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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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 10-01-2012 , 2012, and ending 09-30-2013

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 $ 7,109,010

F Name and address of principal officer
Robert L Colones
PO Box 100551
Florence, SC 295020551

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	25
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	22
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	15
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
8	Contributions and grants (Part VIII, line 1h)	4,274,777	3,993,445
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	155,303	383,896
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-34,281	67,838
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,395,799	4,445,179
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,090,809	2,675,036
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)	411,210	417,465
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶418,611		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	935,195	835,283
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	5,437,214	3,927,784
19	Revenue less expenses Subtract line 18 from line 12	-1,041,415	517,395

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	7,673,945	8,421,204
21	Total liabilities (Part X, line 26)	424,146	789,855
22	Net assets or fund balances Subtract line 21 from line 20	7,249,799	7,631,349

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: 2014-08-15

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				P00540589

Firm's name ▶ Deloitte Tax LLP — Firm's EIN ▶ 86-1065772

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 200,000 including grants of $ 200,000) (Revenue $)

Hospice Expenditures for equipment and every day necessities for patients and families

4b (Code) (Expenses $ 1,172,477 including grants of $ 1,172,477) (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 $ 389,567 including grants of $ 389,567) (Revenue $)

Cancer Clinic Expenditures to assist in Construction of new Cancer Center that opened in Jan 2014

(Code) (Expenses $ 1,122,298 including grants of $ 912,992) (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

4d Other program services (Describe in Schedule O)

(Expenses $ 1,122,298 including grants of $ 912,992) (Revenue $)

4e **Total program service expenses** ▶ 2,884,342

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 instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 for escrow or custodial account liability, 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 temporarily restricted endowments, permanent endowments, 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, line 10? *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 and XII*	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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *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 United States? *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 United States? *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 hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	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 through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, 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*	**35b**		
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 11b 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	15		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
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 as charitable contributions? . . .	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	0		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year **1a** 25			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent **1b** 22			
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	Did the organization have members or stockholders?	**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**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	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete 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	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) Rajesh Bajaj MD Trustee/Physcn W Rel Org	1 00 39 00	X						0	672,793	78,604
(2) Joan S Billheimer Trustee	1 00 0 00	X						0	0	0
(3) William L Kinney Jr Trustee	1 00 0 00	X						0	0	0
(4) Thomas B Richardson Trustee	1 00 0 00	X						0	0	0
(5) Lynn R Owens Trustee	1 00 0 00	X						0	0	0
(6) J Laverne Ard Trustee	0 00 0 00	X						0	0	0
(7) J Janice Austin Trustee	1 00 0 00	X						0	0	0
(8) Joyce S Beasley Trustee	1 00 0 00	X						0	0	0
(9) Timothy E Cunningham Trustee	1 00 0 00	X						0	0	0
(10) Richard L Havekost Trustee	1 00 0 00	X						0	0	0
(11) Beverly S Hazelwood Trustee	1 00 0 00	X						0	0	0
(12) Karen R Hill MD Trustee	1 00 39 00	X						0	77,975	36,779
(13) Evans P Holland Trustee	1 00 0 00	X						0	0	0
(14) Daniel W Hyler MD Trustee/Physcn W Rel Org	1 00 40 00	X						0	343,475	67,533
(15) Fred M Krainin MD Trustee/Physcn W Rel Org	1 00 40 00	X						0	127,460	15,087
(16) Alice M Marlowe Treasurer	1 00 0 00	X						0	0	0
(17) Frank M Chip Munn III Trustee	1 00 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) Rev Charles Randall Trustee	1 00 0 00	X						0	0	0
(19) John C Ramsey Trustee	1 00 0 00	X						0	0	0
(20) R Paul Seward Trustee	1 00 0 00	X						0	0	0
(21) Inderpal Singh MD Trustee	1 00 0 00	X						0	0	0
(22) John D Bankson Jr Vice Chairman	1 00 0 00	X		X				0	0	0
(23) Dr Tarek M Bishara Secretary	1 00 0 00	X		X				0	0	0
(24) James M Ivey Jr Treasurer	1 00 0 00	X		X				0	0	0
(25) Shirley H Meiere Chairman	1 00 0 00	X		X				0	0	0
(26) Amy F Urquhart Trustee	1 00 0 00	X		X				0	0	0
(27) Jill Bramblett Executive Director	39 00 1 00			X				0	153,339	75,962

