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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

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

C Name of organization
ANMED HEALTH

Doing Business As

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

City or town, state or province, country, and ZIP or foreign postal code
ANDERSON, SC 29621

D Employer identification number
57-0359174

E Telephone number
(864) 512-1000

G Gross receipts $ 587,477,740

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW ANMEDHEALTH ORG

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

L Year of formation 1906

M State of legal domicile SC

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	11
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	3,885
6	Total number of volunteers (estimate if necessary)	**6**	156
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	3,132,749
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	821,767

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	196,495	843,765
9	Program service revenue (Part VIII, line 2g)	141,323,237	563,977,880
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,017,746	16,775,717
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,242,097	2,692,579
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	145,779,575	584,289,941
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	36,974	408,955
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)	53,553,266	233,974,222
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	80,529,425	319,013,839
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	134,119,665	553,397,016
19	Revenue less expenses Subtract line 18 from line 12	11,659,910	30,892,925
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	706,267,050	783,478,002
21	Total liabilities (Part X, line 26)	380,286,406	326,517,681
22	Net assets or fund balances Subtract line 21 from line 20	325,980,644	456,960,321

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

****** 2014-11-13
Signature of officer Date

JERRY A PARRISH CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
AMY BIBBY				P00445891

Firm's name ▶ DIXON HUGHES GOODMAN LLP — Firm's EIN ▶ 56-0747981

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

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the 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 $ 502,016,020 including grants of $ 408,955) (Revenue $ 561,169,375)

ANMED HEALTH IS A HEALTHCARE SYSTEM PROVIDING A FULL RANGE OF ACUTE CARE SERVICES FOR MEDICAL, SURGICAL, PEDIATRIC, OBSTETRIC, PSYCHIATRIC, SUBSTANCE ABUSE AND REHABILITATION PATIENTS, AS WELL AS SPECIALIZED CARE IN ITS INTENSIVE CARE AND CORONARY CARE UNITS TO SUPPORT THESE INPATIENT SERVICES, ANMED HEALTH OFFERS A NORMAL COMPLEMENT OF DIAGNOSTIC AND ANCILLARY SERVICES TWO SEPARATELY LICENSED FACILITIES ARE OPERATED BY ANMED HEALTH (1) ANMED HEALTH MEDICAL CENTER IS A 461-BED FACILITY THAT OFFERS THE LATEST IN MEDICAL AND SURGICAL SERVICES A MEDICAL STAFF OF OVER 400 PHYSICIANS PROVIDES HIGH QUALITY CARE TO THE PATIENTS AT THE MEDICAL CENTER OPEN HEART SURGERY, VASCULAR SURGERY, GENERAL SURGERY, EMERGENCY/ TRAUMA MEDICINE, A NEUROLOGICAL/STROKE CENTER, THE LATEST IN DIAGNOSTIC MRI, CT AND LABORATORY MEDICINE ARE AVAILABLE (2) ANMED HEALTH WOMEN'S AND CHILDREN'S HOSPITAL IS A 72-BED ALL-PRIVATE ROOM FACILITY OFFERING INPATIENT CARE AND DEDICATED UNITS FOR LABOR/DELIVERY, WOMEN'S ELECTIVE SURGERY, AND PEDIATRICS ON THE FIRST FLOOR, PHYSICIANS' OFFICES, A LEARNING CENTER, CAFE, COMMUNITY MEETING ROOMS, AND RETAIL SHOPS MAKE VISITORS FEEL WELCOME WITH A WEALTH OF RESOURCES TO SUPPORT THESE INPATIENT SERVICES, ANMED HEALTH OFFERS A NORMAL COMPLEMENT OF DIAGNOSTIC AND ANCILLARY SERVICES ADDITIONALLY, ANMED HEALTH OFFERS OUTPATIENT SERVICES AT D K OGLESBY CENTER AT THE ANMED HEALTH NORTH CAMPUS AND HAS SEVERAL CLINICS LOCATED IN ANDERSON, IVA, CLEMSON, HONEA PATH, FAIRPLAY, PENDLETON, PIEDMONT, WILLIAMSTON AND WREN, SOUTH CAROLINA, AND IN HARTWELL, GEORGIA THE SYSTEM PROVIDED 102,442 INPATIENT DAYS AND 4,761 NURSERY DAYS OF SERVICE FOR 2013 THE SYSTEM MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE LEVEL OF UNCOMPENSATED CARE, INCLUDING CHARITY CARE, THAT IT PROVIDES THE COST OF CHARITY CARE PROVIDED FOR 2013 WAS APPROXIMATELY $16,157,000

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 502,016,020

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	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, 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		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI 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	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government 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 or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, 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 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, 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**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, 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 or note to any line in this Part V . . . . . ☑

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	326		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	3,885		
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	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible 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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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

Check if Schedule O contains a response or note to any line 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**	15		
	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**	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**		Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	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**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

			Yes	No
10a	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**	Yes	
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**	Yes	

Section C. Disclosure

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

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

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

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

Check if Schedule O contains a response or note to any line 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) JT BOSEMAN CHAIRMAN	1 00 1 00	X		X				0	0	0
(2) DR CHRIS PRZIREMBEL VICE CHAIRMAN	1 00 2 00	X		X				0	0	0
(3) ANN D HERBERT SECRETARY/TREASURER	1 00 2 00	X		X				0	0	0
(4) WILLIAM E KIBLER JR BOARD MEMBER	1 00 1 00	X						0	0	0
(5) ROBERT RAINEY BOARD MEMBER	1 00 2 00	X						0	0	0
(6) TERRANCE ROBERTS BOARD MEMBER	1 00 1 00	X						0	0	0
(7) EVERETTE NEWMAN BOARD MEMBER	1 00 1 00	X						0	0	0
(8) CHARLES C THORTON JR BOARD MEMBER	1 00 1 00	X						0	0	0
(9) DR WILLIAM S BUICE BOARD MEMBER	39 00 1 00	X						95,466	0	0
(10) MARY ANNE D LAKE BOARD MEMBER	1 00 2 00	X						0	0	0
(11) DR JOHN R HUNT BOARD MEMBER	1 00 2 00	X						0	0	0
(12) DR STEPHEN HAND BOARD MEMBER (SEE SCHED O)	39 00 1 00	X						487,432	0	90,455
(13) FRED L FOSTER BOARD MEMBER	1 00 1 00	X						0	0	0
(14) JANE W MUDD BOARD MEMBER	1 00 2 00	X						0	0	0
(15) JOHN A MILLER JR CEO	48 00 2 00	X		X				1,158,472	0	352,806
(16) WILLIAM T MANSON III PRESIDENT/COO	49 00 1 00			X				545,698	0	320,458
(17) JERRY A PARRISH CFO	48 00 2 00			X				465,191	0	225,438

