA PATH,SC 29654	PHYSICIAN OFFICE
ANMED HEALTH ANDERSON PEDIATRICS 705 N FANT ST ANDERSON,SC 29621	PHYSICIAN OFFICE
ANMED HEALTH HARTWELL FAMILY MEDICINE 28 CHANDLER CENTER HARTWELL,GA 30643	PHYSICIAN OFFICE
ANMED HEALTH WILLIAMSTON FAMILY MEDICINE 16 ROBERTS BLVD WILLIAMSTON,SC 29697	PHYSICIAN OFFICE
ANMED HEALTH IVA FAMILY MEDICINE 331 ANTREVILLE HWY IVA,SC 29655	PHYSICIAN OFFICE
ANMED HEALTH EASTSIDE INTERNAL MEDICINE 400 N FANT ST ANDERSON,SC 29621	PHYSICIAN OFFICE
ANMED HEALTH MICHAEL M RIVERA MD 1519 N FANT ST ANDERSON,SC 29621	PHYSICIAN OFFICE
ANMED HEALTH LAKESIDE FAMILY MEDLAB 4120 HWY 24 ANDERSON,SC 29621	PHYSICIAN OFFICE
ANMED HEALTH CAROLINA KIDS 10706 CLEMSON BLVD SENECA,SC 29678	PHYSICIAN OFFICE
ANMED HEALTH CENERVILLE FAMILY MEDICINE 1520 WHITEHALL RD ANDERSON,SC 29625	PHYSICIAN OFFICE
ANMED HEALTH JOHD D WARE 105 BUFORD AVE ANDERSON,SC 29621	PHYSICIAN OFFICE
ANMED HEALTH PENDLETON FAMILY MEDICINE 101 SHIRLEY ST PENDLETON,SC 29670	PHYSICIAN OFFICE
ANMED HEALTH WESTSIDE FAMILY MEDICINE 1100 W FRANKLIN ST ANDERSON,SC 29624	PHYSICIAN OFFICE
ANMED HEALTH FAIRPLAY FAMILY MEDICINE 111 W PINE GROVE RD FAIRPLAY,SC 29643	PHYSICIAN OFFICE
ANMED HEALTH DANIEL A KEENAN JR MD 803 N FANT ST ANDERSON,SC 29621	PHYSICIAN OFFICE
ANMED HEALTH PALMETTO FAMILY MEDICINE 323 LEBBY ST PELZER,SC 29669	PHYSICIAN OFFICE
ANMED HEALTH CLEMSON FAMILY MEDICINE 386 CLEMSON BLVD CLEMSON,SC 29631	PHYSICIAN OFFICE

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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

2010

Open to Public Inspection

Name of the organization
ANMED HEALTH

Employer identification number
57-0359174

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, 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. Part II can be duplicated if additional space is needed. . . . . ▶ ☐

1 (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
(1) ANDERSON FREE CLINICPO BOX 728 ANDERSON,SC 29622	57-0787584	501(C)(3)	20,000				OPERATIONAL SUPPORT
(2) THE WESTSIDE COMMUNITY CENTER INC PO BOX 2323 ANDERSON,SC 29622	57-0962032	501(C)(3)	5,000				OPERATIONAL SUPPORT
(3) YOUNG MEN'S CHRISTIAN ASSOCIATION OF ANDERSON SC201 E REED ROAD ANDERSON,SC 29621	57-0314465	501(C)(3)	5,000				OPERATIONAL SUPPORT
(4) CANCER ASSOCIATION OF ANDERSON215 E CALHOUN STREET ANDERSON,SC 29621	54-2098883	501(C)(3)	5,750				OPERATIONAL SUPPORT
(5) FOOTHILLS COMMUNITY FOUNDATIONPO BOX 1228 ANDERSON,SC 29622	58-2453349	501(C)(3)	137,796				SEE PART IV
(6) UNITED WAY OF ANDERSON COUNTYPO BOX 2067 ANDERSON,SC 29622	57-0510602	501(C)(3)	233,921				OPERATIONAL SUPPORT
(7) ANDERSON COUNTY CHAMBER OF COMMERCE 907 NORTH MAIN STREET ANDERSON,SC 29621	57-0115330	501(C)(6)	5,000				OPERATIONAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 6

3 Enter total number of other organizations . . . . . ▶ 0

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
(1) NURSING SCHOLARSHIPS	7	18,000			

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
OTHER INFORMATION	PART IV	TRI COUNTY TECHNICAL COLLEGE SCHOLARSHIP RECIPIENTS MUST LIVE IN ANDERSON COUNTY, SC, MUST BE A NURSING MAJOR WITH AT LEAST A 3 0 GPA, AND MUST BE WILLING TO ACCEPT EMPLOYMENT AT ANMED HEALTH OR BE RESPONSIBLE FOR PAYING BACK THE AMOUNT OF THE SCHOLARSHIP CLEMSON UNIVERSITY SCHOLARSHIP RECIPIENT MUST LIVE IN ANDERSON, PICKENS, OR OCONEE COUNTIES, SC, MUST BE A NURSING MAJOR WITH AT LEAST A 2 5 GPA, AND MUST BE WILING TO ACCEPT EMPLOYMENT AT ANMED HEALTH OR BE RESPONSIBLE FOR PAYING BACK THE AMOUNT OF THE SCHOLARSHIP THE CHIEF NURSING OFFICER OF ANMED HEALTH APPROVES ALL SELECTIONS FOR THIS SCHOLARSHIP GREENVILLE TECHNICAL COLLEGE RECIPIENT MUST LIVE IN ANDERSON, PICKENS, OR OCONEE COUNTY, MUST BE A NURSING MAJOR AND WILLING TO ACCEPT EMPLOYMENT AT ANMED HEALTH OR BE RESPONSIBLE FOR PAYING BACK THE AMOUNT OF THE SCHOLARSHIP THE CHIEF NURSING OFFICER OF ANMED HEALTH APPROVES ALL SELECTIONS FOR THIS SCHOLARSHIP
FOOTHILLS COMMUNITY GRANT		IN PAST YEARS, ANMED HEALTH HAS CONTRIBUTED A TOTAL OF APPROXIMATELY $4 5 MILLION TO FOOTHILLS COMMUNITY FOUNDATION, A 501(C)(3) ORGANIZATION THESE CONTRIBUTIONS WERE RESTRICTED AT THE TIME, AND EACH YEAR A PORTION OF THE CONTRIBUTION IS RELEASED BY FOOTHILLS FOR USE IN CHARITABLE PURPOSES FOR THE YEAR ENDED SEPTEMBER 30, 2011, APPROXIMATELY $137,796 WAS RELEASED FROM THE RESTRICTED FUND THIS AMOUNT IS NOT A CURRENT YEAR ACCRUED EXPENDITURE AND IS NOT REPORTED IN THE AMOUNT ON FORM 990, PART X, LINE 1

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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

2010

Open to Public Inspection

Name of the organization
ANMED HEALTH

Employer identification number
57-0359174

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**		
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 from the organization or a related organization?	**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**	Yes	
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 duplicate copies if additional space is 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				
(1) JOHN A MILLER JR	(i)	630,247	0	89,789	472,047	162,119	1,354,202	0
	(ii)	0	0	0	0	0	0	0
(2) WILLIAM T MANSON III	(i)	411,401	0	39,057	135,717	50,125	636,300	50,912
	(ii)	0	0	0	0	0	0	0
(3) JERRY A PARRISH	(i)	350,785	0	36,931	59,391	28,406	475,513	28,337
	(ii)	0	0	0	0	0	0	0
(4) DR MICHAEL L TILLIRSON	(i)	348,244	0	12,372	48,150	36,018	444,784	42,171
	(ii)	0	0	0	0	0	0	0
(5) JAMES T DOUGLAS III	(i)	213,929	27,675	3,672	0	27,771	273,047	2,597
	(ii)	0	0	0	0	0	0	0
(6) TINA JURY	(i)	232,138	27,945	4,940	2,676	55,179	322,878	19,464
	(ii)	0	0	0	0	0	0	0
(7) JOHN D GLYMPH	(i)	234,394	26,190	5,706	2,748	24,861	293,899	7,938
	(ii)	0	0	0	0	0	0	0
(8) GARRICK CHIDESTER	(i)	257,276	0	7,638	43,878	31,258	340,050	20,067
	(ii)	0	0	0	0	0	0	0
(9) DR HENRY B HEARN	(i)	516,569	0	1,182	2,812	21,647	542,210	0
	(ii)	0	0	0	0	0	0	0
(10) DR MARK P LACY	(i)	457,576	0	1,032	3,023	21,396	483,027	0
	(ii)	0	0	0	0	0	0	0
(11) DR DANIELLE W SHELLEY	(i)	422,672	0	366	3,179	21,679	447,896	0
	(ii)	0	0	0	0	0	0	0
(12) DR TIMOTHY L DUNIHO	(i)	440,950	0	552	0	21,612	463,114	0
	(ii)	0	0	0	0	0	0	0
(13) DR MANDY MITCHELL	(i)	424,647	0	240	3,629	9,721	438,237	0
	(ii)	0	0	0	0	0	0	0
(14)								
(15)								
(16)								