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	0	1,375,042	273,965

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of 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*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		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 Report compensation for the calendar year ending with or within the organization's tax year

(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 of compensation from the organization ▶0

Part VIII Statement of Revenue

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

				(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	304,685			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	200,000			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,488,760			
	g	Noncash contributions included in lines 1a-1f $		159,565			
	h	**Total.** Add lines 1a-1f			3,993,445		
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f					
	3	Investment income (including dividends, interest, and other similar amounts)			86,902			86,902
	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	2,830,251					
	b	Less cost or other basis and sales expenses	2,533,257					
	c	Gain or (loss)	296,994					
	d	Net gain or (loss)			296,994			296,994
Other Revenue	8a	Gross income from fundraising events (not including $ 304,685 of contributions reported on line 1c) See Part IV, line 18	a	198,412				
	b	Less direct expenses	b	130,574				
	c	Net income or (loss) from fundraising events			67,838			67,838
	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			4,445,179	0	0	451,734

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)

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

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 United States See Part IV, line 21	2,675,036	2,675,036		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States 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	317,810	63,562	127,124	127,124
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	99,655	19,931	39,862	39,862
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management	206,220		206,220	
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	29,017	5,803	11,607	11,607
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	58,720	11,744	23,488	23,488
12 Advertising and promotion	126,170	25,234	50,468	50,468
13 Office expenses	181,847	36,369	72,739	72,739
14 Information technology				
15 Royalties . .				
16 Occupancy				
17 Travel	7,435	1,487	2,974	2,974
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,587	717	1,435	1,435
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 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Misc Exp	160,224	32,046	64,089	64,089
b Other Direct Expenses	58,135	11,627	23,254	23,254
c Dues & Subscriptions	2,540	508	1,016	1,016
d Licenses & Taxes	50	10	20	20
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	3,927,784	2,884,342	624,831	418,611
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		369,810	1	882,113
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		2,855,736	3	2,318,665
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other 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) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 83,014			
	b	Less accumulated depreciation	10b 80,971	3,381	10c	2,043
	11	Investments—publicly traded securities		1,668,012	11	585,492
	12	Investments—other securities See Part IV, line 11		2,035,033	12	3,890,913
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		741,973	15	741,978
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		7,673,945	16	8,421,204
Liabilities	17	Accounts payable and accrued expenses		30,885	17	31,398
	18	Grants payable		268,595	18	609,049
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		124,666	25	149,408
	26	**Total liabilities.** Add lines 17 through 25		424,146	26	789,855
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,567,569	27	1,527,337
	28	Temporarily restricted net assets		4,940,257	28	5,362,039
	29	Permanently restricted net assets		741,973	29	741,973
		Organizations that do not follow SFAS 117 (ASC 958), 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		7,249,799	33	7,631,349
	34	Total liabilities and net assets/fund balances		7,673,945	34	8,421,204

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	4,445,179
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,927,784
3	Revenue less expenses Subtract line 2 from line 1	3	517,395
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,249,799
5	Net unrealized gains (losses) on investments	5	-135,845
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,631,349

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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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

2012

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 - Non-functionally integrated

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

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? **11g(i)**		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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
See Additional Data Table									
Total									2,507,368

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2011 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2012.** 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—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2012.** 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—2011.** 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** 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—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

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

Form 990, Sch A, Part I, Line 11h - 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)	(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	
McLeod Regional Medical Center of the Pee Dee Inc	570370242	3	Yes		Yes		Yes		2337603
McLeod Dillon	510473471	3	Yes		Yes		Yes		65603
McLeod Physician Associates II	202935692	3	Yes		Yes		Yes		26400
McLeod Health	510473500	3	Yes		Yes		Yes		77762

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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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

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 can 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 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, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 acquisition, 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 XIII

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 XIII 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 XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	2,645,017	2,136,231	2,147,596	1,943,272	1,879,485
b	Contributions	25,000	96,080	39,578	22,630	35,488
c	Net investment earnings, gains, and losses	277,382	438,247	-25,637	203,319	48,272
d	Grants or scholarships					
e	Other expenditures for facilities and programs			446	875	5,055
f	Administrative expenses	29,017	25,541	24,860	20,750	14,918
g	End of year balance	2,918,382	2,645,017	2,136,231	2,147,596	1,943,272