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) DR MICHAEL L TILLIRSON CHIEF MEDICAL OFFICER	50 00			X				432,488	0	98,707
(19) GARRICK CHIDESTER VICE PRESIDENT	49 00 1 00				X			340,045	0	80,107
(20) JAMES T DOUGLAS III VICE PRESIDENT	50 00				X			235,301	0	21,363
(21) TINA JURY CHIEF NURSING OFFICER	50 00				X			253,655	0	217,567
(22) JOHN D GLYMPH VICE PRESIDENT	50 00				X			222,767	0	136,049
(23) MICHAEL CUNNINGHAM VICE PRESIDENT	50 00				X			162,928	0	20,884
(24) BRETT C STOLL PHYSICIAN	50 00					X		776,887	0	106,323
(25) SATISH K SURABHI PHYSICIAN	50 00					X		768,605	0	24,261
(26) SCOTT A PHILLIPS PHYSICIAN	50 00					X		743,023	0	93,858
(27) LOUIS F KNOEPP PHYSICIAN	50 00					X		776,743	0	123,503
(28) KUMAR R PATEL PHYSICIAN	50 00					X		726,231	0	66,527

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	8,190,932	0	1,978,306

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 ▶256

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization 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
ANDERSON EMERGENCY ASSOCIATION 800 N FANT STREET ANDERSON SC 29621	ER PHYSICIANS	10,271,002
GHS PARTNERS IN HEALTHCARE 701 GROVE RD GREENVILLE SC 29605	MEDICAL SERVICES	2,582,075
ADVANCED ICU CARE 999 EXECUTIVE PARKWAY STE 210 ST LOUIS MO 63141	INTENSIVISTS	1,402,657
LABORATORY CORP OF AMERICA PO BOX 12140 BURLINGTON NC 27216	LAB TEST SERVICES	1,222,820
HOSPITAL MEDICINE CONSULTANTS 819 N FANT STREET ANDERSON SC 29621	HOSPITALISTS	1,148,288

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 ▶26

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e	463,143			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	380,622			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		843,765			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE	621400	557,865,309	554,761,396	3,103,913	
	b	EHR INCENTIVE PLAN PAYMENTS	900099	4,017,758	4,017,758		
	c	ANCILLARY SERVICES	900099	1,775,510	1,739,027		36,483
	d	PLASMA RECOVERY	900099	319,303	319,303		
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		563,977,880			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		10,533,543			10,533,543
	4	Income from investment of tax-exempt bond proceeds . . ▶		588			588
	5	Royalties . . . . . ▶					

		(i) Real	(ii) Personal				
	6a Gross rents	1,925,468					
	b Less rental expenses	3,187,799					
	c Rental income or (loss)	-1,262,331					
	d Net rental income or (loss) . . . . . ▶			-1,262,331			-1,262,331

		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	6,099,246	142,340				
	b Less cost or other basis and sales expenses	0	0				
	c Gain or (loss)	6,099,246	142,340				
	d Net gain or (loss) . . . . . ▶			6,241,586			6,241,586
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a						
	b Less direct expenses . . . b						
	c Net income or (loss) from fundraising events . . ▶						
	9a Gross income from gaming activities See Part IV, line 19 . . . a						
	b Less direct expenses . . . b						
	c Net income or (loss) from gaming activities . . ▶						
	10a Gross sales of inventory, less returns and allowances . a						
	b Less cost of goods sold . . b						
	c Net income or (loss) from sales of inventory . . ▶						

Other Revenue	Miscellaneous Revenue	Business Code				
11a	CAFETERIA & VENDING	722210	2,447,327			2,447,327
b	MISCELLANEOUS REVENUE	900099	1,175,692		28,836	1,146,856
c	PURCHASE DISCOUNTS	900099	331,891	331,891		
d	All other revenue					
e	**Total.** Add lines 11a–11d . . . . . ▶		3,954,910			
12	**Total revenue.** See Instructions . . . . . ▶		584,289,941	561,169,375	3,132,749	19,144,052

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 or note to any line 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	403,955	403,955		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	5,000	5,000		
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	5,963,277	4,770,623	1,192,654	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	114,916	114,916		
7 Other salaries and wages	172,844,825	149,896,975	22,947,850	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	17,763,757	15,367,050	2,396,707	
9 Other employee benefits	24,678,314	21,348,687	3,329,627	
10 Payroll taxes	12,609,133	10,907,894	1,701,239	
11 Fees for services (non-employees)				
a Management	3,004,000		3,004,000	
b Legal	741,912		741,912	
c Accounting	248,087		248,087	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	1,165,197		1,165,197	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	57,615,284	46,852,329	10,762,955	
12 Advertising and promotion	1,797,185	108,820	1,688,365	
13 Office expenses	9,128,804	8,802,813	325,991	
14 Information technology	4,001,348	4,001,348		
15 Royalties . .				
16 Occupancy	6,363,769	6,363,769		
17 Travel	1,128,254	818,318	309,936	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	9,533,708	9,533,708		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	37,137,774	37,137,774		
23 Insurance	3,000,328	3,000,328		
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 BAD DEBT EXPENSE	107,775,594	107,775,594		
b MEDICAL SUPPLIES	73,707,945	73,503,645	204,300	
c MISCELLANEOUS EXPENSES	1,882,353	520,177	1,362,176	
d MISSION AWARE PATIENT S	583,466	583,466		
e All other expenses	198,831	198,831		
25 **Total functional expenses.** Add lines 1 through 24e	553,397,016	502,016,020	51,380,996	0
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 or note to any line in this Part X . . . . . ☑

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		30,818,836	1	40,406,846
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		61,548,694	4	73,910,970
	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		3,037,172	8	3,409,040
	9	Prepaid expenses and deferred charges		7,418,131	9	8,162,198
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 699,917,544			
	b	Less accumulated depreciation	10b 449,795,611	254,872,747	10c	250,121,933
	11	Investments—publicly traded securities		325,837,838	11	387,145,316
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		2,169,801	13	2,054,430
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		20,563,831	15	18,267,269
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		706,267,050	16	783,478,002
Liabilities	17	Accounts payable and accrued expenses		43,625,394	17	52,505,479
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		252,684,799	20	247,163,419
	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		83,976,213	25	26,848,783
	26	**Total liabilities.** Add lines 17 through 25		380,286,406	26	326,517,681
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		323,479,649	27	454,605,909
	28	Temporarily restricted net assets		2,500,995	28	2,354,412
	29	Permanently restricted net assets			29	
		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		325,980,644	33	456,960,321
	34	Total liabilities and net assets/fund balances		706,267,050	34	783,478,002

