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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
McLeod Health Foundation

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO Box 100551

City or town, state or country, and ZIP + 4
Florence, SC 295020551

D Employer identification number
57-0818672

E Telephone number
(843) 777-2256

G Gross receipts $ 6,263,319

F Name and address of principal officer
Robert Colones
PO Box 100551
Florence, SC 295010551

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 mcleodhealth org/foundation/

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1986 | **M** State of legal domicile SC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Mission is to generate support to perpetuate medical excellence at McLeod Health

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**	31
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	26
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	12
6	Total number of volunteers (estimate if necessary)	**6**	200
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	3,788,785	5,282,103
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-18,929	52,237
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	47,527	43,606
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,817,383	5,377,946
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,411,608	1,773,688
	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)	478,387	376,772
	16a Professional fundraising fees (Part IX, column (A), line 11e)	174,852	258,708
	b Total fundraising expenses (Part IX, column (D), line 25) ▶675,567		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	620,975	846,559
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,685,822	3,255,727
	19 Revenue less expenses Subtract line 18 from line 12	1,131,561	2,122,219

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	6,383,962	8,395,446
	21 Total liabilities (Part X, line 26)	440,113	394,821
	22 Net assets or fund balances Subtract line 21 from line 20	5,943,849	8,000,625

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2012-08-14

S Fulton Ervin III Sr VP/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
John W Sadoff Jr	John W Sadoff Jr		☐	

Firm's name ▶ Deloitte Tax LLP — Firm's EIN ▶

Firm's address ▶ 191 Peachtree Street Suite 2000
Atlanta, GA 303031749 — Phone no ▶ (404) 220-1500

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 the McLeod Health Foundation is to generate philanthropic and community support to perpetuate medical excellence at McLeod Health

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 $ 107,809 including grants of $ 107,809) (Revenue $)

Duke Endowment Expenditures for Cancer Indigent Drug Program, palliative care, access to healthcare for children, and telemonitoring for patients

4b (Code) (Expenses $ 931,925 including grants of $ 931,925) (Revenue $)

Children's' Health Expenditures for equipment and programs for McLeod Regional Medical Center's Children's Hospital including perinatal and neonatal intensive care units and other programs supporting children's health

4c (Code) (Expenses $ 336,709 including grants of $ 336,709) (Revenue $)

Dillon Emergency Department - Expenditures for operating costs and renovations and upgrades of the emergency department to better serve the Dillon area

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 605,673 including grants of $ 397,245) (Revenue $)

4e **Total program service expenses** ▶ $ 1,982,116

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		No
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		No
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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	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	Yes	
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		No
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		No
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	Yes	
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	Yes	
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	Yes	
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		No
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		

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**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *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**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *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**		No
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**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**	Yes	
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**		No
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	3		
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	12		
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		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		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	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
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	Yes	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	Yes	
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	31		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	26		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its 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	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
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 ▶

Mark Cameron
555 E Cheves St
Florence, SC 295014423
(843) 777-2256

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)								0	1,688,352	317,787

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 0

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		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*	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*		No

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c 423,246				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 4,858,857				
	g	Noncash contributions included in lines 1a-1f $ 194,542				
	h	**Total.** Add lines 1a-1f . . . . . ▶	5,282,103			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	75,506			75,506
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: (ii) Other 742,083				
	b	Less cost or other basis and sales expenses: (ii) Other 765,352				
	c	Gain or (loss): (ii) Other -23,269				
	d	Net gain or (loss) . . . . . ▶	-23,269			-23,269
	8a	Gross income from fundraising events (not including $ 228,707 of contributions reported on line 1c) See Part IV, line 18 . . . a 163,627				
	b	Less direct expenses . . . b 120,021				
	c	Net income or (loss) from fundraising events . . ▶	43,606			43,606
	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					
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶				
	12	**Total revenue.** See Instructions . . . ▶	5,377,946	0	0	95,843