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 60 000 %
- b Permanent endowment ▶ 36 000 %
- c Temporarily restricted endowment ▶ 4 000 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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 XIII the intended uses of the organization's endowment funds

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

Description of property	(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	80,971	2,043
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				2,043

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	1,331,180	F
(B) CDS	1,100,000	F
(C) Mutual Funds	1,428,763	F
(D) Life Insurance	30,970	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	3,890,913	

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) must 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) Donor Restricted Funds	741,978
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	741,978

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
Intercompany	149,408
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	149,408

2. Fin 48 (ASC 740) Footnote In Part XIII, 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 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

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

1	Total revenue, gains, and other support per audited financial statements			1	4,416,159
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 XIII)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	4,416,159
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 XIII)	4b	29,020		
c	Add lines **4a** and **4b**			4c	29,020
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	4,445,179

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

1	Total expenses and losses per audited financial statements			1	4,034,610
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 XIII)	2d	135,846		
e	Add lines **2a** through **2d**			2e	135,846
3	Subtract line **2e** from line **1**			3	3,898,764
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 XIII)	4b	29,020		
c	Add lines **4a** and **4b**			4c	29,020
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	3,927,784

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, 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 XI, Line 4b - Other Adjustments		Management Fees 29,020
Part XII, Line 2d - Other Adjustments		Unrealized loss 135,846
Part XII, Line 4b - Other Adjustments		Management Fees 29,020

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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. Form 990-EZ filers are not required to complete this part.

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

OMB No 1545-0047

2012

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 email 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

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	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
Total . . . . . ▶						

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 Children's Hospital Golf (event type)	(b) Event #2 Loris Seacoast Golf (event type)	(c) Other events 5 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	124,146	107,084	271,867	503,097
	2 Less Contributions	98,031	4,915	201,739	304,685
	3 Gross income (line 1 minus line 2)	26,115	102,169	70,128	198,412
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	50,936	20,079	59,559	130,574
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(130,574)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				67,838

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 _____

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 Enter 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 of the third party

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 Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation

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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

2012

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. Part II can be duplicated if additional space is needed.

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 1

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated 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, Part III, column (b), 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 East Cheves Street Florence, SC 295014423	57-0370242	501(c)(3)	76,438				Unrestricted Funds
McLeod Regional Medical Center555 East Cheves Street Florence, SC 295014423	57-0370242	501(c)(3)	92,974				Guest House

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 East Cheves Street Florence, SC 295014423	57-0370242	501(c)(3)	999,959				Children Services
McLeod Regional Medical Center555 East Cheves Street Florence, SC 295014423	57-0370242	501(c)(3)	200,000				Hospice 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 East Cheves Street Florence, SC 295014423	57-0370242	501(c)(3)	180,610				Cancer Services
McLeod Medical Center - Dillon555 East Cheves Street Florence, SC 295014423	51-0473471	501(c)(3)	50,603				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 East Cheves Street Florence, SC 295014423	57-0370242	501(c)(3)	62,905				Other Restricted
McLeod Regional Medical Center555 East Cheves Street Florence, SC 295014423	57-0370242	501(c)(3)	65,000				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 East Cheves Street Florence, SC 295014423	57-0370242	501(c)(3)	27,546				Cardiac Phase III
McLeod Regional Medical Center555 East Cheves Street Florence, SC 295014423	57-0370242	501(c)(3)	2,760				Mobile Mamography

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 Medical Center - Dillon555 East Cheves Street Florence, SC 295014423	51-0473471	501(c)(3)	15,000				Cardiac MMC-Dillon
McLeod Regional Medical Center555 East Cheves Street Florence, SC 295014423	57-0370242	501(c)(3)	389,567				Cancer Clinic

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 East Cheves Street Florence, SC 295014423	57-0370242	501(c)(3)	138,137				Hospice Addition
McLeod Regional Medical Center555 East Cheves Street Florence, SC 295014423	57-0370242	501(c)(3)	190,268				One Vision