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	584,289,941
2	Total expenses (must equal Part IX, column (A), line 25)	2	553,397,016
3	Revenue less expenses Subtract line 2 from line 1	3	30,892,925
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	325,980,644
5	Net unrealized gains (losses) on investments	5	47,387,957
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	52,698,795
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	456,960,321

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
ANMED HEALTH

Employer identification number
57-0359174

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

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

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

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

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

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

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

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

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

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

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

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - 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)**		
(ii) A family member of a person described in (i) above? **11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(see instructions))**	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(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**	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** 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—2012.** 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—2013.** 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—2012.** 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** 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		
Return Reference	Explanation	

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

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

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

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period — Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		12,708
j	Total Add lines 1c through 1i			12,708
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART II-B, LINE 1	THE ORGANIZATION IS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION (AHA) AND THE SOUTH CAROLINA HOSPITAL ASSOCIATION (SCHA) EACH YEAR, A PORTION OF THE DUES PAID TO THESE ORGANIZATIONS IS ALLOCATED TOWARDS LOBBYING EFFORTS ON BEHALF OF THEIR MEMBERSHIP BODIES FOR 2013, AMOUNTS OF MEMBERSHIP DUES ALLOCATED TO THESE EXPENDITURES WERE APPROXIMATELY $ 2,000 FOR AHA AND $ 10,700 FOR SCHA

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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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. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
ANMED HEALTH

Employer identification number
57-0359174

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

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)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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		20,862,915		20,862,915
b Buildings		286,567,760	165,735,970	120,831,790
c Leasehold improvements		4,475,837	3,856,267	619,570
d Equipment		374,837,905	280,203,374	94,634,531
e Other		13,173,127		13,173,127
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				250,121,933

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(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.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
ACCRUED PENSION LIABILITY	12,052,784
ESTIMATED THIRD-PARTY SETTLEMENTS	8,758,841
RABBI TRUST LIABILITY	154,459
INTEREST RATE SWAP ALLOWANCE	5,461,548
DUE TO AFFILIATE AH FOUNDATION	421,151
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	26,848,783

2. Liability for uncertain tax positions 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 Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	578,214,746
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	47,387,957		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	-55,485,754		
e	Add lines **2a** through **2d**			2e	-8,097,797
3	Subtract line **2e** from line **1**			3	586,312,543
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,165,197		
b	Other (Describe in Part XIII)	4b	-3,187,799		
c	Add lines **4a** and **4b**			4c	-2,022,602
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	584,289,941

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	447,235,069
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	3,187,799		
e	Add lines **2a** through **2d**			2e	3,187,799
3	Subtract line **2e** from line **1**			3	444,047,270
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,165,197		
b	Other (Describe in Part XIII)	4b	108,184,549		
c	Add lines **4a** and **4b**			4c	109,349,746
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	553,397,016

Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	THE HOSPITAL SYSTEM IS EXEMPT FROM INCOME TAX UNDER SECTION 501(A) AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, ACCORDINGLY, THE CONSOLIDATED FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION OR LIABILITY FOR FEDERAL OR STATE INCOME TAXES THE MEDICAL CENTER HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF DECEMBER 31, 2013 FISCAL YEARS ENDING ON OR AFTER SEPTEMBER 30, 2010 REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAX AUTHORITIES
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN FAIR VALUE OF INTEREST RATE SWAP CONTRACT 5,731,950 CASH GRANTS NET WITH REVENUES -408,955 CHANGE IN UNFUNDED PENSION LOSS 43,966,845 EQUITY TRANSFER FROM AFFILIATE 3,000,000 PROVISION FOR BAD DEBT -107,775,594
PART XI, LINE 4B - OTHER ADJUSTMENTS	RENTAL EXPENSES -3,187,799
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES 3,187,799
PART XII, LINE 4B - OTHER ADJUSTMENTS	CASH GRANTS NET WITH REVENUES 408,955 PROVISION FOR BAD DEBT 107,775,594

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
ANMED HEALTH

Employer identification number
57-0359174

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ **Yes** ☐ **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	CENTRAL AMERICA AND THE CARIBBEAN -	0	0	INVESTMENT BALANCE		16,499,975
(2)						
(3)						
(4)						
(5)						
3a	Sub-total	0	0			16,499,975
b	Total from continuation sheets to Part I	0	0			0
c	**Totals** (add lines 3a and 3b)	0	0			16,499,975

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 **(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								

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

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

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART V, LINE 3	THE ORGANIZATION'S OWNERSHIP IN A FOREIGN CORPORATION WAS UNDER THE THRESHOLDS FOR FILING THE FORM 5471 FOR THE TAX PERIOD

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493317041194

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
ANMED HEALTH

Employer identification number
57-0359174

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			16,157,426		16,157,426	3 630 %
b Medicaid (from Worksheet 3, column a)			65,383,567	81,212,932	-15,829,365	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			81,540,993	81,212,932	328,061	3 630 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			454,907		454,907	0 100 %
f Health professions education (from Worksheet 5)			10,097,379	2,202,789	7,894,590	1 770 %
g Subsidized health services (from Worksheet 6)			5,729,894	3,915,719	1,814,175	0 410 %
h Research (from Worksheet 7)			302,166	42,490	259,676	0 060 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			599,107		599,107	0 130 %
j **Total.** Other Benefits			17,183,453	6,160,998	11,022,455	2 470 %
k **Total.** Add lines 7d and 7j			98,724,446	87,373,930	11,350,516	6 100 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development			6,616		6,616	0 %
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			31,815		31,815	0 010 %
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 **Total**			38,431		38,431	0 010 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1		No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount 2 107,775,594			
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit 3 0			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	109,712,066
6	Enter Medicare allowable costs of care relating to payments on line 5	6	119,900,528
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-10,188,462
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? 2