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 4B	THE FOLLOWING OFFICERS RECEIVED DEFERRED COMPENSATION ALLOCATIONS FROM A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) JOHN A MILLER - $ 355,200 WILLIAM T MANSON - 74,490 THE PURPOSE OF THE SERP FOR JOHN A MILLER IS TO PROVIDE THE PARTICIPANT WITH ADDITIONAL RETIREMENT BENEFITS TO ENCOURAGE THE PARTICIPANT'S CONTINUED INTEREST IN THE COMPANY'S SUCCESS AND TO REINFORCE THE PARTICIPANT'S COMMITMENT NOT TO COMPETE WITH THE COMPANY FOLLOWING SEPARATION FROM SERVICE BEFORE THE PARTICIPANT'S NORMAL RETIREMENT DATE (PARTICIPANT'S 65TH BIRTHDAY) THE PLAN COMMENCED ON JANUARY 1, 1998 IF THE PARTICIPANT REMAINS EMPLOYED TO THE NORMAL RETIREMENT DATE, THE COMPANY SHALL PAY TO THE PARTICIPANT IN A LUMP SUM A SERP BENEFIT EQUAL TO THE ACTUARIAL PRESENT VALUE OF A LIFETIME ANNUITY PAYING ANNUAL BENEFITS (IN MONTHLY INSTALLMENTS) EQUAL TO 60% TIMES THE PARTICIPANT'S FINAL AVERAGE TOTAL COMPENSATION, WHICH IS THEN REDUCED BY SOCIAL SECURITY BENEFITS AND THE COMPANY'S QUALIFIED PLAN BENEFITS THE PURPOSE OF THE SERP FOR WILLIAM T MANSON IS TO PROVIDE SUPPLEMENTAL RETIREMENT BENEFITS TO THE PARTICIPANT TO ENCOURAGE HIS CONTINUED INTEREST IN THE SUCCESS OF THE COMPANY, AND TO PROVIDE REASONABLE RETIREMENT BENEFITS THE PLAN COMMENCED ON MARCH 1, 2005 THE COMPANY SHALL CREDIT TO THE PARTICIPANT'S SERP ACCOUNT AN AMOUNT PROJECTED TO PROVIDE ANNUAL RETIREMENT BENEFITS EQUAL TO 50% OF THE PARTICIPANT'S FINAL FIVE-YEAR AVERAGE CASH COMPENSATION AT AGE 65 THE PROJECTION TAKES INTO ACCOUNT THAT THE TOTAL TAGETED RETIREMENT BENEFIT CONSISTS OF THE QUALIFIED DEFINED BENEFIT PENSION PLAN, 403(B) PLAN MATCHING CONTRIBUTIONS EARNED THEREON, 50% OF THE PROJECTED SOCIAL SECURITY PRIMARY RETIREMENT BENEFITS, AND BENEFITS UNDER THIS PLAN THE COMPANY DOES NOT GUARANTEE THAT THE CREDITS WILL ACTUALLY PROVIDE THE TARGETED BENEFIT, RATHER, THE PARTICIPANT'S BENEFIT IS LIMITED TO THE AMOUNT ACCRUED IN HIS ACCOUNT THE PARTICIPANT'S ENTITLEMENT TO THE BENEFITS DEPENDS ON THE PARTICIPANT'S FUTURE PERFORMANCE OF SUBSTANTIAL SERVICES
	PART I, LINE 6	PHYSICIANS ARE COMMONLY COMPENSATED BY THE ORGANIZATION THROUGH AN AGREEMENT BASING THE BASE RATE ON A "TARGET COMPENSATION" AMOUNT THAT CONSIDERS THE MOST RECENT TWELVE MONTHS OF FINANCIAL DATA OF THE PHYSICIAN'S PRACTICE, WHICH IS A SUBSET OF THE ORGANIZATION AS A WHOLE, PROJECTED PATIENT VOLUMES AND COLLECTIONS DURING THE YEAR FROM THE SUBSET, AN ALLOCATION OF OVERHEAD COSTS FROM THE ORGANIZATION, EXPENSES OF THE PRACTICE, AND FULL-TIME EQUIVALENT STATUS OF THE PHYSICIAN THE FOLLOWING INDIVIDUALS LISTED ON PART VII OF THE FORM 990 ARE ENGAGED IN SUCH AN AGREEMENT, AND THEIR COMPENSATION IS SET ANNUALLY ON THE PERFORMANCE FACTORS DISCUSSED HERE HENRY B HEARN MARK P LACY DANIELLE W SHELLEY TIMOTHY L DUNIHO MANDY MITCHELL
SUPPLEMENTAL INFORMATION	PART III	COMPENSATION FROM AN UNRELATED ORGANIZATION DR STEPHEN HAND WAS COMPENSATED BY HIS PERSONAL MEDICAL PRACTICE FOR SERVICES RENDERED TO ANMED HEALTH DR MICHAEL KUNKEL WAS COMPENSATED THROUGH HIS PHYSICIAN PRACTICE FOR SERVICES RENDERED TO ANMED HEALTH ON OCTOBER 1, 2009, THE HOSPITAL SYSTEM ENTERED INTO A SERVICES AND AFFILIATION AGREEMENT WITH THE CHARLOTTE MECKLENBURG HOSPITAL AUTHORITY D/B/A CAROLINAS HEALTHCARE SYSTEM THE AGREEMENT APPOINTS CAROLINAS HEALTHCARE SYSTEM AS THE MANAGER OF THE HOSPITAL SYSTEM THE FOLLOWING OFFICERS AND KEY EMPLOYEES WERE COMPENSATED ACCORDING TO THIS AGREEMENT AMOUNTS SHOWN RELATE TO COMPENSATION ACCRUED FOLLOWING THE AGREEMENT INITIATED OCTOBER 1, 2009 JOHN A MILLER JR - $ 786,894 WILLIAM T MANSON, III - 474,391 JERRY A PARRISH - 429,846 DR MICHAEL L TILLIRSON - 372,472 GARRICK CHIDESTER - 303,397 THE ABOVE AMOUNTS ARE REPRESENTED IN THE TOTALS SHOWN IN PART II THE REMAINDER OF THE AMOUNTS SHOWN IN PART II WERE PAID DIRECTLY BY THE ORGANIZATION

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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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
ANMED HEALTH

Employer identification number
57-0359174

Part I Bond Issues

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	2,299,804	2,299,804	200,000	2,664,300
2	Amount of bonds legally defeased				
3	Total proceeds of issue	34,585,000	109,369,972	75,605,000	43,752,346
4	Gross proceeds in reserve funds	1,113,917	1,113,917	113,334	3,370,984
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	398,936	1,255,460	653,394	351,656
8	Credit enhancement from proceeds	124,368	2,721,883	701,606	
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	51,142,629	51,142,629		
11	Other spent proceeds	34,061,696	54,250,000	74,250,000	43,400,691
12	Other unspent proceeds				
13	Year of substantial completion	2007	2010	2010	1999

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		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
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage

		A		B		C		D	
		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
2	Is the bond issue a variable rate issue?	X			X	X			X
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?	X		X		X		X	

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

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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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
ANMED HEALTH

Employer identification number
57-0359174

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) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) 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	No
(1) JAMES HERBERT	FAMILY RELATIONSHIP TO BOARD MEMBER ANN HERBERT	139,748	MEDICAL DOCTOR EMPLOYED BY THE HOSPITAL SYSTEM, COMPENSATION FOR MEDICAL SERVICES PERFORMED		No

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
ANMED HEALTH

Employer identification number
57-0359174

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

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		THE SOLE MEMBER OF THE ORGANIZATION IS ANMED HEALTH FOUNDATION, A SOUTH CAROLINA 501(C)(3) ORGANIZATION

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

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE RETURN WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM WITH ASSISTANCE AND OVERSIGHT BY MANAGEMENT UPON COMPLETION AND REVIEW BY MANAGEMENT, THE RETURN WAS EMAILED TO EACH VOTING MEMBER OF THE BOARD AND PLACED ON A SECURE WEBSITE PRIOR TO THE JULY 2012 BOARD MEETING AT THE MEETING, BOARD MEMBERS HAD AN OPPORTUNITY TO DISCUSS THE RETURN AND ASK QUESTIONS OF THE CFO AND A REPRESENTATIVE OF THE ACCOUNTING FIRM