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 East Cheves Street Florence, SC 295014423	57-0370242	501(c)(3)	58,266				Employee Emergency Fund
McLeod Regional Medical Center555 East Cheves Street Florence, SC 295014423	57-0370242	501(c)(3)	8,341				Scholar-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 East Cheves Street Florence, SC 295014423	57-0370242	501(c)(3)	1,000				Scholar-Boyd
McLeod Regional Medical Center555 East Cheves Street Florence, SC 295014423	57-0370242	501(c)(3)	1,000				Scholar-Darby

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 East Cheves Street Florence, SC 295014423	57-0370242	501(c)(3)	1,000				Scholar-Dabney
McLeod Regional Medical Center555 East Cheves Street Florence, SC 295014423	57-0370242	501(c)(3)	500				Scholar-Lee

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 East Cheves Street Florence, SC 295014423	57-0370242	501(c)(3)	500				Scholar-Jenkins
McLeod Regional Medical Center555 East Cheves Street Florence, SC 295014423	57-0370242	501(c)(3)	1,000				Scholar-Barragan

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 East Cheves Street Florence, SC 295014423	57-0370242	501(c)(3)	5,500				Scholar-Sports Med
McLeod Regional Medical Center555 East Cheves Street Florence, SC 295014423	57-0370242	501(c)(3)	1,000				Scholar-Hunter

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 East Cheves Street Florence, SC 295014423	57-0370242	501(c)(3)	1,000				Scholar-Smith
McLeod Physician Associates II555 East Cheves Street Florence, SC 295014423	20-2935692	501(c)(3)	26,400				Pediatric Nephrology

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 Health555 East Cheves Street Florence, SC 295014423	51-0473500	501(c)(3)	77,762				Communications

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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

2012

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 or provision of all of 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 filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		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 Regulations 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)Rajesh Bajaj MD Trustee/Physcn W Rel Org	(i) (ii)	0 669,682	0 0	0 3,111	0 34,000	0 44,604	0 751,397	0 0
(2)Daniel W Hyler MD Trustee/Physcn W Rel Org	(i) (ii)	0 340,823	0 0	0 2,652	0 29,126	0 38,407	0 411,008	0 0
(3)Jill Bramblett Executive Director	(i) (ii)	0 128,067	0 22,530	0 2,742	0 19,821	0 56,141	0 229,301	0 0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
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 organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2012

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 noncash contribution amounts
1	Art—Works of art	X	12	5,190	Other
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		8,942	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				
17	Real estate—Other	X	2	35,400	Cost and selling price
18	Collectibles				
19	Food inventory	X	39	4,333	Other
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (Other)	X	67	21,609	Other
26	Other ▶ (Jewelry)	X	10	1,467	Other
27	Other ▶ (Services/Advertising)	X	32	60,366	Other
28	Other ▶ (Rental or Lease)	X	16	22,700	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

			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 noncash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report an amount 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, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493227051204

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

2012

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 to the Board of Trustees of McLeod Health (sole member of McLeod Health Foundation) at the May 2014 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, 2014