Name, address, primary website address, and state license number

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

FACILITY REPORTING GROUP - A

Name of hospital facility or facility reporting group _____

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) _____

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 12			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**		No
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) WWW ANMEDHEALTH ORG			
b	☐ Other website (list url) _____			
c	☐ Available upon request from the hospital facility			
d	☐ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☐ Participation in the development of a community-wide plan			
d	☐ Participation in the execution of a community-wide plan			
e	☑ Inclusion of a community benefit section in operational plans			
f	☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	☑ Prioritization of health needs in its community			
h	☑ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**	Yes	
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $_____			

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**		No
If "Yes," indicate the FPG family income limit for eligibility for discounted care __% If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☑ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Residency			
i ☐ Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	**13**	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted on the hospital facility's website			
b ☑ The policy was attached to billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☑ The policy was available upon request			
g ☑ Other (describe in Part VI)			
Billing and Collections			
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**15**	Yes	
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**17**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☐ Notified individuals of the financial assistance policy on admission
- **b** ☐ Notified individuals of the financial assistance policy prior to discharge
- **c** ☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**19**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☑ Other (describe in Part VI)			
21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B	FACILITY REPORTING GROUP A
FACILITY REPORTING GROUP A CONSISTS OF	- FACILITY 1 ANMED HEALTH MEDICAL CENTER, - FACILITY 2 ANMED HEALTH WOMEN'S & CHILDREN'S HOSPIT
FACILITY 1 -- ANMED HEALTH MEDICAL CENTER PART V, SECTION B, LINE 3	QUALITATIVE DATA WAS GATHERED BY CONDUCTING A SERIES OF COMMUNITY FOCUS GROUPS SEVEN FOCUS GROUPS WERE COMPLETED INCLUSIVE OF 74 PARTICIPANTS THESE GROUPS INCLUDED PUBLIC HEALTH OFFICIALS, HEALTH CARE PROVIDERS, SENIORS, HUMAN RESOURCE PROFESSIONALS AND EMPLOYER GROUPS, OTHER HEALTH AND HUMAN SERVICE PROVIDERS, COMMUNITY NEIGHBORHOOD GROUPS, AND, HISPANIC GROUPS ANMED HEALTH LEADERSHIP GROUPS ANMED HEALTH BOARD ANMED HEALTH COMMUNITY HEALTH IMPROVEMENT COMMITTEE PUBLIC HEALTH OFFICIALS SC DEPT OF HEALTH AND ENVIRONMENTAL CONTROL - PUBLIC HEALTH DEPT - REGION 1 KANDI FREDERE, PHD, MHA, MCHES , INTERIM HEALTH DIRECTOR MARY STACKHOUSE, RN, NEWBORN HOME VISITING NURSE SUPERVISOR SHANIKA MCCRAY, MPH, RN MISTY LEE, BS, MCHES, HEALTH EDUCATOR AMY MATTISON, RN , HOME HEALTH SUPERVISOR ANMED HEALTH STAFF MICHAL CUNNINGHAM, VICE PRESIDENT, ADVANCEMENT WAYNE HARRIS, DIRECTOR, AFFILIATED SERVICES BLYTHE SMITH , COMMUNITY OUTREACH SPECIALIST RESEARCH CONSULTANT TEAM SHANNON OWEN, MHA , SE CONSULTING, INC SHANNON COLE, MS HEALTH SCIENCES, SE CONSULTING, INC NOTE PUBLIC HEALTH OFFICIALS REPRESENT THE BROAD HEALTH INTERESTS OF THE COMMUNITY, ESPECIALLY ANDERSON COUNTY RESIDENTS SERVED BY THE PUBLIC HEALTH DEPARTMENT THE PUBLIC HEALTH OFFICIALS LISTED ABOVE REVIEWED THE SECONDARY DATA AND CONCURRED WITH THE ASSESSMENT OF THE KEY PRIORITIES CURRICULUM VITAE OF THESE INDIVIDUALS ARE AVAILABLE UPON REQUEST
FACILITY 1 -- ANMED HEALTH MEDICAL CENTER PART V, SECTION B, LINE 11	PROMPT PAYMENT DISCOUNT OF 50% IS AVAILABLE TO ALL UNISURED PATIENTS FOR A PERIOD OF 30 DAYS
FACILITY 1 -- ANMED HEALTH MEDICAL CENTER PART V, SECTION B, LINE 14G	FINANCIAL COUNSELORS MAKE THIS AVAILABLE WHEN INTERVIEWING INPATIENT UNINSURED PATIENTS THE POLICY IS AVAILABLE IN SPANISH THE WEBSITE ALSO HAS A PHONE NUMBER PATIENTS CAN CALL TO REQUEST ASSISTANCE OR THEY CAN SEND AN EMAIL WITH THEIR INQUIRY TO FINANCIALCOUNSELORS@ANMEDHEALTH ORG
FACILITY 1 -- ANMED HEALTH MEDICAL CENTER PART V, SECTION B, LINE 20D	THE ORGANIZATION DOES NOT CHARGE PATIENTS WHO QUALIFY FOR FINANCIAL ASSISTANCE, AND ADJUSTS 100% OF THE BILLED CHARGES
FACILITY 2 -- ANMED HEALTH WOMEN & CHILDREN'S HOSPITAL PART V, SECTION B, LINE 3	QUALITATIVE DATA WAS GATHERED BY CONDUCTING A SERIES OF COMMUNITY FOCUS GROUPS SEVEN FOCUS GROUPS WERE COMPLETED INCLUSIVE OF 74 PARTICIPANTS THESE GROUPS INCLUDED PUBLIC HEALTH OFFICIALS, HEALTH CARE PROVIDERS, SENIORS, HUMAN RESOURCE PROFESSIONALS AND EMPLOYER GROUPS, OTHER HEALTH AND HUMAN SERVICE PROVIDERS, COMMUNITY NEIGHBORHOOD GROUPS, AND, HISPANIC GROUPS ANMED HEALTH LEADERSHIP GROUPS ANMED HEALTH BOARD ANMED HEALTH COMMUNITY HEALTH IMPROVEMENT COMMITTEE PUBLIC HEALTH OFFICIALS SC DEPT OF HEALTH AND ENVIRONMENTAL CONTROL - PUBLIC HEALTH DEPT - REGION 1 KANDI FREDERE, PHD, MHA, MCHES , INTERIM HEALTH DIRECTOR MARY STACKHOUSE, RN, NEWBORN HOME VISITING NURSE SUPERVISOR SHANIKA MCCRAY, MPH, RN MISTY LEE, BS, MCHES, HEALTH EDUCATOR AMY MATTISON, RN , HOME HEALTH SUPERVISOR ANMED HEALTH STAFF MICHAL CUNNINGHAM, VICE PRESIDENT, ADVANCEMENT WAYNE HARRIS, DIRECTOR, AFFILIATED SERVICES BLYTHE SMITH , COMMUNITY OUTREACH SPECIALIST RESEARCH CONSULTANT TEAM SHANNON OWEN, MHA , SE CONSULTING, INC SHANNON COLE, MS HEALTH SCIENCES, SE CONSULTING, INC NOTE PUBLIC HEALTH OFFICIALS REPRESENT THE BROAD HEALTH INTERESTS OF THE COMMUNITY, ESPECIALLY ANDERSON COUNTY RESIDENTS SERVED BY THE PUBLIC HEALTH DEPARTMENT THE PUBLIC HEALTH OFFICIALS LISTED ABOVE REVIEWED THE SECONDARY DATA AND CONCURRED WITH THE ASSESSMENT OF THE KEY PRIORITIES CURRICULUM VITAE OF THESE INDIVIDUALS ARE AVAILABLE UPON REQUEST
FACILITY 2 -- ANMED HEALTH WOMEN & CHILDREN'S HOSPITAL PART V, SECTION B, LINE 11	PROMPT PAYMENT DISCOUNT OF 50% IS AVAILABLE TO ALL UNISURED PATIENTS FOR A PERIOD OF 30 DAYS
FACILITY 2 -- ANMED HEALTH WOMEN & CHILDREN'S HOSPITAL PART V, SECTION B, LINE 14G	FINANCIAL COUNSELORS MAKE THIS AVAILABLE WHEN INTERVIEWING INPATIENT UNINSURED PATIENTS THE POLICY IS AVAILABLE IN SPANISH THE WEBSITE ALSO HAS A PHONE NUMBER PATIENTS CAN CALL TO REQUEST ASSISTANCE OR THEY CAN SEND AN EMAIL WITH THEIR INQUIRY TO FINANCIALCOUNSELORS@ANMEDHEALTH ORG
FACILITY 2 -- ANMED HEALTH WOMEN & CHILDREN'S HOSPITAL PART V, SECTION B, LINE 20D	THE ORGANIZATION DOES NOT CHARGE PATIENTS WHO QUALIFY FOR FINANCIAL ASSISTANCE, AND ADJUSTS 100% OF THE BILLED CHARGES