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	1,773,688	1,773,688		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	279,717	55,943	111,887	111,887
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	97,055	19,411	38,822	38,822
10 Payroll taxes				
a Fees for services (non-employees) Management	181,185		181,185	
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services *See Part IV, line 17*	258,708			258,708
f Investment management fees	24,860	4,972	9,944	9,944
g Other	58,692	11,738	23,477	23,477
12 Advertising and promotion	137,602	27,520	55,041	55,041
13 Office expenses	142,167	28,433	56,867	56,867
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	7,515	1,503	3,006	3,006
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,262	652	1,305	1,305
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,338	268	535	535
23 Insurance				
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 Misc Exp	227,195	45,439	90,878	90,878
b Other Direct Expenses	49,200	9,840	19,680	19,680
c Postage	7,457	1,491	2,983	2,983
d Dues & Subscriptions	2,353	471	941	941
e Telephone	1,310	262	524	524
f All other expenses	2,423	485	969	969
25 **Total functional expenses.** Add lines 1 through 24f	3,255,727	1,982,116	598,044	675,567
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	1,427,822	1	1,724,888
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	982,998	3	2,723,351
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), 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		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* — 10a: 83,014			
	b	Less accumulated depreciation — 10b: 78,294	6,058	10c	4,720
	11	Investments—publicly traded securities	1,213,610	11	1,234,748
	12	Investments—other securities See Part IV, line 11	2,017,015	12	1,984,510
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	736,459	15	723,229
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	6,383,962	16	8,395,446
Liabilities	17	Accounts payable and accrued expenses	22,602	17	24,151
	18	Grants payable	417,511	18	273,723
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	0	25	96,947
	26	**Total liabilities.** Add lines 17 through 25	440,113	26	394,821
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	2,273,396	27	2,009,624
	28	Temporarily restricted net assets	2,963,480	28	5,274,028
	29	Permanently restricted net assets	716,973	29	716,973
		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	5,943,849	33	8,000,625
	34	Total liabilities and net assets/fund balances	6,383,962	34	8,395,446

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	5,377,946
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,255,727
3	Revenue less expenses Subtract line 2 from line 1	3	2,122,219
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,943,849
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-65,443
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	8,000,625

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
McLeod Health Foundation

Employer identification number
57-0818672

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)**		No
(ii) a family member of a person described in (i) above? **11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

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
(A) McLeod Regional Med	570370242	3	Yes		Yes		Yes		1,177,155
(B) McLeod Dillon	510473471	3	Yes		Yes		Yes		488,153
(C) McLeod Physician Associates II	202935692	3	Yes		Yes		Yes		64,000
(D) McLeod Health	510473500	3	Yes		Yes		Yes		49,800
Total									1,779,108

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).

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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
McLeod Health Foundation

Employer identification number
57-0818672

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	2,147,596	1,943,272	1,879,485		
b	Contributions	39,578	22,630	35,488		
c	Investment earnings or losses	-25,637	203,319	48,272		
d	Grants or scholarships					
e	Other expenditures for facilities and programs	446	875	5,055		
f	Administrative expenses	24,860	20,750	14,918		
g	End of year balance	2,136,231	2,147,596	1,943,272		

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

- a Board designated or quasi-endowment ▶ 59 000 %
- b Permanent endowment ▶ 37 000 %
- c Term endowment ▶ 4 000 %

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No

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				
b Buildings				
c Leasehold improvements				
d Equipment		83,014	78,294	4,720
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				4,720

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		
(3) Other		
(A) Money Market - Wachovia, Merrill Lynch, BB&T, Health Facilities Credit Union	947,399	F
(B) CD's- Stifel	900,000	F
(C) Mutual Funds - Merrill Lynch, Stifel	108,878	F
(D) Life Insurance - Navy Mutual	28,233	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	1,984,510	

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

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

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

(a) Description	(b) Book value
(1) Accrued Interest	1,020
(2) Donor Restricted Funds	716,973
(3) Prepaid Expenses	5,236
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	723,229

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Due to McLeod Health	96,947
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	96,947

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	5,377,946
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,255,727
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,122,219
4	Net unrealized gains (losses) on investments	4	-65,443
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-65,443
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,056,776

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	5,401,213
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	23,267		
e	Add lines **2a** through **2d**			2e	23,267
3	Subtract line **2e** from line **1**			3	5,377,946
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	5,377,946

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

1	Total expenses and losses per audited financial statements			1	3,344,437
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	3,344,437
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	-88,710		
c	Add lines **4a** and **4b**			4c	-88,710
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	3,255,727

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 Intended Use of Endowment Funds	Part V, Line 4	For the board to use to apply to future grants
		Part XII, Line 2d Realized Loss Part XIII, Line 4b Realized Loss = -23,267 Unrealized Loss = -65,443

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
McLeod Health Foundation

Employer identification number
57-0818672

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☑ Mail solicitations
- **b** ☑ Internet and e-mail solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Ghiorsi & Sorrenti Inc 50 Tice Blvd 390 Woodcliff Lake, NJ 07677	Consulting for Fund-Raising		No	1,498,856	258,708	1,240,148
Total . . . . . ▶				1,498,856	258,708	1,240,148

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

SC

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 Chef & Child (event type)	(b) Event #2 Golf Classic (event type)	(c) Other Events 4 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	63,181	133,578	195,575	392,334
	2 Less Charitable contributions	33,053	90,387	105,267	228,707
	3 Gross income (line 1 minus line 2)	30,128	43,191	90,308	163,627
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	16,780	52,658	50,583	120,021
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				120,021
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				43,606