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 conflicts 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 Yes, 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
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 programs at McLeod Health These programs include support for McLeod Children's Hospital, The Guest House at McLeod, McLeod Hospice, 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 Mothers' Milk. The Best Medicine Jake and Casie Mims will always remember Christmas 2013 when their bundles of joy arrived more than two months early On December 26, shortly before 3 30 p m , Hampton and Mabry Mims were born just one minute apart Weighing only two pounds five ounces, the twins were admitted to the McLeod Neonatal Intensive Care Unit (NICU) Immediately upon admission to the NICU, Hampton suffered several pulmonary complications, including a collapsed lung and chronic lung disease, requiring ventilator support for more than two weeks In a hospital, premature infants are vulnerable and exposed - through their skin, lungs, and digestive system - to a very unnatural environment where complications can occur However, a mother's milk is a vital component for increasing the infant's immunity to those potential infections or diseases For this reason, many neonatologists today treat human milk as a "medication" instead of a source of nutrition "Hampton is an example of how important breast milk is to premature infants," says Dr Joseph Harlan, McLeod Neonatologist "Nothing can replicate the benefits of a mother's milk, and although Hampton experienced some setbacks, his condition was greatly improved by his mother's milk " "I had not intended to breastfeed," recalls Casie "However, once the Lactation Consultant educated Jake and me on how vital it was for Hampton and Mabry to receive my milk, I was determined to breastfeed" "Seeing Hampton struggle so much made me feel helpless, yet it gave me the resolve to continue breastfeeding because that was the best I could offer him" Casie breastfed Hampton and Mabry during their entire stay in the NICU and continues to breastfeed today Having experienced few complications, Mabry was released from the hospital on February 20 Hampton arrived home shortly after, on March 1 Today, Hampton and Mabry are three months old and thriving Hampton now weighs more than eight pounds, and Mabry more than seven pounds "The staff of McLeod Children's Hospital were terrific throughout our entire experience, and I am so grateful for their support and encouragement," recalls Casie Human Milk Initiative "Hampton's and Mabry's positive outcomes are a direct result of generous supporters who give us the ability to help countless families like the Mims family," says Dr Harlan Three years ago, Dr Harlan spearheaded the Human Milk Initiative, a collaborative effort aimed at providing human milk to premature infants weighing less than 1500 grams (or four pounds) within the first week of life "Despite preterm newborns being at a higher risk for infection or diseases, they have the lowest rates of human milk utilization," says Dr Harlan "This is why we felt the need to establish the Human Milk Initiative " As the McLeod NICU team continues to educate families, data collected for the initiative has shown a significant improvement in the percentage of babies receiving their mother's milk in the first week of life - from 60% to 90% Much of the Human Milk Initiative's success would not be possible without grant funding provided by the McLeod Foundation, which allowed for the purchase of special equipment including a barcode scanning system - which practically eliminates human error in handling and administering breast milk - as well as a freezer and refrigeration units to store breast milk In addition, the grant also funds lactation support for new mothers as well as tools to consistently measure and achieve better patient outcomes overall "The support of the McLeod Foundation and its donors allows us to continually improve our breastfeeding initiative, which in turn gives our premature infants a fighting chance ," added Dr Harlan Fulfilling a Vision The efforts of one person can have a significant impact on the lives of others But the combined contributions of many can continue to touch lives for generations to come An example of this level of generosity is the One Vision , One Future Campaign for McLeod Health, the largest capital campaign in the history of the McLeod Health Foundation Philanthropic funding was an essential element in the plans and nearly 1,200 donors from across the region and beyond responded generously by contributing more than $6 5 million dollars to the campaign

Identifier	Return Reference	Explanation
Community Benefit Report	Form 990, Part III, Line 4a	efforts Named One Vision, One Future, it encompassed three major projects the campaign enabled the McLeod Foundation to fund the new Emergency Department at McLeod Dillon, the Mc Leod Hospice House Addition and the new McLeod Center for Cancer Treatment and Research " We wish to express our deep gratitude and appreciation to the caring donors who helped make these projects possible as well as the numerous volunteers who worked tirelessly to share the value of improved services, new technology and enhanced patient environments that would be available to all seeking cancer, hospice or emergency care in our region," said Bev erly Hazelwood, Co-Chair of the One Vision, One Future Campaign On January 31, 2014, as donors gathered to tour the new McLeod Center for Cancer Treatment and Research, Shirley Meiere, Co-Chair of One Vision, One Future, said, "Today, we stand in this beautiful new facility which is the final project funded by the campaign On behalf of the McLeod Foundation Board of Trustees, we wish to thank the countless volunteers and donors who supported the campaign efforts which will touch lives for generations to come " McLeod Center for Cancer Treatment and Research Dedicated to the physical and emotional needs of cancer patients and their families, the McLeod Center for Cancer Treatment and Research is a beacon of hope and healing for the communities McLeod serves As one of the most patient-centered environments, the Center has been designed to offer the highest quality, individualized care with convenient access to all cancer services and care The Cancer Center offers natural light, a cascading water wall, garden views, and relaxing furnishings to inspire, sooth and comfort patients and family members Patients can also easily manage their physician appointments and infusion or radiation treatments all in one location In addition, they can participate in cancer research and meet with an oncology navigator or social worker without ever leaving the center New technology in the Cancer Center includes installation of the most modern, up to date, state-of-the-art linear accelerator - making McLeod the region's only facility capable of performing Brain and Body Stereotactic Radiosurgery, a radiation therapy procedure that uses special equipment to position the patient and precisely deliver a large radiation dose to a tumor in the brain or body over a shorter amount of time and with fewer treatments For example, using traditional technology in the treatment of stereotactic cases, a brain tumor treatment may take 45 minutes or longer to image and treat a patient With the new linear accelerator, similar cases will require less than 15 minutes to perform the same treatment McLeod is one of only two centers in the state that can offer patients this level of treatment - the other hospital is located in the upstate McLeod Hospice House Addition Responding to the needs of the community, McLeod Health completed construction of an additional 12 inpatient rooms for the McLeod Hospice House in 2012 The expanded facility now offers 24 inpatient rooms In addition to the new rooms, the expansion included two family comfort areas and additional office space A new Meditation Garden was also created adjacent to the additional patient rooms to offer patients and families an area of respite