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **32**

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

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

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

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

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

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

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

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

Form and Line Reference	Explanation
PART I, LINE 3C	PROMPT PAYMENT DISCOUNT OF 50% IS AVAILABLE TO ALL UNINSURED PATIENTS FOR A PERIOD OF 30 DAYS
PART I, LINE 6A	SOUTH CAROLINA DOES NOT REQUIRE HOSPITALS TO FILE A COMMUNITY BENEFIT REPORT EACH YEAR, ANMED HEALTH HAS PARTICIPATED IN THE SC HOSPITAL ASSOCIATION'S (SCHA) COMMUNITY BENEFIT SURVEY PROCESS SCHA CONTRACTS WITH THE MICHIGAN HOSPITAL ASSOCIATION FOR USE OF THE COMMUNITY BENEFIT TRACKER SOFTWARE IN EACH PARTICIPATION YEAR, ANMED HEALTH HAS REPORTED ITS COMMUNITY BENEFIT INFORMATION TO SCHA, USING THE TRACKER SURVEY INSTRUMENT

Form and Line Reference	Explanation
PART I, LINE 7	WORKSHEET 2 FROM THE 2013 SCHEDULE H INSTRUCTIONS WAS USED TO COMPUTE A COST-TO-CHARGE RATIO USED TO CALCULATE COMMUNITY BENEFIT EXPENSE AT COST FOR USE IN PART I, LINE 7
PART I, LINE 7G	SUBSIDIZED HEALTH SERVICES INCLUDES TWO OUTPATIENT CLINICS AND A PSYCHIATRIC INPATIENT CLINIC OPERATED BY THE ORGANIZATION ONE OF THE OUTPATIENT CLINICS IS OPERATED IN A LOW-INCOME NEIGHBORHOOD AND THE OTHER IS A PEDIATRIC CLINIC EACH CLINIC RUNS AT A FINANCIAL LOSS BUT IS NECESSARY FOR THE BENEFIT OF THE COMMUNITIES SERVED

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	THE AMOUNT OF TOTAL EXPENSE ON FORM 990, PART IX, LINE 25 CONTAINS BAD DEBT EXPENSE OF $ 107,775,594 THAT WAS REMOVED FROM THE CALCULATION OF CHARITY CARE ON PART I, LINE 7 THE CALCULATION ALSO INCLUDES AN ADJUSTMENT FOR THE ORGANIZATION'S SHARE OF EXPENSES FROM JOINT VENTURES OF $1,323,979
PART II, COMMUNITY BUILDING ACTIVITIES	LINE 2 ECONOMIC DEVELOPMENT INCLUDED HERE ARE 182 TOTAL VOLUNTEER HOURS REPORTED BY 3 DIFFERENT ANMED HEALTH LEADERS IN SERVICE TO ORGANIZATIONS THAT SUPPORT THE ECONOMIC DEVELOPMENT OF ANDERSON COUNTY AND THE UPSTATE SC REGION ANMED HEALTH'S CEO, MR JOHN MILLER, AND ITS PRESIDENT/COO, MR BILL MANSON, SET AN EXAMPLE FOR COMMUNITY LEADERSHIP IN THIS ARENA, THROUGH KEY ROLES SERVING BOARDS OF TRUSTEES AND KEY COMMITTEES FOR ECONOMIC DEVELOPMENT ORGANIZATIONS SUCH AS THE ANDERSON AREA CHAMBER OF COMMERCE, UPSTATE SC ALLIANCE, AND TEN AT THE TOP ANOTHER ANMED HEALTH LEADER SERVES ON THE ANDERSON AREA CHAMBER'S PUBLIC POLICY COMMITTEE, AND LEADERSHIP ANDERSON COMMITTEES THE COMMUNITY BENEFIT EXPENSE WAS CALCULATED BASED ON 182 VOLUNTEER HOURS AT AN ORGANIZATION-WIDE AVERAGE SALARY PLUS BENEFIT RATE OF $36 35 PER HOUR PART II, LINE 6 COALITION BUILDING INCLUDED HERE ARE 609 5 VOLUNTEER HOURS REPORTED BY 16 DIFFERENT ANMED HEALTH EMPLOYEES VOLUNTEERING WITH ANDERSON-AREA ORGANIZATIONS SUCH AS THE UNITED WAY, LOCAL COMMUNITY COLLEGES AND UNIVERSITIES, CIVIC ORGANIZATIONS, IMAGINE ANDERSON, AND ANDERSON COMMUNITY COALITION THE COMMUNITY BENEFIT EXPENSE WAS CALCULATED BASED ON 609 5 VOLUNTEER HOURS AT AN ORGANIZATION-WIDE AVERAGE SALARY PLUS BENEFIT RATE OF $36 35 PER HOUR ALSO INCLUDED IN THIS SECTION IS THE FAIR MARKET VALUE OF THE LEASE OF LAND ADJACENT TO ANMED HEALTH'S NORTH CAMPUS, PROVIDED TO THE CITY OF ANDERSON, FOR THE OPERATION OF A CITY FIRE SUBSTATION ANMED HEALTH SEEKS TO WORK WITH THESE ORGANIZATIONS IN ORDER TO ENCOURAGE COMMUNITY INVOLVEMENT, TO INCREASE SOCIAL CAPITAL, TO HIGHLIGHT THE NEEDS OF THE COMMUNITY, AND TO WORK WITH OTHER LOCAL ORGANIZATIONS TO MEET THESE NEEDS