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	**13a**	
b An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
Explanation of Fundraising Payments	Schedule G, Part I, Line 2b, Column (v)	McLeod Health Foundation engaged the consulting firm of Ghiorsi & Sorrenti, Inc to assist the organization with its new capital fund-raising campaign called One Vision, One Future During the year ended September 30, 2011, McLeod Health Foundation paid Ghiorsi & Sorrenti, Inc $258,708 and the One Vision, One Future capital campaign received $2,660,933 of revenues (including pledges) of which $1,498,856 were cash receipts received during the year ended September 30, 2011

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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
McLeod Health Foundation

Employer identification number
57-0818672

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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 1

3 Enter total number of other organizations . . . ▶

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

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

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

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 McLeod Health Foundation receives invoices from the different departments of McLeod Regional Medical Center confirming the purchase of the item or items for which the grant was approved

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 57-0818672
Name: McLeod Health Foundation

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
McLeod Regional Medical Center555 E Cheves St Florence, SC 295014423	57-0370242	501(c)(3)	106,796				Unrestricted Funds
McLeod Regional Medical Center555 E Cheves St Florence, SC 295014423	57-0370242	501(c)(3)	915,590				Children Services

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
McLeod Regional Medical Center555 E Cheves St Florence, SC 295014423	57-0370242	501(c)(3)	71,664				Cancer Services
McLeod Regional Medical Center555 E Cheves St Florence, SC 295014423	57-0370242	501(c)(3)	86,709				Dillon ED

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
McLeod Regional Medical Center555 E Cheves St Florence, SC 295014423	57-0370242	501(c)(3)	357,809				Duke Endowment
McLeod Regional Medical Center555 E Cheves St Florence, SC 295014423	57-0370242	501(c)(3)	45,895				Other Restricted

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
McLeod Regional Medical Center555 E Cheves St Florence, SC 295014423	57-0370242	501(c)(3)	5,442				Resourse/COm
McLeod Regional Medical Center555 E Cheves St Florence, SC 295014423	57-0370242	501(c)(3)	44,997				Diabetes

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
McLeod Regional Medical Center555 E Cheves St Florence, SC 295014423	57-0370242	501(c)(3)	2,677				Heart Instu
McLeod Regional Medical Center555 E Cheves St Florence, SC 295014423	57-0370242	501(c)(3)	3,960				Cardia Phase III

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
McLeod Regional Medical Center555 E Cheves St Florence, SC 295014423	57-0370242	501(c)(3)	55,129				Employee Emergency Fund
McLeod Regional Medical Center555 E Cheves St Florence, SC 295014423	57-0370242	501(c)(3)	1,000				Scholar - Boyd

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
McLeod Regional Medical Center555 E Cheves St Florence, SC 295014423	57-0370242	501(c)(3)	59,020				Mobile Mamo
McLeod Regional Medical Center555 E Cheves St Florence, SC 295014423	57-0370242	501(c)(3)	15,000				Cardiac MMC-Dillon

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
McLeod Regional Medical Center555 E Cheves St Florence, SC 295014423	57-0370242	501(c)(3)	2,000				Sports Med

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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
McLeod Health Foundation

Employer identification number
57-0818672

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**		
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**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use 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) Jill Bramblett	(i)	0	0	0	0	0	0	0
	(ii)	105,930	18,510	8,137	11,441	36,527	180,545	0
(2) Daniel W Hyler MD	(i)	0	0	0	0	0	0	0
	(ii)	253,341	0	2,682	23,067	21,820	300,910	0
(3) Deborah Locklair	(i)	0	0	0	0	0	0	0
	(ii)	169,581	24,502	6,381	22,000	27,369	249,833	0
(4) Marie G Segars	(i)	0	0	0	0	0	0	0
	(ii)	293,219	71,971	4,931	38,500	62,806	471,427	0
(5) Robert L Colones	(i)	0	0	0	0	0	0	0
	(ii)	623,774	98,184	7,209	31,200	43,057	803,424	0
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(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

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
McLeod Health Foundation

Employer identification number
57-0818672

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art	X	12	5,581	Other
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		80	Other
5 Clothing and household goods	X		7,561	Other
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial	X	1	10,400	Cost or Selling Price
17 Real estate—Other	X	2	3,190	Cost or Selling Price
18 Collectibles	X	1	19,480	Sale of Other Property
19 Food inventory	X	4	725	Other
20 Drugs and medical supplies				
21 Taxidermy	X	1	350	Cost or Selling Price
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Other Jewlery)	X	5	4,223	Other
26 Other ▶ (Rental or Lease)	X	12	11,965	Other
27 Other ▶ (Services/Advertising)	X	8	127,919	Other
28 Other ▶ (Other)	X	25	3,069	Other

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . | 29 | 0

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b If "Yes," describe in Part II			
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493227016562

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
McLeod Health Foundation

Employer identification number
57-0818672

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		McLeod Health Foundation has a sole member which is McLeod Health

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		The Board of McLeod Health (sole member) has final authority as needed on the makeup and decision-making of McLeod Health Foundation's Board