Identifier	Return Reference	Explanation
Community Benefit Report (Continued)	Form 990, Part III, Line 4a	McLeod Dillon Emergency Department An organized effort was led by the McLeod Foundation to raise funds in the Dillon community to improve and enhance the McLeod Dillon Emergency Department in 2011 The renovation and construction project included a 9,365 square feet expansion to the Emergency Department The new design featured 17 new exam and treatment rooms, including designated triage and trauma rooms, a decontamination area, and staff support spaces A new family waiting area is also allowing for improved privacy and safety Training for Survival Training thoroughbreds takes determination and grit Doris Rabon reflects these traits As owner of Glenview Farm, Doris and her husband Eric operate a nationally known horse training facility in Timmonsville, where thoroughbreds are prepared to compete in steeplechase and flat-track racing However, in August of 2013, Doris entered a new training ground in her own life following a diagnosis of breast cancer Years of training horses has taught Doris patience and perseverance And, thanks to the support of donors to the McLeod Foundation, Doris is headed full speed ahead to recovery through the assistance of the STAR Program (Survivorship Training and Rehabilitation) STAR is a unique cancer rehabilitation program designed to minimize the side effects of cancer treatment, and support cancer survivors in functioning at the highest level possible McLeod Regional Medical Center, the only hospital in eastern South Carolina to offer this program, earned the STAR Program Certification from Oncology Rehab Partners, an organization that provides health care professionals with training and tools to develop and deliver quality cancer rehabilitation services to cancer survivors The STAR Program Certification training for McLeod Regional Medical Center staff was made possible through a grant provided by the McLeod Health Foundation "We strive to reduce the side effects of cancer treatments and improve the lives of cancer survivors," said Ashley Atkinson, Senior Occupational Therapist and McLeod STAR Program Coordinator "These side effects can include fatigue, muscle aches, bone or joint pain, lymphedema, weakness and balance problems, chemotherapy-induced peripheral neuropathy (a nerve disorder that can cause weakness, numbness, tingling and pain in the hands and feet), and difficulty with memory or concentration " Doris was introduced to the STAR Program when Ashley visited her in the hospital the day after her bilateral mastectomy surgery "Following her surgery, Doris was having significant shoulder pain, tightness, and loss of motion on both sides of her body," explained Ashley "I worked with her for three months on an outpatient basis She started chemotherapy during that time, and fatigue became a factor as well, but she was able to push through it I believe STAR has helped her not only physically, but emotionally as well " Prior to her diagnosis with cancer, Doris explained that she was a very healthy, active individual In fact, she had been working out three times a week for eight years with Trainer Chad Gainey at the McLeod Health & Fitness Center The surgery to remove the breast cancer and begin the reconstruction process with tissue expanders took its toll on Doris' upper body strength, despite her fitness "I never dreamed it would affect me like it did," said Doris "You take it for granted that you can easily lift your arms to take a cup out of the cabinet, drive your car or wash your hair Following surgery, these tasks were much more difficult It also affected my ability to care for the horses because you need the strength in your arms to brush down or put the saddle on a horse " On the way to one of her first rehabilitation sessions with Ashley at McLeod Outpatient Rehabilitation, Doris said she was in a great deal of pain and was not feeling well from the effects of treatment "During the appointment, Ashley performed a lymphatic massage I literally walked out of there feeling like a whole new person " Ashley explained that a lymphatic massage or manual lymphatic drainage is used to reduce inflammation, pain, and swelling after a patient has undergone a procedure where their lymph nodes have been removed "It is a very soft, rhythmic manipulation of the skin that moves fluid out that may have accumulated at the site of the lymph node procedure The soothing, light pressures we use also promote a calming response from the parasympathetic nervous system This allows the patients to release the tension and stress " Another method Ashley utilized with Doris involved kinesiotape, a therapeutic taping strategy used to relax tense muscles and alleviate pain as well as help redirect swelling toward a healthy area in the body's lymph system "Patients wear it home after their therapy session to continue the benefits we achieve during their treatment " Other techniques Ashley employed with Doris included stretching and scar massage to help with her shoul