Form and Line Reference	Explanation
PART III, LINE 4	THE ORGANIZATION'S FINANCIAL STATEMENTS INCLUDE A FOOTNOTE THAT DESCRIBES THE PROVISION FOR BAD DEBT AS AMOUNTS BILLED OR BILLABLE WHERE THE ULTIMATE COLLECTION OF THESE AMOUNTS CANNOT BE DETERMINED AT THE TIME PATIENT SERVICES ARE RENDERED
PART III, LINE 8	THE MEDICARE COST REPORT WAS USED TO COMPUTE MEDICARE ALLOWBLE COSTS OF CARE RELATING TO MEDICARE PAYMENTS ADDITIONAL ACTIVITIES FROM MEDICARE MANAGED CARE AND PHYSICIAN PRACTICES NOT REPORTED IN THE MEDICARE COST REPORT TOTAL REVENUE RECIEVED FROM OTHER MEDICARE PROGRAMS $ 91,203,184 COSTS OF CARE RELATED TO THE PAYMENTS ABOVE 115,744,685 SHORTFALL OF OTHER MEDICARE SERVICES (24,541,501)ANMED HEALTH TREATS MEDICARE PATIENTS AT A LOSS AND BELIEVES ALL OF THIS SHOULD BE COUNTED AS A COMMUNITY BENEFIT ANMED HEALTH TREATS ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY WITHOUT THE MEDICARE PROGRAM, A PERCENTAGE OF THE POPULATION RECEIVING MEDICARE WOULD QUALIFY FOR OUR CHARITY PROGRAM AND SOME WOULD FAIL TO PAY AND BE WRITTEN OFF AS BAD DEBT EXPENSE ALTERNATIVELY, SOME WOULD HAVE COMMERCIAL INSURANCE AND WE WOULD RECEIVE MORE THAN WE DO FROM MEDICARE BECAUSE OF THESE FACTORS, THE ORGANIZATION TAKES THE POSITION THAT THE ENTIRETY OF THE MEDICARE SHORTFALL SHOULD BE CONSIDERED A COMMUNITY BENEFIT

Form and Line Reference	Explanation
PART III, LINE 9B	ONCE APPROVED FOR THE FINANCIAL ASSISTANCE POLICY, NO ADDITIONAL COLLECTION EFFORTS ARE MADE OR BILLS SENT BY THE ORGANIZATION, AND THE HOSPITAL SYSTEM WOULD ONLY EXPECT PAYMENT IF THE PATIENT RECEIVED MONEY FROM AN INSURANCE CLAIM
PART VI, LINE 2	IN THE SPRING OF 2012, ANMED HEALTH BEGAN A FORMAL PROCESS OF ASSESSING THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES USING THE GUIDELINES PUBLISHED IN THE INITIAL IRS GUIDELINE, ANMED HEALTH ENGAGED A CONSULTANT TO ASSIST IN THIS ASSESSMENT THIS PROCESS CULMINATED WITH THE DEVELOPMENT OF AN ANMED HEALTH COMMUNITY HEALTH NEEDS ASSESSMENT DOCUMENT, WHICH WAS ULTIMATELY ADOPTED AND APPROVED BY ANMED HEALTH BOARD OF TRUSTEES BY THE END OF 2012 THERE WERE SIX PRIORITIES THAT WERE SELECTED FOR STRATEGY DEVELOPMENT AND ACTION PLANS FOR 2013 OBESITY, ACCESS TO PRIMARY HEALTH CARE, ACCESS TO BEHAVIORAL AND MENTAL HEALTH SERVICES, CANCER, ASTHMA IN CHILDREN, AND, ACCIDENT PREVENTION FOR CHILDREN