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

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 18	PHOTOCOPIES OF THE FORM 990 ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S EXECUTIVE OFFICES IN ADDITION, RECENT FILINGS OF THE FORM 990 ARE AVAILABLE ONLINE AT WWW GUIDESTAR ORG

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

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -13,862,214 CHANGE IN UNFUNDED PENSION COSTS -38,711,666 CHANGE IN FAIR VALUE OF INTEREST RATE SWAP CONTRACT -2,590,441 TRANSFERS TO RELATED ORGANIZATIONS -20,608 INCOME OF CONSOLIDATED ENTITY, NET OF MINORITY SHARE 16,398 TOTAL TO FORM 990, PART XI, LINE 5 -55,168,531

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

Identifier	Return Reference	Explanation
BOARD MEMBER COMPENSATION	FORM 990, PART VII, LINE 1	IN ADDITION TO HIS SERVICES TO THE BOARD, DR STEPHEN HAND IS COMPENSATED THROUGH HIS MEDICAL PRACTICE FOR SERVICES RENDERED TO THE HOSPITAL SYSTEM ALL PAYMENTS TO HIM ON PART VII OF THE FORM 990 ARE FOR MEDICAL SERVICES A PORTION OF DR MICHAEL KUNKEL'S COMPENSATION LISTED ON PART VII IS FOR MEDICAL SERVICES RENDERED TO THE ORGANIZATION

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

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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

2010

Open to Public Inspection

Name of the organization
ANMED HEALTH

Employer identification number
57-0359174

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) ANMED HEALTH FOUNDATION 800 N FANT STREET ANDERSON, SC 29621 57-0817544	FUNDRAISING/SUPPORT	SC	501(C)(3)	LINE 7	N/A		No
(2) ANMED HEALTH AUXILIARY 800 N FANT STREET ANDERSON, SC 29621 57-6024205	FUNDRAISING/SUPPORT	SC	501(C)(3)	LINE 11D, III-O	N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? 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	(k) Percentage ownership

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
(1) ANMED HEALTH ENTERPRISES INC 800 N FANT STREET ANDERSON, SC29621 57-0815011	HOLDING CORPORATION	SC	N/A	C			
(2) ANMED HEALTH PLAN INC 800 N FANT STREET ANDERSON, SC29621 57-0811053	MANAGEMENT SERVICES ORGANIZATION	SC	N/A	C			
(3) ANMED HEALTH SERVICES INC 800 N FANT STREET ANDERSON, SC29621 57-0741536	HEALTHCARE	SC	N/A	C			
(4) ANDERSON AREA PHYSICIAN HOSPITAL ORGANIZATION INC 800 N FANT STREET ANDERSON, SC29621 57-1042018	MEDICAL SERVICES	SC	N/A	C	2,583		83 000 %

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

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

		Yes	No
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		No
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d		No
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		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n	Yes	
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	Yes	

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) NO REPORTABLE TRANSACTIONS WITH CONTROLLED ORGANIZATIONS			
(2)			
(3)			
(4)			
(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

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

ANMED HEALTH AND AFFILIATE

Consolidated Financial Statements

Years Ended September 30, 2011 and 2010

(with Independent Auditors'
Report thereon)

AnMed Health and Affiliate

Consolidated Financial Statements

Years Ended September 30, 2011 and 2010

Contents

Report of Independent Auditors

The Board of Trustees
AnMed Health and Affiliate

We have audited the accompanying consolidated balance sheets of AnMed Health and Affiliate (the "Medical Center") as of September 30, 2011 and 2010, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended These consolidated financial statements are the responsibility of the Medical Center's management Our responsibility is to express an opinion on these consolidated financial statements based on our audits

We conducted our audits in accordance with auditing standards generally accepted in the United States Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Medical Center's internal control over financial reporting Accordingly, we express no such opinion An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the consolidated financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall consolidated financial statement presentation We believe that our audits provide a reasonable basis for our opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of AnMed Health and Affiliate at September 30, 2011 and 2010, and the consolidated results of their operations and changes in net assets, and cash flows for the years then ended in conformity with accounting principles generally accepted in the United States

We also audited the adjustments to the 2010 consolidated financial statements to retrospectively apply the change in accounting as described in Note 1 related to noncontrolling interests In our opinion, such adjustments are appropriate and have been properly applied

Dixon Hughes Goodman LLP

January 23, 2012

AnMed Health and Affiliate

Consolidated Balance Sheets

	September 30 2011	2010
Assets		
Current assets		
Cash and cash equivalents	**$ 36,385,475**	$ 24,159,411
Patient accounts receivable, less allowance for uncollectible accounts of approximately $68,909,000 in 2011 and $58,716,000 in 2010	**58,860,731**	69,827,393
Other receivables, net	**8,754,937**	12,389,153
Inventories of drugs and supplies	**3,030,889**	2,906,410
Due from related entities	**316,731**	564,471
Prepaid expenses and other current assets	**7,060,230**	6,271,118
Assets whose use is limited, required for current liabilities	**7,224,907**	7,065,876
Total current assets	**121,633,900**	123,183,832
Assets whose use is limited, excluding amounts required for current liabilities	**224,984,031**	228,819,554
Property, plant, and equipment, net	**277,092,890**	288,089,026
Unamortized bond issuance costs	**5,889,664**	6,318,596
Cash surrender value of life insurance	**6,567,460**	6,416,579
Other assets	**9,458,121**	9,762,132
Total assets	**$ 645,626,066**	$ 662,589,719
Liabilities and net assets		
Current liabilities		
Accounts payable	**$ 14,119,920**	$ 11,877,688
Accrued payroll and employee benefits	**25,790,246**	25,060,264
Accrued liabilities	**3,552,286**	3,628,549
Estimated third-party payor settlements	**1,885,658**	1,126,792
Due to related entities	**65,349**	29,772
Current installments of long-term debt	**4,980,000**	4,660,000
Total current liabilities	**50,393,459**	46,383,065
Interest rate swap instrument	**10,764,470**	8,174,029
Accrued pension cost	**70,454,350**	42,959,619
Long-term debt, excluding current installments	**253,125,896**	258,505,396
Total liabilities	**384,738,175**	356,022,109
Net assets		
Unrestricted net assets		
Unrestricted	**258,677,995**	304,272,742
Noncontrolling interest in consolidated subsidiary	**–**	271,752
Total unrestricted net assets	**258,677,995**	304,544,494
Temporarily restricted	**2,209,896**	2,023,116
Total net assets	**260,887,891**	306,567,610
Total liabilities and net assets	**$ 645,626,066**	$ 662,589,719

The accompanying notes are an integral part of these consolidated financial statements

AnMed Health and Affiliate

Consolidated Statements of Operations and
Changes in Net Assets

	Year Ended September 30	
	2011	**2010**
Unrestricted revenues and other support		
Net patient service revenue	**$ 472,512,437**	$ 449,477,385
Other operating revenue	**8,287,796**	7,720,967
Net assets released from restrictions used for operations	**858,320**	908,404
Total unrestricted revenues and other support	**481,658,553**	458,106,756
Operating expenses		
Salaries	**154,376,026**	141,673,841
Benefits	**39,465,236**	39,205,206
Professional fees	**23,461,219**	22,099,497
Supplies	**71,360,229**	73,579,506
Purchased services	**27,828,960**	26,756,483
Utilities	**6,546,187**	6,393,068
Travel	**1,049,631**	842,582
Marketing expense	**823,038**	671,964
Other expenses	**13,028,557**	13,076,545
Depreciation and amortization	**38,075,474**	37,514,979
Interest	**10,342,555**	10,086,390
Provision for uncollectible accounts	**96,623,806**	84,014,910
Total operating expenses	**482,980,918**	455,914,971
Income (loss) from operations	**(1,322,365)**	2,191,785
Nonoperating gains (losses)		
Net change in unrealized gains and (losses) on investments, trading securities	**(13,862,214)**	3,820,010
Change in fair value of interest swap instrument	**(2,590,441)**	(3,677,134)
Investment income, net	**10,264,924**	11,128,570
Loss on redemption of Series 1999 bonds	**–**	(793,069)
Net other gains	**607,541**	576,182
Distribution to noncontrolling interest	**(275,111)**	–
Gain (loss) on noncontrolling interest in consolidated subsidiary	**19,756**	(433,353)
Total nonoperating gains (losses)	**(5,835,545)**	10,621,206
Excess (deficit) of revenues and gains over expenses and losses	**(7,157,910)**	12,812,991
Net assets released from restrictions used for purchase of property and equipment	**23,685**	–
Change in unfunded pension losses	**(38,711,666)**	(8,253,866)
Other, net	**–**	19,978
Transfers from (to) related organizations	**(20,608)**	1,055,280
Increase (decrease) in unrestricted net assets	**$ (45,866,499)**	$ 5,634,383