Identifier	Return Reference	Explanation
Community Benefit Report (Continued)	Form 990, Part III, Line 4a	der pain and tightness in her chest Doris is currently completing chemotherapy She still has radiation treatments ahead of her and another surgery to complete her breast reconstr uction She then plans to return to the STAR program for more therapy "You have no idea h ow much it meant to me to have access to this program," said Doris "Now I want to help ot her women learn about the benefits of the STAR Program" For more information about the Mc Leod STAR Program, please call Ashley Atkinson, McLeod Senior Occupational Therapist and S TAR Program Coordinator, at (843) 777-4697 The Benefits of Oncology Rehabilitation - Dec rease in Pain - Reduction in Fatigue - Increase in Energy and Endurance - Improvements in Balance and Walking - Improvements in Sw allowing, Eating and Speech Problems - Increased S trength - Management of Sw elling caused by Lymphedema - Improvements w ith Memory and Conce ntration - Improved Mood and Quality of Life Giving Patients a Lift Many patients find th emselves overw helmed after receiving a diagnosis of cancer They must also begin to cope w ith the magnitude of the appointments, tests, and treatments they require to improve their health Sometimes, that concern extends to transportation The McLeod Foundation and its donors support a program called Loving Initiative for Transportation that gives these pati ents a lift in their cancer journey Transportation to a doctor's appointment, scheduled t reatment for radiation or chemotherapy creates anxiety for many cancer patients A lack of transportation for scheduled appointments is a barrier to the successful treatment of a c ancer patient's disease "Consider, for example, a radiation patient w ho must receive trea tment seven days a w eek for six w eeks Without transportation, this is not possible," expl ained Raquel Serrano, the Certified Oncology Social Worker for McLeod Cancer Services One patient impacted by the LIFT program is Sarah McElveen, w ho w as raised in Pamplico along w ith ten brothers and sisters She is the sixth of her siblings to be diagnosed w ith cance r When Sarah w as informed that she had both colon and breast cancer, her surgeon, Dr Amy Murrell, explained to her that she w ould need six w eeks of radiation therapy treatment S arah, w ho has a naturally positive outlook, knew she needed help She did not have a car o r money to afford the daily trips from Pamplico to Florence for the life-saving treatments Sarah shared her concern w ith Dr Murrell's office Through the assistance of the McLeod Radiation Oncology staff, Raquel w as contacted to help Sarah w ith transportation The Lov ing Initiative for Transportation (LIFT) Program provides assistance to patients diagnosed w ith cancer w ho do not have any other form of transportation in order to receive their ca ncer treatments The program provides assistance by a contracted driver, gas vouchers, tax i vouchers or shuttle services LIFT is funded entirely through generous gifts to the McLe od Foundation "When you become sick and do not have the means to get w ell, you need help I am so very thankful that McLeod had a program to help me," said Sarah Sarah recently c elebrated the completion of her cancer treatment by ringing the bell in Radiation Oncology This is a tradition that began in 2005 w hen Cancer Survivor George Bennett donated the c ommemorative bell to the McLeod Radiation Oncology Department Sarah w as surrounded by oth er patients she had grow n close to during her appointments These patients shared the comm on bond of a cancer diagnosis and Sarah became their inspiration She encouraged them by s haring "that w hile the body ages, the spirit is forever young " Sarah firmly believes that God provided for her care She is grateful for the McLeod Foundation donors w hose gifts m ade the LIFT program available for her and many others