Form and Line Reference	Explanation
PART VI, LINE 3	ALL SELF-PAY INPATIENTS ARE VISITED BY A FINANCIAL COUNSELOR DURING HIS OR HER STAY OR ARE CONTACTED AT HOME IF DISCHARGED PRIOR TO THEIR INTERVIEW THE FINANCIAL COUNSELOR COMPLETES A FINANCIALS ASSESSMENT TO DETERMINE IF THE PATIENT MIGHT QUALIFY FOR OUTSIDE ASSISTANCE (MEDICAID, SOCIAL SECURITY, DISABILITY, VICTIMS ASSISTANCE, MIAP, ETC) APPLICATIONS FOR THESE PROGRAMS ARE COMPLETED AN AMAP FORM IS COMPLETED AT THAT TIME IN THE EVENT THEY DO NOT QUALIFY FOR ANY OTHER ASSISTANCE AND ARE ELIGIBLE FOR OUR CHARITY PROGRAM WHEN A PATIENT RECEIVES A BILL, OUR WEBSITE, WHICH HAS THE FINANCIAL ASSISTANCE POLICY, IS LISTED AS WELL AS A PHONE NUMBER PATIENTS CAN CALL TO REQUEST ASSISTANCE
PART VI, LINE 4	ANMED HEALTH'S SERVICE AREA INCLUDES ANDERSON COUNTY, OCONEE COUNTY, PICKENS COUNTY, AND ABBEVILLE COUNTY IN SOUTH CAROLINA, AS WELL AS HART AND ELBERT COUNTIES IN NORTHEAST GEORGIA ANDERSON COUNTY, THE PRIMARY COMMUNITY SERVED BY ANMED HEALTH IS AN URBAN COMMUNITY THAT ENCOMPASSES APPROXIMATELY 190,641 RESIDENTS THE POPULATION OF ANDERSON COUNTY IS EXPECTED TO GROW AT JUST OVER 1% PER YEAR THE MEDIAN HOUSEHOLD INCOME IN THE COUNTY WAS $42,659 THE PER CAPITA INCOME FOR THE COUNTY WAS $22,218 WITH APPROXIMATELY 16 2% OF COMMUNITY RESIDENTS HAVING INCOMES BELOW THE FEDERAL POVERTY GUIDELINE THE US DEPARTMENT OF HEALTH AND HUMAN SERVICES DESIGNATED SIX MEDICALLY UNDERSERVED AREAS IN ANDERSON COUNTY FROM THE SOUTH CAROLINA PRIMARY HEALTH CARE ASSOCIATION, REGARDING MEDICALLY UNDERSERVED AREAS IN ANDERSON COUNTY, THE AREAS ARE AS FOLLOWS IN THE ASSOCIATED CENSUS TRACTS ANDERSON COUNTY 03093 - CT 0005 00, CT 0006 00, CT 0007 00 AND BELTON DIVISION SERVICE AREA 03099 - MCD (90221) BELTON CCD, MCD (91170 FORK CCD, MCD (93224) STARR CCD OVER 8 6% IS UNEMPLOYED AND APPROXIMATELY 75% OF ANDERSON COUNTY RESIDENTS WHO ARE UNINSURED OR MEDICAID RECIPIENTS COME TO ANMED HEALTH FOR THEIR INPATIENT MEDICAL CARE ANMED HEALTH MAINTAINS OVER 76% MARKET SHARE FOR ANDERSON COUNTY WITH TWO OTHER HOSPITALS CONSISTING OF SLIGHTLY OVER 19% MARKET SHARE

Form and Line Reference	Explanation
PART VI, LINE 5	A MAJORITY OF THE ORGANIZATION'S GOVERNING BODY IS COMPRISED OF PERSONS WHO RESIDE IN THE ORGANIZATION'S PRIMARY SERVICE AREA AND WHO ARE NEITHER EMPLOYEES NOR INDEPENDENT CONTRACTORS OF THE ORGANIZATION, NOR FAMILY MEMBERS THEREOF ANMED HEALTH EXTENDS MEDICAL STAFF PRIVILEDGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY FOR MANY OF ITS DEPARTMENTS SURPLUS FUNDS ARE SPENT TO IMPROVE THE CARE WE PROVIDE OUR PATIENTS THIS IS DONE THROUGH UPDATES TO OUR EQUIPMENT AND BUILDINGS, INVESTING IN NEW TECHNOLOGY, SUPPORTING OUR FAMILY MEDICINE RESIDENCY PROGRAM, ONCOLOGY RESEARCH, AND PROVIDING COMMUNITY BENEFITS ANMED HEALTH PROVIDES, SUPPORTS, PROMOTES, AND / OR SPONSORS A BROAD SCOPE OF COMMUNITY BENEFIT ACTIVITIES AND PROGRAMS THAT PROMOTE GOOD HEALTH, WELLNESS / PREVENTION, AND ACCESS TO HEALTH CARE SERVICES FOR 2013 EXAMPLES OF COMMUNITY HEALTH EDUCATION PROGRAMS INCLUDE - MULTIPLE COMMUNITY EDUCATION PROGRAMS FOCUSED ON CHRONIC DISEASES SUCH AS DIABETES, OBESITY AND CONGESTIVE HEART FAILURE, WITH AN EMPHASIS ON MANAGEMENT OF THESE DISEASES IN THE OUTPATIENT SETTING - BREAST HEALTH EDUCATION PROGRAMS TO PROMOTE THE PREVENTION OF BREAST CANCER THROUGH SCREENING AND EARLY DETECTION, -CANCER SURVIVORS' DAY, CELEBRATING THE LIVES OF THOSE WHO HAVE SURVIVED A CANCER DIAGNOSIS, AND WHO HAVE EMBRACED HEALTHY LIFESTYLES FOR THE FUTURE, -SPEAKERS FOR COMMUNITY EDUCATION ABOUT PROPER NUTRITION AND WEIGHT LOSS, -ANDERSON COUNTY SAFE KIDS PROGRAMS TO TEACH BIKE AND WATERSPORTS SAFETY, FIRE SAFETY, AND PROPER CAR SEAT USE, -A TEDDY BEAR CLINIC TO TEACH ALMOST 300 CHILDREN ABOUT SERVICES PROVIDED BY DOCTORS AND HOSPITALS, -MULTIPLE HEALTH FAIRS THAT SERVED OVER 8200 PERSONS, -COMMUNITY SUPPORT GROUPS FOR CARDIAC DISEASE, DIABETES, STROKE, AND WEIGHT-LOSS DURING THE YEAR, OVER 21,000 PERSONS WERE SERVED AT ALMOST 300 COMMUNITY HEALTH EDUCATION EVENTS AN EXAMPLE OF COMMUNITY-BASED CLINICAL SERVICES PROVIDED AT NO CHARGE DURING THE YEAR IS THAT ALMOST 3800 PERSONS WERE SCREENED FOR SYMPTOMS SUCH AS CHRONIC ELEVATED BLOOD PRESSURE, CHOLESTEROL, AND BLOOD SUGAR, USING A MOBILE VAN AND OTHER COMMUNITY SCREENINGS ALSO, REDUCED-FEE CLINICS WERE PROVIDED IN FAMILY MEDICINE AND IN PEDIATRICS, AS WELL AS PEDIATRIC REHABILITATION THERAPIES OTHER HEALTH CARE SUPPORT SERVICES PROVIDED DURING THE YEAR INCLUDE FREE GENETICS COUNSELING RELATED TO CANCER RISKS, MENTAL HEALTH AND SUBSTANCE ABUSE CRISIS INTERVENTION PHONE RESPONSE, FAMILY SUPPORT SERVICES TO ASSIST WITH MEDICAID ENROLLMENT, MEDICATION ASSISTANCE PROGRAMS, AND A NURSEWISE REFERRAL LINE HEALTH PROFESSIONS EDUCATION PROGRAMS INCLUDES A FAMILY MEDICINE RESIDENCY PROGRAM, NURSING TRAINING AND MENTORING, A RADIOLOGY TECHNOLOGY PROGRAM, THERAPY INTERNSHIPS, AND PHARMACY STUDENT ROTATIONS AN ONCOLOGY RESEARCH PROGRAM WORKS WITH PHYSICIANS AND PATIENTS TO IDENTIFY AVAILABLE STUDIES AND TRIALS OF INVESTIGATIONAL MEDICATIONS AND REGIMENS FOR CANCER TREATMENT ANMED HEALTH SUPPORTS MANY OTHER NOT-FOR-PROFIT COMMUNITY ORGANIZATIONS THROUGH CASH AND IN-KIND DONATIONS THESE ORGANIZATIONS SHARE A SIMILAR VISION OF A HEALTHY COMMUNITY, AND INCLUDE THE ANDERSON FREE CLINIC, UNITED WAY, ANDERSON CANCER ASSOCIATION, ANDERSON YMCA, AND MANY OTHERS ANMED HEALTH'S LEADERS ARE INVOLVED IN VOLUNTEER ACTIVITIES IN THE CHAMBER OF COMMERCE, CIVIC ORGANIZATIONS, AND OTHER LOCAL, REGIONAL, AND STATEWIDE ORGANIZATIONS DURING THE YEAR, ANMED HEALTH'S LEADERS AND STAFF DOCUMENTED 221 VOLUNTEER HOURS TO HEALTH-RELATED COMMUNITY ORGANIZATIONS AND EVENTS, AND ANOTHER 609 5 VOLUNTEER HOURS FOR COMMUNITY-BUILDING ORGANIZATIONS AND EVENTS
PART VI, LINE 6	ANMED HEALTH HAS AN AFFILIATION AND SERVICES AGREEMENT WITH THE CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY D/B/A CAROLINAS HEALTHCARE SYSTEM (CHS) THE AGREEMENT APPOINTS CHS AS THE MANAGER OF THE HOSPITAL SYSTEM SEE FORM 990, PART VI, LINE 3 FOR MORE DETAILS ANMED HEALTH ALSO HAS AN AFFILIATION AND SERVICES AGREEMENT WITH CANNON MEMORIAL HOSPITAL THE AGREEMENT APPOINTS ANMED HEALTH AS THE MANAGER OF CANNON MEMORIAL HOSPITAL THERE IS NO TRANSFER OF GOVERNANCE OR OWNERSHIP BETWEEN CHS AND ANMED HEALTH, NOR BETWEEN CANNON MEMORIAL HOSPITAL AND ANMED HEALTH