Continued on next page

AnMed Health and Affiliate

Consolidated Statements of Operations and Changes in Net Assets (continued)

	Year Ended September 30	
	2011	**2010**
Temporarily restricted net assets		
Investment income, net	**$ 230**	$ 601
Contributions, net	**399,824**	615,199
Grant for medical education	**668,731**	826,540
Net assets released from restrictions used for operations	**(858,320)**	(908,404)
Net assets released from restrictions used for purchase of property and equipment	**(23,685)**	–
Increase in temporarily restricted net assets	**186,780**	533,936
Increase (decrease) in net assets	**(45,679,719)**	6,168,319
Net assets at beginning of year	**306,567,610**	300,399,291
Net assets at end of year	**$ 260,887,891**	$ 306,567,610

The accompanying notes are an integral part of these consolidated financial statements

AnMed Health and Affiliate

Consolidated Statements of Cash Flows

	Year Ended September 30	
	2011	**2010**
Operating activities		
Increase (decrease) in net assets	**$ (45,679,719)**	$ 6,168,319
Adjustments to reconcile increase (decrease) in net assets to net cash provided by operating activities		
Depreciation and amortization	**38,075,474**	37,514,979
Loss (gain) on disposal of property and equipment	**(226,050)**	557,738
Change in unfunded pension losses	**38,711,666**	8,253,866
Unrealized loss (gain) on joint ventures	**(15,353)**	479,626
Restricted contributions and investment income	**(400,054)**	(615,800)
Change in unrealized loss on interest rate swap instrument	**2,590,441**	3,677,134
Grant for medical education	**(668,731)**	(826,540)
Provision for uncollectible accounts	**96,623,806**	84,014,910
Change in minority interest of consolidated subsidiary	**–**	(73,670)
(Increase) decrease in		
Patient accounts receivable, net	**(85,657,144)**	(74,516,231)
Other receivables, net	**3,634,216**	(5,411,881)
Inventories of drugs and supplies	**(124,479)**	143,934
Prepaid expenses and other assets	**(789,112)**	(533,565)
Assets whose use is limited classified as trading	**3,676,492**	(17,898,039)
Increase (decrease) in		
Accounts payable	**2,242,232**	1,654,793
Accrued payroll and employee benefits	**729,982**	5,200,436
Other accrued liabilities	**(650,771)**	(2,774,925)
Estimated third-party payor settlements	**758,866**	(5,355,042)
Accrued pension cost	**(11,216,935)**	(11,517,116)
Net cash provided by operating activities	**41,614,827**	28,142,926
Investing activities		
Acquisitions of property, plant, and equipment	**(26,795,356)**	(29,748,644)
Investment in joint ventures	**(117,349)**	–
Proceeds from sale of equipment	**546,009**	330,072
Increase in cash surrender value of life insurance	**(150,881)**	(309,184)
Net cash used in investing activities	**$ (26,517,577)**	$ (29,727,756)

Continued on next page

AnMed Health and Affiliate

Consolidated Statements of Cash Flows (continued)

	Year Ended September 30	
	2011	**2010**
Financing activities		
Grant for medical education	**$ 668,731**	$ 826,540
Repayment of long-term debt	**(4,660,000)**	(46,671,151)
Proceeds from issuance of long-term debt	**–**	41,080,000
Cost of issuance of long-term debt	**–**	1,983,247
Change in due from related entities	**247,740**	201,111
Change in due to related entities	**35,577**	(328,937)
Receipt on debt service leveling agreement	**436,712**	151,227
Restricted contributions and investment income	**400,054**	615,800
Net cash used in financing activities	**(2,871,186)**	(2,142,163)
Net increase (decrease) in cash and cash equivalents	**12,226,064**	(3,726,993)
Cash and cash equivalents at beginning of year	**24,159,411**	27,886,404
Cash and cash equivalents at end of year	**$ 36,385,475**	$ 24,159,411
Noncash transactions		
Property and equipment acquired through accrued liabilities	**$ 574,508**	$ 519,372

The accompanying notes are an integral part of these consolidated financial statements

1 Description of Organization and Summary of Significant Accounting Policies

Organization and Principles of Consolidation - AnMed Health (the "Hospital") is an acute care regional referral center located in Anderson, South Carolina

The consolidated financial statements include the accounts of the Hospital and an affiliate, Anderson Area Physician Hospital Organization, Inc (the "PHO"), an 83%-owned South Carolina stock corporation Together, the Hospital and PHO, are referred to as the "Medical Center" The Medical Center is operated by AnMed Health Foundation, a nonstock, not-for-profit corporation that is its sole member with the authority to appoint the Medical Center's Board of Trustees All significant intercompany accounts and transactions have been eliminated PHO ended its operations in 2010 and distributed its net assets to its shareholders during the 2011 fiscal year

The Hospital adopted the accounting standard related to consolidation on October 1, 2010 Accordingly, for the consolidated subsidiary that is less than wholly-owned, the third party holdings of the equity interest is referred to as noncontrolling interest The portion of net assets of the subsidiary are presented as noncontrolling interest on the consolidated balance sheets The changes in net assets related to the noncontrolling interest are outlined in the table below

	Total	Hospital	Noncontrolling Interest
Balances, September 30, 2009	$ 2,031,891	$ 1,686,469	$ 345,422
Deficit of revenues over expenses	(433,353)	(359,683)	(73,670)
Balances, September 30, 2010	1,598,538	1,326,786	271,752
Excess of revenues over expenses	19,756	16,397	3,359
Distribution to owners	(1,618,294)	(1,343,183)	(275,111)
Balances, September 30, 2011	$ -	$ -	$ -

Effective July 1, 2008, the Hospital entered into a ten-year Management Services Agreement (the "MSA") with the Charlotte-Mecklenburg Hospital Authority which does business as Carolinas HealthCare System ("CHS") to manage the Hospital on a day-to-day basis The terms of the MSA call for the Hospital to pay CHS an annual management fee In addition, CHS is required to furnish the Hospital a Chief Executive Officer, Chief Financial Officer, and a Chief Nursing Officer The Hospital will reimburse CHS the salary and benefits cost of these individuals

Use of Estimates - The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States requires the Medical Center to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities at the date of the consolidated financial statements, and the reported amounts of revenues and expenses during the reporting period Actual results could differ from those estimates

Cash and Cash Equivalents - Cash and cash equivalents include overnight bank repurchase agreements For purposes of the consolidated statements of cash flows, the Medical Center considers all highly liquid investments with original maturities of three months or less, exclusive of assets whose use is limited, to be cash equivalents

Inventories of Drugs and Supplies - Inventories of drugs and supplies are stated at the lower of cost or market Cost is determined using the first-in, first-out ("FIFO") method

Assets Whose Use Is Limited - Assets whose use is limited primarily include amounts designated by the Board of Trustees for capital improvements and operating contingencies over which the Board retains control and may at its discretion subsequently use for other purposes, and amounts held by Bond Trustees in accordance with the indenture agreements Amounts required to meet current liabilities of the Medical Center have been reclassified in the consolidated balance sheets and are included in current assets

Investments - Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the consolidated balance sheets Investment income or loss (including realized gains and losses on investments, interest, and dividends) is included in the excess (deficit) of revenues and gains over expenses and losses unless the income or loss is restricted by donor or law Unrealized gains and losses on investments are excluded from the excess (deficit) of revenues and gains over expenses and losses unless the investments are trading securities

Property, Plant, and Equipment - Property, plant, and equipment is recorded at cost or at fair value at the date of donation Depreciation on plant and equipment is computed over the estimated useful lives of the assets, which range from 3 to 25 years, using the straight-line method Routine maintenance, repairs, and replacements are charged to operating expenses Expenditures which materially increase values, change capacities, or extend useful lives are capitalized

The Medical Center periodically assesses the realizability of its long-lived assets and evaluates such assets for impairment whenever events or changes in circumstances indicate the carrying amount of an asset may not be recoverable For assets to be held, impairment is determined to exist if estimated future cash flows, undiscounted and without interest charges, are less than the carrying amount For assets to be disposed of, impairment is determined to exist if the estimated net realizable value is less than the carrying amount

Capitalization of Interest – Material interest costs incurred on borrowed funds during the period of construction of qualifying capital assets are capitalized as a component of the cost of acquiring these assets No interest was capitalized in 2011 or 2010