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		The Board of McLeod Health (sole member) has final authority as needed on the makeup and decision-making of McLeod Health Foundation's Board

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The process the organization uses to review the Form 990 consists of providing copies of the Form 990 to the Board of Trustees of McLeod Health (sole member of McLeod Health Foundation) at the May 2012 Board meeting, along with a presentation covering the Form 990 by the preparing firm, Deloitte Tax, to allow for a thorough review by the sole member's Board before the filing date of August 15, 2012

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 12c	McLeod Health Foundation regularly and consistently monitors and enforces compliance with the conflict of interest policy in that any director, principal officer, or member of a committee with governing board delegated powers, who has a direct or indirect financial interest, must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of the committees with governing board delegated powers considering the proposed transaction or arrangement The remaining individuals on the governing board or committee meeting will decide if conflicts of interest exist Each director, principal officer, and member of a committee with governing board delegated powers annually signs a statement which affirms such person has received a copy of the conflict of interest policy, has read and understands the policy, has agreed to comply with the policy, and understands that the organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish its tax-exempt purpose Each Board Member signs a Conflict of Interest statement each year

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 15	In determining compensation of McLeod Health Foundation's Executive Director, the process included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision In the review of compensation, the Executive Director was compared to other similarly situated organizations and positions Individual was not present when compensation was determined

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section C, line 19	McLeod Health Foundation will provide any documents open to public inspection upon request

Identifier	Return Reference	Explanation
Avg hours devoted to related org (s) when related comp is reported	Form 990, Part VII	Robert L Colones' compensation is paid by McLeod Health, a related organization of McLeod Health Foundation The compensation he receives is for his role as CEO of McLeod Health and not for his role as a Board Member, an uncompensated role, of McLeod Health Foundation Hours worked are not tracked on an entity by entity basis Therefore, all hours reported on Form 990, Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors represent aggregate hours worked per week. Daniel W Hyler, MD's compensation is paid by McLeod Physician Associates II, a related organization of McLeod Health Foundation The compensation he receives is for his role as a physician at McLeod Physician Associates II and not for his role as a Board Member, an uncompensated role, of McLeod Health Foundation Hours worked are not tracked on an entity by entity basis Therefore, all hours reported on Form 990, Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors represent aggregate hours worked per week Deborah Locklair's compensation is paid by McLeod Health, a related organization of McLeod Health Foundation The compensation she receives is for her role as Vice President of McLeod Health and not for her role as a Board Member, an uncompensated role, of McLeod Health Foundation Hours worked are not tracked on an entity by entity basis Therefore, all hours reported on Form 990, Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors represent aggregate hours worked per week Marie G Segars' compensation is paid by McLeod Health, a related organization of McLeod Health Foundation The compensation she receives is for her role as Senior Vice President of McLeod Health and not for her role as a Board Member, an uncompensated role, of McLeod Health Foundation Hours worked are not tracked on an entity by entity basis Therefore, all hours reported on Form 990, Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors represent aggregate hours worked per week. Jill Bramblett's compensation is paid by McLeod Health, the sole member of McLeod Health Foundation Her main role under McLeod Health is to serve as Executive Director of McLeod Health Foundation The compensation she receives is for her role in McLeod Health and not for her role as a Board Member, an uncompensated role, of McLeod Health Foundation Hours worked are not tracked on an entity by entity basis Therefore, all hours reported on Form 990, Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors represent aggregate hours worked per week

Identifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized losses on investments -65,443