Identifier	Return Reference	Explanation
Community Benefit Report (Continued)	Form 990, Part III, Line 4a	Making an Impact on Breast Cancer Regardless of age or passion, contributing to one's community is a powerful cause that makes a tangible difference in the lives of people One of these people who are a catalyst in making a difference is seven-year-old Anna Carter, who believes a little effort can go a long way In October of 2013, Anna set out to raise funds for women diagnosed with breast cancer She ran a lemonade stand for two weeks in her grandparent's front yard Moving the hearts of people and local organizations, Anna's initiative raised $1,218 She presented the check to McLeod Radiologist Dr Noel Phipps and the McLeod Breast Imaging Team in late October Anna's donation is directly supporting breast cancer in the form of either mammogram scholarships for women who cannot afford a mammogram or outreach education about the risks and early detection of breast cancer In South Carolina, breast cancer is the most commonly diagnosed cancer among women, regardless of race It is also the second leading cause of cancer deaths for women in the state and the leading cancer site diagnosed at McLeod Health Celebrating Positive Outcomes For more than five years, the McLeod Mobile Mammography Unit has been committed to saving time and saving lives, making a difference through the early detection of breast cancer Purchased by the McLeod Health Foundation through funds donated by generous supporters, the McLeod Mobile Mammography Unit provides digital mammogram screenings to women at health care facilities, businesses, industries, and health fairs to reach those women who do not undergo a mammogram due to their lack of time, awareness, or access In a process that takes approximately fifteen minutes, a woman can undergo a lifesaving screening mammogram at a variety of convenient locations with equipment that is identical to the three digital units located in the McLeod Breast Imaging Center In 2013, the McLeod Mobile Mammography Unit completed more than 125 site visits to local industries and physician offices and screened more than 2,461 women, an increase of 400 patients compared to the previous year In addition, breast cancer was detected in 11 women following the initial screening mammogram performed on the mobile unit Last October, Tricia Quarles became the 10,000th patient to be screened on the McLeod Mobile Mammography Unit during a site visit to McLeod Family Medicine Timmonsville "This was my first visit to the Mobile Mammography Unit," said Tricia "My intention was to skip the screening since my past results were always negative, however, I changed my mind when I thought about my father's sudden diagnosis of cancer "Although he was 91 years old and had lived a full life, it was difficult to watch him succumb to the disease Cancer can ravage our bodies so quickly, so any time you can have a screening, take advantage of it It could save your life," Tricia added Tricia works at ACS Technologies, who recently partnered with McLeod Occupational Health to establish an on-site health clinic As a result, the unit will now make visits to this business that will also be open to the public Since 2008, 49 cases of breast cancer have been detected and the unit has made more than 550 visits to locations around the region, including Francis Marion University, Coastal Carolina University, Georgia-Pacific, Horry Telephone Cooperative, Sonoco Products Corporation, ESAB, Honda of South Carolina, Otis Elevator, Wellman Plastics, Blue Cross Blue Shield, and GE Medical Some of these locations even host the McLeod Mobile Mammography Unit multiple times within a calendar year These extraordinary outcomes would not be possible without the donations of generous supporters in our community

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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

2012

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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) 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" to 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 entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) McLeod Regional Medical Center of the Pee Dee Inc 555 E Cheves St Florence, SC 295014423 57-0370242	To operate a regional 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
(5) McLeod Loris Seacoast Hospital 555 E Cheves St Florence, SC 295020551 45-3576100	To operate a hospital	SC	501(c)(3)	Line 3	N/A		No
(6) LorisSeacoast Healthcare Foundation 555 E Cheves St Florence, SC 29502 42-1704953	To raise money for McLeod entities	SC	501(c)(3)	Line 11a	N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) McLeod Medical Partners LLC 4401 Barclay Down Drive Suite 3 Charlotte, NC 282094670 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" to 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	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) McLeod Physician Associates Inc 555 E Cheves St Florence, SC 29501 58-2279897	Physician Services	SC	N/A	C					No

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
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 or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		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-s)	(c) Amount involved	(d) Method of determining amount involved
(1) McLeod Regional Medical Center of the Pee Dee Inc	B	2,337,603	Actual Cash Transferred
(2) McLeod Medical Center - Dillon	B	65,603	Actual Cash Transferred
(3) McLeod Health	M	206,220	Actual Cost-Services Provided
(4) McLeod Health	B	77,762	Actual Cash Transferred
(5) McLeod Regional Medical Center of the Pee Dee Inc	P	1,026,104	Actual Cash Transferred

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Additional Data

Return to Form

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

Part VII **Supplemental Information**

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

Identifier	Return Reference	Explanation	

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