Bond Issuance Costs - Bond issuance costs are amortized using the effective interest rate method over the term of the related bonds Accumulated amortization of bond issuance costs at September 30, 2011 and 2010 is approximately $984,000, and $1,318,000, respectively

Investments in Joint Ventures - The Hospital's investments in joint ventures are included in other assets Each of these investments is accounted for using the equity method

Upstate Linen Services, LLC is a limited liability company formed to offer a collaborative linen service Upstate Linen Services, LLC is owned 17% by the Hospital and 83% by other area hospitals

Clemson Health Center was formed to provide an urgent care/diagnostic center and a primary care center near Clemson, South Carolina Clemson Health Center is owned 50% by the Hospital and 50% by another area hospital

Derivative Instruments - The Hospital entered into a derivative, exclusively an interest rate swap agreement, to manage interest rate exposures on floating rate Hospital Revenue Bonds An interest rate swap allows the Hospital to swap variable interest rates on a stated notional amount for fixed rates Under the swap agreement that expires in 2033, the Hospital pays interest at a fixed rate of 3 51% and receives interest at a variable rate equal to 65% of the monthly LIBOR plus 45 basis points The 65% LIBOR rate on each reset date determines the variable portion of the interest rate swap for the following month The fixed and variable rate payments are calculated on a notional amount equal to $55,700,000

The fair value of the interest rate swap instrument is presented in the consolidated balance sheets as follows

	Liability Derivative			
	September 30, 2011		September 30, 2010	
	Balance Sheet Location	Fair Value	Balance Sheet Location	Fair Value
Derivative not designated as hedging instrument				
Interest rate swap	Interest rate swap instrument	**$ 10,764,470**	Interest rate swap instrument	$ 8,174,029

The unrealized loss for the period associated with the fair market value of the agreement is included in the consolidated statements of operations as follows

Derivative not designated as hedging instrument	Location of unrealized loss recognized in income on derivative	Amount of unrealized loss recognized in income on derivative	
		2011	2010
Interest rate swap	Change in fair value of interest rate swap instrument	$ **(2,590,441)**	$ (3,677,134)

The Hospital is exposed to credit loss in the event of nonperformance by the counterparty in relation to its interest rate swap agreement Management believes that the counterparty will be able to fully satisfy its obligations under the agreement Credit exposure exists in relation to all the Medical Center's financial instruments, and is not unique to derivatives

Bond Discounts and Premiums - Bond discounts and premiums, included in long-term debt, are amortized using the effective interest rate method over the life of the related series of bonds

Net Assets - Substantially all of the Medical Center's net assets are classified as unrestricted for accounting and reporting purposes These resources of the Medical Center have no external restrictions as to use or purpose These resources include amounts generated from operations, undesignated gifts, and investments in property, plant, and equipment

Temporarily restricted net assets are those whose use by the Medical Center has been limited by donors to a specific time period or purpose

Consolidated Statements of Operations and Changes in Net Assets - For purposes of display, transactions deemed by management to be ongoing, major, or central to the provision of health care services are reported as revenues and expenses Peripheral or incidental transactions are reported as nonoperating gains and losses

Investment income, unrestricted gifts and bequests, and contributions to the community are recorded as nonoperating activities Gains or losses on disposals of property, plant, and equipment are recorded as operating activities

Donor-Restricted Gifts - Unconditional promises to give cash and other assets to the Hospital are reported at fair value at the date the promise is received Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets When a donor restriction expires (i e , when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statements of operations and changes in net assets as net assets released from restrictions Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying consolidated financial statements

Pension Costs - The Hospital's funding policy is to contribute amounts sufficient to meet the minimum funding requirements as set forth in the Employee Retirement Income Security Act ("ERISA") of 1974, plus such additional amounts as the Hospital may determine to be appropriate

Excess (Deficit) of Revenues and Gains Over Expenses and Losses - The consolidated statements of operations and changes in net assets include excess (deficit) of revenues and gains over expenses and losses Changes in unrestricted net assets which are excluded from excess (deficit) of revenues and gains over expenses and losses, consistent with industry practice, include unrealized gains and losses on investments other than trading securities, permanent transfers of assets to and from affiliates for other than goods and services, and contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets)

Functional Expenses - The Hospital does not present expense information by functional classification because its resources and activities are primarily related to providing health care services Further, since the Hospital receives substantially all of its resources from providing health care services in a manner similar to a business enterprise, other indicators contained in these consolidated financial statements are considered important in evaluating how well management has discharged its stewardship responsibilities

Income Taxes - The Hospital is exempt from income tax under Section 501(a) as an organization described in Section 501(c) (3) of the Internal Revenue Code, accordingly, the accompanying consolidated financial statements do not reflect a provision or liability for federal or State income taxes PHO is subject to federal and state income taxes The liability method is used in accounting for income taxes Under this method, deferred tax assets and liabilities are determined based on differences between financial reporting and tax bases of asset and liabilities and are measured using the enacted tax rates and laws that will be in effect when the differences are expected to reverse The Medical Center has determined that it does not have any material unrecognized tax benefits or obligations as of September 30, 2011 Fiscal years ending on or after September 30, 2008 remain subject to examination by federal and state tax authorities

Reclassification - Certain amounts in the fiscal year 2010 consolidated financial statements have been reclassified to conform to the fiscal year 2011 presentation

Future Accounting and Reporting Requirements - In August 2010, the FASB issued ASU 2010-23, "Health Care Entities (Topic 954) Measuring Charity Care for Disclosure," which requires that cost be used as the measurement basis for charity care disclosure purposes and that cost be identified as the direct and indirect costs of providing the charity care The amendment also requires the disclosure of the method used to identify or determine such costs The amendment will be effective for the year ending September 30, 2012 The adoption of the amendment is not expected to have a material impact to the Medical Center's financial position, results of operations, or cash flows

In August 2010, the FASB issued ASU 2010-24, "Health Care Entities (Topic 954) Presentation of Insurance Claims and Related Insurance Recoveries," which clarifies that a health care entity may not net insurance recoveries against related claim liabilities The amendment requires that the amount of the claim liability must be determined without consideration of insurance recoveries The amendment will be effective for the year ending September 30, 2012 Management is currently evaluating the potential impact of this amendment

In July 2011, the FASB issued ASU 2011-07, "Health Care Entities (Topic 954) Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities," which requires healthcare entities to reclassify the provision for bad debts from an operating expense to a deduction from patient service revenue (net of contractual allowances and discounts) in the Statement of Operations when the ultimate collection of the amounts billed or billable cannot be determined at the time patient services are rendered Additionally, the amendment requires enhanced disclosure about the policies for recognizing revenue and assessing bad debts as well as both qualitative and quantitative information about significant changes in the allowance for doubtful accounts The amendment will be effective for the fiscal year ending September 30, 2013

2 Assets Whose Use Is Limited

The composition of assets whose use is limited is set forth below as of the years ended September 30

	2011	2010
By Board for capital improvements		
Cash and cash equivalents	**$ 5,249,709**	$ 5,414,316
Investments		
Fixed income	**58,899,175**	56,003,618
Traded certificates of deposit	**1,695,504**	1,692,958
Common stock	**102,260,980**	104,010,309
Mutual funds	**27,141,992**	32,085,167
Diversified investment fund	**16,499,975**	16,499,975
Accrued interest	**654,638**	615,813
	212,401,973	216,322,156
By Board for operating reserve		
Cash and cash equivalents	**38,059**	768,970
Fixed income	**14,749,607**	13,748,966
Accrued interest	**89,264**	123,024
	14,876,930	14,640,960
By Trustee for former and current employees		
Cash and cash equivalents	**-**	4
Mutual funds	**331,802**	446,909
	331,802	446,913
By Board for bond repayment		
Cash and cash equivalents	**4,598,233**	4,475,401
	232,208,938	235,885,430
Less amounts required for current liabilities		
Current installments of bond principal	**4,980,000**	4,660,000
Deferred compensation payable	**331,802**	446,913
Retainage and construction payable	**574,508**	519,372
Accrued interest and other	**1,338,597**	1,439,591
	7,224,907	7,065,876
	$ 224,984,031	$ 228,819,554

Investment income from assets whose use is limited, cash, and cash equivalents are comprised of the following for the years ended September 30

	2011	2010
Interest and dividend income	**$ 4,398,029**	$ 5,660,452
Net realized gains on sales of investments	**5,866,895**	5,468,118
	$ 10,264,924	$ 11,128,570

3 Property, Plant and Equipment

Property, plant, and equipment consist of the following for the years ended September 30