Identifier	Return Reference	Explanation
Community Benefit Report	Form 990, Part III, Line 4a	The Mission of the McLeod Health Foundation is to generate philanthropic and community support to perpetuate medical excellence at McLeod Health Thanks to the generosity of this region, the Foundation has provided support for many of programs at McLeod Health These programs include support for McLeod Children's Hospital, The Guest House at McLeod, McLeod Angels, McLeod Cancer Center for Treatment and Research and McLeod Diabetes Services just to name a few Simply put the Foundation funds better health for thousands of families throughout Northeastern South Carolina and Southeastern North Carolina McLeod Health Foundation was proud to be a part of the following initiatives All Aboard the Camp Health Train Across the region every year, thousands of children attend a variety of summer camps with programs that educate and entertain them while giving their parents some rest and relaxation At McLeod, there is a very special group of children who meet each summer at the Children's Hospital for a camp designed specifically to meet their individual and unique health care needs The 2011 McLeod Children's Hospital Camp Health took place in June Annually, area children ages five to 12 with chronic illnesses, including Asthma, Sickle Cell, and Type I Diabetes are invited to attend this special camp Staffed by a team of nurses, therapists, and dieticians, the campers are monitored for their conditions during both play and rest periods Funded by the McLeod Foundation, the 2011 camp celebrated an "All Aboard the McLeod Camp Health Train" theme and included an exciting train ride for campers from Florence to Dillon Other trips included roller skating, an outing to the Discovery Place in Charlotte, a field day of outdoor activities at the Lynches River Splash Pad, and a fitness day at the McLeod Health and Fitness Center At the camp's main "station" in the McLeod Children's Hospital Child Life Activity Center, campers enjoyed such activities as arts and crafts, a Wii competition, and line dancing lessons They also learned about train safety from the South Carolina Highway Patrol Thanks to the special generosity of donors responding to the needs of little patients with long-term chronic illnesses, Camp Health provides these children with a fun and safe summer camp experience while offering education on management of their health condition for both the child and their family Lifesaving Technologies for the Smallest Patients For a critically ill child, time and access to appropriate specialists and technology can mean the difference between life and death As the primary care center for children in the Pee Dee and Grand Strand Regions, McLeod Children's Hospital operates the ChildReach ambulance, a mobile pediatric and neonatal intensive care unit that transports children and newborns from community hospitals to the lifesaving physicians and staff at McLeod Children's Hospital Transport nurses and respiratory therapists on board the ambulance respond immediately to ensure high quality care of the child during transport Additionally, state-of-the-art technology is essential to meeting the special needs of these patients Recently, the McLeod Foundation funded new equipment to expand the services ChildReach provides to critically ill infants The purchase of a new transport isolette offers the latest in transport care The isolette features new thermo-regulation tools that help better stabilize an infant's body temperature, which is vital to the survival of these tiny patients Also, new monitors help staff more accurately understand the child's health signals and readings Another unique feature is the ability to attach two monitors and ventilators to the isolette without needing an additional transport bed, which is extremely beneficial for premature twins needing transport Two more lifesaving technologies were also made available through funds from the McLeod Foundation - - High Frequency Ventilation for tinier babies and Nitric Oxide therapy for larger infants High Frequency Ventilation provides smaller puffs of breath to infants at a faster rate, which is gentler on a baby's lungs than traditional ventilators Nitric Oxide therapy is used in infants to increase blood flow to the lungs, which improves the body's ability to carry oxygen to the tissues and organs Previously, infants who needed these therapies would require transport to hospitals out of the region In addition, this equipment can be utilized both in the McLeod Neonatal Intensive Care Unit (NICU) as well as on the ChildReach ambulance The McLeod NICU was also able to purchase a much needed Glide-Scope Video Laryngoscope, which provides staff with clear, real-time views of a patient's airway for quick endotracheal tube placement Often, airways in these tiny babies can be difficult and unpredictable in navigating The NICU transport team will use this piece of equipment to train new transport members in the unit before they begin transporting

Identifier	Return Reference	Explanation
Community Benefit Report	Form 990, Part III, Line 4a	babies on ChildReach This equipment also allows staff to take pictures of specific areas of concern to send to other specialists for evaluation "The Glide-Scope is an excellent tool to teach the life-saving skill of intubation on these special patients," said Jeanie Elmore, Director of the McLeod NICU "It allows the new team member to visualize the proce dure while an experienced clinician shows them important and unique markers " Donations to the McLeod Children's Hospital have provided for the purchase of this lifesaving technolo gy that allows for these infants to be cared for right at home instead of being transferre d out of the region Donation Helps Patients Avoid Emergent Care When a patient is living with congestive heart failure, daily observation of their condition is critical to preven t complications or hospitalization One of the many services offered by McLeod Home Health that is beneficial to these patients is in-home monitoring The HomMed Home Monitoring Sy stem collects clinical data such as heart rate, blood pressure, oxygen saturation levels, weight and temperature, all from within a patient's home The data collected is then trans mitted to McLeod Home Health via a modem By detecting health problems that typically lead to emergency room visits or hospitalization before they become serious, the system can pr ovide significant cost savings and improve outcomes for both patients and caregivers McLe od Home Health began using the HomMed system in 2002 to treat patients with congestive hea rt failure (CHF), hypertension and chronic obstructive pulmonary disease (COPD), as well a s certain post-operative cardiac patients The HomMed system can also monitor the followin g conditions myocardial infarction, coronary arterial bypass graft, diabetes and stroke Since 2005, the McLeod Foundation has been providing assistance in purchasing additional m onitors as the demand for the system has grown With advancements in technology over the p ast decade, one of the challenges McLeod Home Health recently faced was the elimination of landline telephones as more patients started using cell phones as their in-house phone With the lack of a phone line there was no way to connect the HomMed system to relay the sc reening information "The only option was for patients to call us with their screening res ults," said Maree Robb, RN, McLeod Telehealth Nurse "However, the problem became that mos t would forget to call " Fortunately, a resolution to the issue came through a donation ma de by John Sparrow of Scranton Mr Sparrow was a member of the 2011 Class of the McLeod F oundation Fellows Program On graduation night, in May of 2011, instead of joining his fel low classmates for the celebration, he was by the side of his wife, Juanita Mrs Sparrow had been admitted to the McLeod Coronary Care Unit (CCU) with a diagnosis of Congestive He art Failure "The care my wife received in the CCU was extremely good," said Mr Sparrow "Everyone was so nice There are two special nurses, Ann Taylor and Shelley Rholetter, who provided special care to Juanita, and I am eternally grateful to them" As an expression of his gratitude, Mr Sparrow contacted the McLeod Foundation to inquire about making a do nation His wishes were for the funds to be used to benefit patients with coronary illness es "When the Foundation explained to me the need for HomMed monitoring systems that opera te off of satellites for patients without a landline, it sounded like a much needed item," said Mr Sparrow "Having a HomMed system can help patients better manage their illness f rom home and avoid the emergency department " With the money donated by Mr Sparrow, McLeo d Home Health is purchasing new monitoring systems with satellite capabilities in addition to educational materials needed by cardiac patients to help manage their heart disease