	2011	2010
Land	**$ 19,180,557**	$ 18,976,616
Land improvements	**3,909,252**	3,596,609
Building and building service equipment	**362,475,562**	348,600,772
Major movable equipment	**284,868,107**	269,162,731
Construction in progress	**12,536,899**	22,539,964
	682,970,377	662,876,692
Less accumulated depreciation	**405,877,487**	374,787,666
	$ 277,092,890	$ 288,089,026

Depreciation expense for the years ended September 30, 2011 and 2010 was approximately $38,046,000 and $37,231,000, respectively

Construction-in-progress includes costs related to various expansion and renovation projects The Hospital has entered into various contracts related to these expansion and renovation projects amounting to approximately $3,514,000 As of September 30, 2011, the Hospital has approximately $2,449,000 remaining on these contracts The expansions and renovations are expected to be completed in 2012

4 Long-Term Debt

A summary of long-term debt follows for the years ended September 30

	2011	2010
Series 2009A		
Weekly interest rate securities, 3 17% assumed net interest, maturing in amounts escalating from $3,600,000 in February 2030 to $10,000,000 in February 2035	**$ 34,585,000**	$ 34,585,000
Series 2009B		
Serial bonds, 3 50% to 5 00% interest, maturing in amounts escalating from $180,000 in February 2012 to $4,355,000 in February 2022	**20,410,000**	20,410,000
Term bonds, 5 375% interest, maturing in 2029	**35,065,000**	35,065,000
Term bonds, 5 50% interest, maturing in 2038	**56,525,000**	56,525,000
	112,000,000	112,000,000
Less unamortized original issue discount	**2,299,804**	2,426,024
	109,700,196	109,573,976
Series 2009C		
Weekly interest rate securities, 3 51% assumed net interest, maturing in amounts escalating from $100,000 in February 2012 to $5,480,000 in February 2033	**56,650,000**	56,750,000
Series 2009D		
Weekly interest rate securities, 3 17% assumed net interest, maturing in amounts escalating from $70,000 in February 2012 to $15,850,000 in February 2039	**18,755,000**	18,805,000
Series 2010		
Serial bonds, 2 00% to 5 00% interest, maturing in amounts escalating from $4,630,000 in February 2012 to $5,935,000 in February 2018	**36,570,000**	41,080,000
Add unamortized original issue premium	**1,845,700**	2,371,420
	38,415,700	43,451,420
	258,105,896	263,165,396
Less current installments	**4,980,000**	4,660,000
Long-term debt excluding current installments	**$ 253,125,896**	$ 258,505,396

The Trust agreement names a bank as Trustee to receive, transfer, and disburse all monies Under the terms of the Trust agreement, AnMed Health is required to maintain certain deposits with the Trustee Such deposits are included with "Assets whose use is limited "

On April 20, 2009, AnMed Health issued $34,585,000 of South Carolina Jobs-Economic Development Authority Hospital Refunding Revenue Bonds, Series 2009A The Series 2009A Bonds are secured by a letter of credit totaling $34,982,965 The letter of credit has a term ending April 2, 2012 and may be renewed or an alternate letter of credit may be substituted The Series 2009A bonds have sinking fund requirements beginning in 2030 and ending in 2035 The proceeds of the Series 2009A were used to refund the $33,890,000 principal amount outstanding on the Series 2007 and for paying certain expenses incurred in connection with the issuance of the Bonds The refunding of the Series 2007 Bonds was accomplished through depositing proceeds from the original sale of the Bonds in an escrow fund to be established at U S Bank National Association, acting in its capacity as bond trustee for the Series 2003B Bonds, to be redeemed not later than 90 days after the issuance of the Bonds

On May 1, 2009, AnMed Health issued $112,000,000 of South Carolina Jobs-Economic Development Authority Hospital Refunding Revenue Bonds, Series 2009B The proceeds of the Series 2009B were used in the financing of renovations and improvements to the expansion of hospital facilities and improvements located at AnMed Health's main hospital campus and related machinery and equipment, including, but not limited to, the upgrade of the campus electrical system, patient room renovations, cardiology, NICU, neurosciences, family practice center and operating room facilities expansion and renovation, the construction of parking facilities and a helipad, to refund $54,250,000 of the principal amount of the 2003B Series, and paying certain expenses incurred in connection with the issuance of the Bonds The refunding of the Series 2003B Bonds was accomplished through depositing proceeds from the original sale of the Bonds in an escrow fund to be established at U S Bank National Association, acting in its capacity as bond trustee for the Series 2003B Bonds, to be redeemed not later than 90 days after the issuance of the Bonds The Series 2009B bonds are secured by municipal bond insurance

On May 1, 2009, AnMed Health issued $56,800,000 of South Carolina Jobs-Economic Development Authority Hospital Refunding Revenue Bonds, Series 2009C The Series 2009C Bonds are secured by a letter of credit totaling $57,453,590 The letter of credit has a term ending May 13, 2012 and may be renewed or an alternate letter of credit may be substituted The Series 2009C bonds have sinking fund requirements that began in 2010 and end in 2033 The proceeds of the Series 2009C were used to refund the $55,850,000 principal amount outstanding on the Series 2003A and for paying certain expenses incurred in connection with the issuance of the Bonds The refunding of the Series 2003A Bonds was accomplished through depositing proceeds from the original sale of the Bonds in an escrow fund to be established at U S Bank National Association, acting in its capacity as

bond trustee for the Series 2003A Bonds, to be redeemed not later than 90 days after the issuance of the Bonds

On May 1, 2009, AnMed Health issued $18,805,000 of South Carolina Jobs-Economic Development Authority Hospital Refunding Revenue Bonds, Series 2009D The Series 2009D Bonds are secured by a letter of credit totaling $19,021,387 The letter of credit has a term ending May 13, 2012 and may be renewed or an alternate letter of credit may be substituted The Series 2009D bonds have sinking fund requirements that began in 2011 and end in 2039 The proceeds of the Series 2009D were used to refund a portion of the $73,500,000 principal amount presently outstanding on the Series 2003B and for paying certain expenses incurred in connection with the issuance of the Bonds The refunding of the Series 2003B Bonds was accomplished through depositing proceeds from the original sale of the Bonds in an escrow fund to be established at U S Bank National Association, acting in its capacity as bond trustee for the Series 2003B Bonds, to be redeemed not later than 90 days after the issuance of the Bonds

On March 1, 2010, AnMed Health issued $41,080,000 of South Carolina Jobs-Economic Development Authority Hospital Revenue Bonds – Series 2010 The proceeds of the Series 2010 Bonds were used to refund the $60,600,000 original principal amount outstanding on the Hospital Revenue Bonds Series 1999 and paying certain expenses incurred in connection with the issuance of the Bonds The refunding of the Series 1999 was accomplished through depositing proceeds from the original sale of the Bonds, together with other available moneys to the extent applicable, in an escrow fund to be established with U S Bank National Association, acting in its capacity as bond trustee for the Series 1999 Bonds, to be redeemed no later than 90 days after the issuance of the Bonds The Series 2010 are collateralized by a security interest in the gross revenues of the Hospital

Trust agreements related to the 2009A, 2009B, 2009C, 2009D, and 2010 Bonds contain certain restrictive covenants, which among other matters, require the Hospital to maintain its rates, fees, and charges to the extent necessary in order to maintain certain liquidity and debt service coverage ratios, as defined

Interest paid in 2011 and 2010 amounted to approximately $10,444,000 and $10,126,000, respectively

Future principal payments under the Hospital's long-term debt agreements for the years ending September 30 are

2012	$ 4,980,000
2013	5,250,000
2014	5,620,000
2015	5,840,000
2016	6,175,000
Thereafter	230,695,000
Total	258,560,000
Less bond discount	(2,299,804)
Add bond premium	1,845,700
	$ 258,105,896

5 Net Patient Service Revenue

The Hospital has agreements with third-party payors for health care services that provide for payments at amounts different from established rates Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges and per diem payments A summary of the payment arrangements with major third-party payors follows

- Medicare Inpatient acute care services and outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge or visit These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors Approximately 32% and 31% of the Hospital's net patient service revenue for the years ended September 30, 2011 and 2010, respectively, was derived from Medicare The Hospital's Medicare cost reports have been audited by the Medicare fiscal intermediary through 2009

- Medicaid Inpatient reimbursement is based upon prospectively determined rates per discharge Outpatient services rendered to Medicaid program beneficiaries are reimbursed under various reimbursement methodologies The Hospital is reimbursed for outpatient services at tentative rates with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the fiscal intermediary Approximately 10% and 8% of the Hospital's net patient service revenue for the years ended September 30, 2011 and 2010, respectively, was derived from Medicaid The Hospital's Medicaid cost reports have been audited by the Medicaid fiscal intermediary through 2004