Identifier	Return Reference	Explanation
Community Benefit Report (Continued)	Form 990, Part III, Line 4a	"Being able to receive critical information earlier allows us the opportunity to make an intervention that may save a patient from hospitalization, or more importantly, a life," said Robb The powerful gifts made by donors like Mr Sparrow are improving the lives of patients with congestive heart failure One Vision, One Future Making a difference now for patients in the future is the mission of the One Vision, One Future Campaign for McLeod Health The largest capital campaign in the history of the McLeod Health Foundation, these efforts will benefit the new McLeod Cancer Center and the expansion of the McLeod Hospice House The Foundation officially kicked off the One Vision, One Future Campaign in October during the 12th Annual An Evening of Hope Cancer Benefit At the event, in a setting which celebrated the lives of cancer patients and their families, Campaign Co-Chairs Beverly Hazelwood and Shirley Meiere shared news about this on-going effort which will provide funding for the Cancer Center and Hospice House Through the early phase of the campaign prior to the announcement in October, McLeod Health employees, board members, physicians, patients, families and business partners made unprecedented and historic gifts to the Foundation which totaled $46 million To date, more than $56 million has been raised for the campaign Jill Bramblett, Executive Director of the McLeod Foundation, explained, "We are greatly appreciative for the dozens of volunteers who have worked tirelessly this past year to share the need for these projects and raise significant philanthropic dollars for this campaign In this great time of economic uncertainty and healthcare reform, the gifts from the community are more important than ever in assuring we have the best healthcare in our region and in the future " "We invite all the communities we serve to join us in this significant effort," added Meiere, who is also Chairman of the Foundation's Board of Trustees "The success of the One Vision, One Future Campaign for McLeod Health depends upon the generous support of all who believe in the importance of excellent healthcare in our region All whose lives have been and will be touched by McLeod have a great stake and unparalleled opportunity to join in support of this essential project " Construction has begun on both projects with an expected completion date for the Hospice House expansion in the Fall of 2012 and the new McLeod Cancer Center in early 2013 The gifts we share today will have a lasting impact on tomorrow for future generations Thanks to the support of donors to the McLeod Foundation, the vision for the future of healthcare at McLeod is becoming a reality Benefits to the Community - The new Cancer Center will offer an environment dedicated to the physical and emotional needs of cancer patients and their families The center will provide innovative multi-disciplinary care, ease of access to appointments with McLeod Oncologists and participation in research trials, as well as cancer treatment all in one location - Installation of the Varian TrueBeam sTx-based program McLeod will install a new linear accelerator specifically designed for stereotactic radiosurgery (SRS) using the Varian TrueBeam sTx platform The delivery of stereotactic radiosurgery involves image guided technology for non-invasive treatment of benign and malignant tumors - The McLeod Hospice House, which currently houses 12 patient rooms, will double in size As families have learned the value of this inpatient facility that offers comprehensive, compassionate care of terminally ill patients and their families, the demand has exceeded capacity The expansion will add 12 new patient rooms, two family comfort areas and five offices This project is being totally funded through philanthropic support Enhancing Birth Experiences at McLeod Dillon The ability to deliver excellent medical care, comfort and an ideal birth experience to growing families has been enhanced at McLeod Dillon, thanks to the generous support of donors to the McLeod Foundation Recently, McLeod Dillon renovated its Newborn Nursery with financial assistance from the Foundation Designed through a collaborative effort between the McLeod Dillon staff and administration, Collins & Almers Architecture, and Gilbert Construction, the newly redesigned 1,100 square-foot nursery accommodates 10 bassinets and provides a more soothing environment for the patient and family "The renovation also promotes staff efficiency through an open floor plan design with dedicated staff work areas and support," said Pat Jones, Director of Women's Services at McLeod Dillon Visually the Newborn Nursery has been updated with new, vibrant patterns on the flooring, along with colorful fabrics for privacy curtains and new finishes The renovated nursery also includes a new Isolation Room, a private nursing mother alcove, a handicap accessible rest room as well as new lighting Enriching the environment

Identifier	Return Reference	Explanation
Community Benefit Report (Continued)	Form 990, Part III, Line 4a	where many extended family members first meet their new addition is made possible by dono r gifts to the McLeod Foundation Helping Others In Many Ways Diabetes affects more than ten percent of the population served by McLeod Health According to the American Diabetes Association, 25 8 million children and adults in the United States have diabetes, which re presents 8 3 percent of the population The McLeod Diabetes Center provides valuable diabe tes self-management training and education to more than 1,500 patients each year They str ive to educate patients and the community on diabetes and the risk factors associated with the disease This education helps people learn how to achieve and maintain blood glucose control which can minimize and even prevent the impact of diabetes complications How ever, when patients are uninsured, they are extremely limited in access to the proper care and know ledge required to manage diabetes and maintain good health Without insurance, diabete s education and blood glucose monitoring can be unattainable due to the cost Rosetta Joe of Effingham, South Carolina, was diagnosed with diabetes in 1990 She effectively managed the disease and experienced no complications until the summer of 2011 when she began to e xperience a burning sensation in her foot "My doctor told me it was the beginning of a ne rve condition," said Rosetta "He kept a close eye on my diabetes and the nerve condition, but my foot continued to deteriorate He wanted me to learn more about diabetes, how to c are for myself, and to seek further treatment for the nerve condition " Rosetta's physicia n referred her to the McLeod Diabetes Center She was looking forward to the experience, b ut she was not sure how she could participate due to the fact that she and her husband did not have medical insurance Rosetta explains, "My husband, Manning was laid off at the ag e of 64 years When he lost his job we lost our medical insurance I work part-time as a h air dresser Without my husband's medical insurance we were not able to afford the additio nal care I needed " Fortunately, Rosetta was eligible for a financial scholarship provided by the McLeod Foundation The scholarship is one component included in a grant from the M cLeod Foundation that enables the Diabetes Center to help patients who they would not othe rwise have the resources to support The scholarship covers the expense of a patient's att endance in the Diabetes Self-Management Classes The support of the McLeod Foundation expa nds beyond the scholarship funds to include screenings and educational materials for the c ommunity, and the availability of blood glucose monitors, tools and resources for patients "I would not have been able to participate in the McLeod Diabetes Center Program without the scholarship," said Rosetta "The financial support from the McLeod Foundation is valu able and appreciated " Rosetta has successfully completed the diabetes program and is now attending the monthly support groups "I share the know ledge I learned with the ladies at the hair salon who I know have diabetes or are at risk for diabetes," said Rosetta "The M cLeod Diabetes Center staff has taught me so much from what foods to eat to what works bes t to fight an infection to the type of shoes and socks to wear, and how to incorporate exe rcise into my life They have truly been a blessing to me " "Rosetta has done very well ma naging her diabetes," said Anita Longan, Registered Dietitian with the McLeod Diabetes Cen ter "Her A1C level was high at 7 4 when she began the program She now has an A1C level o f 6 When a patient's A1C level is lower, the risk of complications is decreased We are p roud of how Rosetta has achieved her diabetes goals She is a real inspiration to others "

Identifier	Return Reference	Explanation
Community Benefit Report (Continued)	Form 990, Part III, Line 4a	The generosity of donors to the McLeod Foundation is making a difference in the lives of patients by enabling them to receive proper care and education to manage their health Treating Patients with Compassion Treating patients with a primary psychiatric illness or co-occurring substance abuse disorder, McLeod Behavioral Health Services believes the best approach to improving health and recovery for these patients involves empathy and listening, as well as constructive plans for emotional improvement As part of this mission delivery of care, Behavioral Health approached the McLeod Foundation for funding assistance to implement the Compassionate Cares program, which provides patients with tools to better manage their condition The purchase of weekly medication organizers, writing journals and relaxation music CDs are helping patients in their recovery and preventing readmission, according to Myra Bethea, a Care Manager with McLeod Behavioral Health Each item serves a specific purpose For example, the weekly pill organizers encourage compliance with prescribed medication treatment "Many of our patients are unaware of how important it is to take their medications at certain times each day or they have a medication regimen that is difficult to follow," explained Bethea "These medication organizers provide a simple, daily reminder for patients, and increase compliance with treatment plans to keep symptoms under control" The therapeutic benefits of writing down their feelings and thoughts is being encouraged through the form of a journal provided to each patient This tool allows patients to gain insight into their problems and develop healthier coping strategies In addition, journaling has been shown to help patients with appropriate decision making, problem solving and conflict resolution Finally, another therapeutic intervention for better management of stress and psychological symptoms in patients has involved the use of relaxation music CDs Designed to help patients manage their stress in a positive way, music therapy is beneficial for treating anxiety, muscle tension, sleep issues, nausea, or pain Music can also distract a patient which enhances their healing Offering compassionate care and coping tools to patients suffering from psychiatric conditions is made possible by gifts to the McLeod Foundation