- Other The Hospital also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations The bases for payments to the Hospital under these agreements include prospectively determined daily rates per discharge, discounts from established charges, and prospectively determined daily rates

Net patient service revenue is reported at estimated net realizable amounts from patients, third-party payors, and others for services rendered and include estimated retroactive revenue adjustments due to future audits, reviews, and investigations Third-party contractual adjustments are recorded on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as cost report years are no longer subject to such audits, reviews, and investigations

Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term

There was no significant change in the 2011 and 2010 net patient service revenue due to changes in the allowances previously estimated that are no longer necessary as a result of final settlements, and years that are no longer subject to audits, reviews, and investigations

The Hospital receives payments for serving a disproportionately high volume of Medicaid patients The Hospital received approximately $16,667,000 and $17,046,000 of Medicaid disproportionate share program reimbursement for the year ended September 30, 2011 and 2010, respectively These amounts have been included in net patient service revenue

Contractual adjustments related to Medicare and Medicaid programs and other payment agreements were deducted from patient service charges to arrive at net patient service revenue as follows

	2011	2010
Gross patient charges at established rates	**$ 1,530,398,036**	$ 1,330,331,164
Deductions		
Contractual adjustments	**(1,057,885,599)**	(880,853,779)
Net patient service revenue	**$ 472,512,437**	$ 449,477,385

6 Charity Care

The Medical Center provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates Because the Medical Center does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue

The following information measures the level of charity care provided during the years ended September 30

	2011	2010
Cost of charity care	**$ 10,808,000**	$ 10,624,000
Equivalent percentage of charity care patients to all patients served based on gross charges	**0.7%**	0 8%

7 Pension Plan

The Hospital has a defined benefit, noncontributory pension plan (the "Plan") covering substantially all of its employees hired prior to January 1, 2007 Effective December 31, 2009, the Hospital froze its defined benefit plan and started a 3% safe harbor contribution on its defined contribution plan Under this defined contribution plan, the Hospital contributed approximately $4,100,000, for the year ended September 30, 2011 No further benefits will accrue to the employees after December 31, 2009 The Plan continues to operate for those employees who are already enrolled The Plan benefits are based on years of service and the employees' compensation during the last five years of covered employment Contributions are intended to provide not only for benefits attributed to service to date but also for those expected to be earned in the future

The following table presents a reconciliation of the beginning and ending balances of the Plan's projected benefit obligation, the fair value of the plan assets, and the funded status of the Plan for the years ended September 30

	2011	2010
Change in benefit obligation		
Projected benefit obligation at beginning of year	**$ 158,117,047**	$ 150,414,595
Service cost	**-**	2,553,208
Interest cost	**8,175,755**	8,147,561
Actuarial loss	**30,693,470**	5,274,510
Benefits paid	**(8,869,485)**	(8,272,827)
Projected benefit obligation at end of year	**$ 188,116,787**	$ 158,117,047
Change in plan assets		
Fair value of plan assets at beginning of year	**$ 115,157,428**	$ 104,191,726
Actual return on plan assets	**374,494**	8,238,529
Employer contributions	**11,000,000**	11,000,000
Benefits paid	**(8,869,485)**	(8,272,827)
Fair value of plan assets at end of year	**$ 117,662,437**	$ 115,157,428
Net amount recognized (as noncurrent liabilities)		
Funded status of the plan	**$ (70,454,350)**	$ (42,959,619)

Expected employer contributions for the fiscal year ending September 30, 2012 are approximately $8,000,000

The actuarial assumptions used to determine benefit obligations for the Plan as of September 30, 2011 and 2010, were as follows

	2011	2010
Discount rate	**4.50%**	5 25%

The actuarial assumptions used to determine net periodic benefit cost for the Plan for the years ending September 30, 2011 and 2010 were as follows

	2011	2010
Weighted average discount rate	**5.25%**	5 50%
Rate of increase in compensation levels	**N/A**	4 00%
Expected long-term rate of return on assets	**7.50%**	8 50%

Net periodic benefit cost for the years ending September 30, 2011 and 2010, includes the following components

	2011	2010
Service cost – benefits earned during the period	**$ -**	$ 2,553,208
Interest cost on projected benefit obligation	**8,175,755**	8,147,561
Expected return on plan assets	**(10,400,698)**	(11,243,553)
Amortization of prior service cost	**-**	(63,383)
Recognized net actuarial loss	**2,008,008**	997,538
Curtailment	**-**	(908,487)
Net periodic pension cost	**$ (216,935)**	$ (517,116)

Amounts recognized as changes in unrestricted net assets (not yet reflected in net periodic pension cost) for the years ending September 30

	2011	2010
Net actuarial loss	**$ (98,370,497)**	$ (59,658,831)

The net actuarial loss included in unrestricted net assets and expected to be recognized in net periodic benefit cost during the fiscal year ending September 30, 2012 is $5,656,332

The Plan's target asset allocation and the Plan's asset allocations at the measurement dates of September 30, 2011 and 2010, as a percentage of plan assets by asset category are as follows

Asset Category	Target Allocation	Percentage of Plan Assets as of September 30 2011	2010
Money market funds	-%	**5%**	-%
Fixed income securities	35	**38**	38
Equity	55	**47**	52
Alternative investments	10	**10**	10
Total	100%	**100%**	100%

For Plan assets carried at fair value, the following tables provide fair value information as of September 30, 2011 and 2010

		Fair value measurements at September 30, 2011 using		
	Fair value at September 30, 2011	Quoted prices in active markets for identical assets and liabilities (Level 1 inputs)	Quoted prices for similar assets and liabilities (Level 2 inputs)	Significant unobservable inputs (Level 3 inputs)
Assets measured at fair value				
Money market funds	$ 5,376,227	$ 5,376,227	$ -	$ -
Fixed income				
U S treasury bonds	3,820,029	3,820,029	-	-
U S governmental agencies	19,551,128	19,551,128	-	-
Municipal bonds	1,601,686	1,601,686	-	-
Corporate bonds	19,697,392	19,697,392	-	-
International mutual funds	15,071,299	15,071,299	-	-
Equities				
Large cap	25,910,236	25,910,236	-	-
Mid cap	7,566,517	7,566,517	-	-
Small cap	4,118,283	4,118,283	-	-
International	2,434,167	2,434,167	-	-
Total assets	$ 105,146,964	$ 105,146,964	$ -	$ -

Plan assets described above, are held at fair value and included in the table above except for a diversified investment fund totaling $12,233,874 which is held at the lower of cost or market Also not included in the table above is accrued interest of $281,599

		Fair value measurements at September 30, 2010 using		
	Fair value at September 30, 2010	Quoted prices in active markets for identical assets and liabilities (Level 1 inputs)	Quoted prices for similar assets and liabilities (Level 2 inputs)	Significant unobservable inputs (Level 3 inputs)
Assets measured at fair value				
Investment trading securities	$ 102,923,554	$ 102,923,554	$ -	$ -

Investment Policy and Strategy

The investment policy, as established by the Pension Committee, is to provide for growth of capital with a moderate level of volatility by investing in a balanced portfolio The expected long-term equity allocation target is 55% equity The actual asset allocation of the overall plan assets, as well as the performance of the individual managers, is reviewed by the Pension Committee and its independent investment consultant on a quarterly basis

The Plan's long-term rate of return assumption of 7 5% is based on expectations regarding each asset category and average long-term rate of returns for a portfolio allocated across these categories Plan assets are invested in corporate debt instruments, corporate stocks, government obligations, money market securities, and an alternative investment hedge fund

No Plan assets are expected to be returned to the employer in the next 12 months

Estimated Future Benefit Payments

The following benefit payments reflecting future services are expected to be paid as follows

2012	$ 5,409,746
2013	5,651,030
2014	6,831,174
2015	7,706,757
2016	8,169,356
2017 – 2021	50,046,328
	$ 83,814,391

8 Financial Instruments

Concentrations of Credit Risk

Financial instruments that potentially subject the Medical Center to a concentration of credit risk consist principally of cash and cash equivalents, investments, and accounts receivable from patients and third-party payors The Medical Center places its cash and cash equivalents and investments with high quality credit financial institutions Third-party payors are primarily Medicare and Medicaid, which provide reimbursement on patient accounts on a regular basis Managed care receivables are distributed among several primary payors The credit worthiness of all managed care payors is considered by the Hospital prior to entering into an agreement with the payor

The Hospital grants credit without collateral to its patients, most of who are local residents and are insured under third-party agreements The mix of receivables from patients and third-party payors was as follows as of the years ended September 30

	2011	2010
Medicare	**31%**	37%
Medicaid	**12**	9
Other third-party payors	**22**	21
Private pay	**35**	33
	100%	100%