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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
McLeod Health Foundation

Employer identification number
57-0818672

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) McLeod Regional Medical Center of the Pee Dee Inc 555 E Cheves St Florence, SC 295014423 57-0370242	To operate a community hospital	SC	501(c)(3)	Line 3	N/A		No
(2) McLeod Regional Medical Center - Dillon 555 E Cheves St Florence, SC 295014423 51-0473471	To operate a community hospital	SC	501(c)(3)	Line 3	N/A		No
(3) McLeod Physician Associates II 555 E Cheves St Florence, SC 295014423 20-2935692	Physician Services	SC	501(c)(3)	Line 3	N/A		No
(4) McLeod Health 555 E Cheves St Florence, SC 295014423 51-0473500	To operate a healthcare system	SC	501(c)(3)	Line 3	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) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) McLeod Medical Partners LLC 4401 Barclay Down Dr Suite 3 Charlotte, SC282094670 57-0812002	Rental	SC	N/A	N/A				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) McLeod Physician Associates 555 E Cheves St Florence, SC29501 58-2279897	Physician Services	SC	N/A	C			

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	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c		No
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		No
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r		No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) McLeod Regional Medical Center of the Pee Dee Inc	B	1,080,527	Actual Cash Transferred
(2) McLeod Medical Center - Dillon	B	488,152	Actual Cash Transferred
(3) McLeod Physician Associates II	B	57,330	Actual Cash Transferred
(4) McLeod Health	L	181,185	Actual Cost of Services Provided
(5) McLeod Regional Medical Center of the Pee Dee Inc	P	1,110,759	Actual Cash Transferred
(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

Additional Data

Software ID:
Software Version:
EIN: 57-0818672
Name: McLeod Health Foundation

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) McLeod Regional Med	570370242	3	Yes		Yes		Yes		1177155
(B) McLeod Dillon	510473471	3	Yes		Yes		Yes		488153
(C) McLeod Physician Associates II	202935692	3	Yes		Yes		Yes		64000
(D) McLeod Health	510473500	3	Yes		Yes		Yes		49800

Additional Data

Software ID:
Software Version:
EIN: 57-0818672
Name: McLeod Health Foundation

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			
Beverly S Hazelwood Trustee	1 00	X						0	0	0
Jill Bramblett Exec Dir /VP w/ Rel Org	40 00	X						0	132,577	47,968
Shirley H Meiere Vice Chairman	1 00	X		X				0	0	0
William L Kinney Jr Trustee	1 00	X						0	0	0
Thomas B Richardson Chairman	1 00	X		X				0	0	0
Jan Austin Trustee	1 00	X						0	0	0
Starlee B Alexander Secretary	1 00	X		X				0	0	0
Lynn R Owens Trustee	1 00	X						0	0	0
Susan S Burley Trustee	1 00	X						0	0	0
Joan S Billheimer Trustee	1 00	X						0	0	0
John D Bankson Jr Treasurer	1 00	X		X				0	0	0
J Laverne Ard Trustee	1 00	X						0	0	0
Timothy E Cunningham Trustee	1 00	X						0	0	0
Evans Holland Trustee	1 00	X						0	0	0
Daniel W Hyler MD Trustee/Physcn w Rel Org	40 00	X						0	256,023	44,887
Fred M Krainin MD Trustee	1 00	X						0	0	0
Judith H Kammer Trustee	1 00	X						0	0	0
James M Ivey Jr Trustee	1 00	X						0	0	0
Frank M Chip Munn III Trustee	1 00	X						0	0	0
Deborah Locklair Trustee/VP w/ Rel Org	40 00	X						0	200,464	49,369
Marie G Segars Trustee/VP w/ Rel Org	40 00	X						0	370,121	101,306
Michael G Roberts Trustee	1 00	X						0	0	0
Dr Samuel McCown Assistant Treasurer	1 00	X		X				0	0	0
Frederick R Saunders Jr Trustee	1 00	X						0	0	0
John C Ramsey Trustee	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Amy F Urquhart Trustee	1 00	X						0	0	0
Joyce Beasley Trustee	1 00	X						0	0	0
Dr Tarek Bishara Trustee	1 00	X						0	0	0
Melody Birmingham Byrd Trustee	1 00	X						0	0	0
Richard Havekost Trustee	1 00	X						0	0	0
Robert L Colones Trustee/CEO w/ Rel Org	40 00	X						0	729,167	74,257

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 605,673 including grants of $ 397,245) (Revenue $)

Mobile Mammo - Expenditures to be used for the purchase of a mobile unit that can give women easy access to mammograms Cancer - Expenditures for equipment and programs for McLeod Regional Medical Center's Cancer unit including diagnostic oncology equipment and other programs supporting Cancer patients