Fair Value of Financial Instruments

The following methods and assumptions were used by the Medical Center in estimating the fair value of its financial instruments

- *Cash and cash equivalents* The carrying amounts reported in the consolidated balance sheets for cash and cash equivalents approximate their fair value

- *Assets whose use is limited* These assets consist primarily of cash, investments, and interest receivable As discussed in Note 1, the carrying values of investments at September 30, 2011 and 2010 are equal to estimated fair value based on quoted market prices or lower of cost or market as appropriate

- *Accounts payable and accrued expenses* The carrying amounts reported in the consolidated balance sheets for accounts payable and accrued expenses approximate their fair value

- *Estimated third-party payor settlements* The carrying amounts reported in the consolidated balance sheets for these settlements approximate their fair value

- *Bonds Payable* Fair values for the 2009 and 2010 Bonds are based on estimates using present value techniques These techniques involve uncertainties and are significantly affected by the assumptions used and the judgments made regarding risk characteristics of various financial instruments, discount rates, prepayments, and estimates of future cash flows, future expected loss experience, and other factors Changes in assumptions could significantly affect these estimates Derived fair value estimates cannot be substantiated by comparison of independent markets and, in many cases, may or may not be realized in an immediate sale of the instrument The fair value of the 2009 and 2010 Bonds, described in Note 4, is estimated to be $269,142,265 at September 30, 2011 The fair value of the 2009 and 2010 Bonds, described in Note 4, is estimated to be $275,861,780 at September 30, 2010

9 Commitments and Contingencies

Insurance Programs

The Hospital is self-insured for employee health care An estimate for health claims incurred but unpaid at year-end is recorded in accrued payroll and employee benefits on the consolidated balance sheets and totaled approximately $3,400,000 and $4,800,000 at September 30, 2011 and 2010, respectively

The Hospital participates in a multiprovider captive for professional and general liability insurance coverage on a claims made basis Liabilities are joint and several among participating providers The Hospital's premiums are accrued based on the experience to date of the participating health care providers

Malpractice claims have been asserted against the Hospital and other members of the multiprovider captive by various claimants, and additional claims could be asserted for incidents occurring through September 30, 2011 At September 30, 2011, management is aware of no incidents that might lead to significant claims that are not adequately covered by insurance or that would have a material adverse effect on the consolidated financial position of the Medical Center Accordingly, no provision has been made in the accompanying consolidated financial statements for any such claims

Industry Regulation

The health care industry is subject to numerous laws and regulations of federal, state and local governments These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government health care program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse Recently, government activity has increased with respect to investigations and

allegations concerning possible violations of fraud and abuse statutes and regulation by health care providers Violations of these laws and regulations could result in expulsion from government health care programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services billed

Litigation

The Medical Center is involved in litigation arising in the normal course of business After consultation with legal counsel, management estimates that these matters will be resolved without material adverse effect on the Medical Center's future consolidated financial position or results of operations

Other

The Hospital entered into an agreement with a nonrelated company to provide helicopter ambulance service to commence January 1, 2010 The company will pay the Hospital for providing base facilities, medical crew services, medical supplies, medical direction, program management, and other services by reimbursing for the fair market value of such services in an amount equal to $750 per billable mission, but not less than $250,000 per year or more than $600,000 per year The contract expires January 1, 2013 Approximately $250,000 and $42,000 was paid under this contract for the years ended September 30, 2011 and 2010, respectively

10 Related-Party Transactions

The Hospital's receivables from related entities of approximately $317,000 and $565,000 at September 30, 2011 and 2010, respectively, are noninterest-bearing and are expected to be repaid within one year and therefore have been classified as current

The Hospital's payables to related entities of approximately $65,000 and $30,000 at September 30, 2011 and 2010, respectively, are expected to be repaid within one year and therefore have been classified as current

11 Management Agreement

On October 1, 2009, the Hospital entered into a management services agreement with Cannon Memorial Hospital The agreement appoints the Hospital as the manager of Cannon Memorial Hospital Under the management agreement, Cannon Memorial Hospital will pay the Hospital a base management services fee, plus salaries related to key executive positions, plus an incentive compensation award equal to 10% of Cannon Memorial Hospital's revenue over expenses that exceed the target operating margin for each fiscal year The management agreement expires on September 30, 2019

12 Other

In a prior year, the Hospital made a commitment to provide a guarantee of up to $8,000,000 of bond indebtedness for the YMCA of Anderson County At September 30, 2011, $6,150,000 of the bonds were issued and outstanding

On August 20, 2010, the Hospital made a commitment to provide a guarantee of up to 17% of the Equipment Lease of Upstate Linen At September 30, 2011, the total amount of the lease outstanding was approximately $1,236,000

13 Fair Value Disclosures

The provision of the Fair Value Measurement standard defines fair value, establishes a framework for measuring fair value, and expands disclosures about fair value measurements The provision does not require any new fair value measurements, but clarifies and standardizes some divergent practices that have emerged since prior guidance was issued The provision creates a three-level hierarchy under which individual fair value estimates are to be ranked based on the relative reliability of the inputs used in the valuation

The provision defines fair value as the price that would be received to sell an asset or transfer a liability in an orderly transaction between market participants at the measurement date When determining the fair value measurements for assets and liabilities, the Medical Center considers the principal or most advantageous market in which those assets or liabilities are sold and considers assumptions that market participants would use when pricing those assets or liabilities Fair values determined using level 1 inputs rely on active and observable markets to price identical assets or liabilities In situations where identical assets and liabilities are not traded in active markets, fair values may be determined based on level 2 inputs, which exist when observable data exists for similar assets and liabilities Fair values for assets and liabilities that are not actively traded in observable markets are based on level 3 inputs, which are considered to be unobservable

Among the Medical Center's assets and liabilities, investment trading securities and an interest rate swap instrument were reported at their fair values on a recurring basis

For assets and liabilities carried at fair value, the following tables provide fair value information as of September 30, 2011 and 2010

		Fair value measurements at September 30, 2011 using		
	Fair value at September 30, 2011	Quoted prices in active markets for identical assets and liabilities (Level 1 inputs)	Quoted prices for similar assets and liabilities (Level 2 inputs)	Significant unobservable inputs (Level 3 inputs)
Assets measured at fair value				
Money market funds	$ 5,205,923	$ 5,205,923	$ -	$ -
Traded certificates of deposit	1,695,504	1,695,504	-	-
Fixed income				
U S treasury bonds	19,113,216	19,113,216	-	-
U S governmental agencies	12,607,451	12,607,451	-	-
Municipal bonds	2,207,909	2,207,909	-	-
Corporate bonds	39,720,208	39,720,208	-	-
Mutual funds				
International equities	27,201,308	27,201,308	-	-
U S equities	272,486	272,486	-	-
Equities				
Large cap	72,527,622	72,527,622	-	-
Mid cap	15,379,333	15,379,333	-	-
Small cap	7,830,409	7,830,409	-	-
International	6,523,618	6,523,618	-	-
Total assets	$ 210,284,987	$ 210,284,987	$ -	$ -
Liabilities measured at fair value				
Interest rate swap instrument	$ 10,764,470	$ -	$ 10,764,470	$ -

Assets whose use is limited, described in Note 2, are held at fair value and included in the table above except a diversified investment fund totaling $16,499,975 which is held at the lower of cost or market, cash and cash equivalents totaling $4,680,078, and accrued interest of $743,898

		Fair value measurements at September 30, 2010 using		
	Fair value at September 30, 2010	Quoted prices in active markets for identical assets and liabilities (Level 1 inputs)	Quoted prices for similar assets and liabilities (Level 2 inputs)	Significant unobservable inputs (Level 3 inputs)
Assets measured at fair value				
Investment trading securities	$ 206,294,969	$ 206,294,969	$ -	$ -
Liabilities measured at fair value				
Interest rate swap instrument	$ 8,174,029	$ -	$ 8,174,029	$ -

Prices for government securities, corporate bonds, common stock, and mutual funds are readily available in the active markets in which those securities are traded, and the resulting fair values are shown in the 'Level 1 input' column

Under the terms of the existing interest rate swap instrument, the Hospital pays a fixed payment to the counterparty in exchange for receipt of a variable payment that is determined based on the 1-month LIBOR rate The fair value of the interest rate swap instrument is therefore based on projected LIBOR rates for the duration of the hedge values that, while observable in the market, are subject to adjustment due to pricing considerations for the specific instrument and the resulting fair value is shown in the 'Level 2 input' column

14 Subsequent Events

Subsequent events have been evaluated through January 23, 2012, which is the date the consolidated financial statements were available to be issued