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	SC

Additional Data

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

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

	Name and address	Type of Facility (describe)
1	CLEMSON HEALTH CENTER 885 TIGER BLVD CLEMSON,SC 29631	OUTPATIENT FACILITY
2	ANMED HEALTH MINOR CARE 600 N FANT ST ANDERSON,SC 29621	OUTPATIENT FACILITY
3	CARDIAC & ORTHOPAEDIC CENTER 100 HEALTHY WAY ANDERSON,SC 29621	OUTPATIENT FACILITY
4	ANMED HEALTH VASCULAR MEDICINE 703 N FANT ST ANDERSON,SC 29621	OUTPATIENT FACILITY
5	ANMED HEALTH CAROLINA OBGYN 160 PERPETUAL SQUARE DR ANDERSON,SC 29621	OUTPATIENT FACILITY
6	ANMED HEALTH HOME HEALTHLIFELINE 1926 MCCONNELL SPRINGS RD ANDERSON,SC 29621	OUTPATIENT FACILITY
7	ANMED HEALTH ANDERSON BONE & JOINT 112 MONTGOMERY DR ANDERSON,SC 29621	OUTPATIENT FACILITY
8	ANMED HEALTH CHILDREN'S HEALTH CENTER 500 N FANT ST ANDERSON,SC 29621	OUTPATIENT FACILITY
9	ANMED HEALTH PEDIATRIC THERAPY WORKS 701 N FANT ST ANDERSON,SC 29621	OUTPATIENT FACILITY
10	ANMED HEALTH HONEA PATH FAMILY MEDLAB 21 S SHIRLEY AVE HONEA PATH,SC 29654	OUTPATIENT FACILITY
11	ANMED HEALTH ANDERSON PEDIATRICS 705 N FANT ST ANDERSON,SC 29621	OUTPATIENT FACILITY
12	ANMED HEALTH HARTWELL FAMILY MEDICINE 28 CHANDLER CENTER HARTWELL,GA 30643	OUTPATIENT FACILITY
13	ANMED HEALTH WILLIAMSTON FAMILY MEDICINE 16 ROBERTS BLVD WILLIAMSTON,SC 29697	OUTPATIENT FACILITY
14	ANMED HEALTH IVA FAMILY MEDICINE 331 ANTREVILLE HWY IVA,SC 29655	OUTPATIENT FACILITY
15	ANMED HEALTH EASTSIDE INTERNAL MEDICINE 400 N FANT ST ANDERSON,SC 29621	OUTPATIENT FACILITY
16	ANMED HEALTH MICHAEL M RIVERA MD 1519 N FANT ST ANDERSON,SC 29621	OUTPATIENT FACILITY
17	ANMED HEALTH LAKESIDE FAMILY MEDLAB 4120 HWY 24 ANDERSON,SC 29621	OUTPATIENT FACILITY
18	ANMED HEALTH CAROLINA KIDS 10706 CLEMSON BLVD SENECA,SC 29678	OUTPATIENT FACILITY
19	ANMED HEALTH CENERVILLE FAMILY MEDICINE 1520 WHITEHALL RD ANDERSON,SC 29625	OUTPATIENT FACILITY
20	ANMED HEALTH JOHD D WARE 105 BUFORD AVE ANDERSON,SC 29621	OUTPATIENT FACILITY
21	ANMED HEALTH PENDLETON FAMILY MEDICINE 101 SHIRLEY ST PENDLETON,SC 29670	OUTPATIENT FACILITY
22	ANMED HEALTH WESTSIDE FAMILY MEDICINE 1100 W FRANKLIN ST ANDERSON,SC 29624	OUTPATIENT FACILITY
23	ANMED HEALTH FAIRPLAY FAMILY MEDICINE 111 W PINE GROVE RD FAIRPLAY,SC 29643	OUTPATIENT FACILITY
24	ANMED HEALTH DANIEL A KEENAN JR MD 803 N FANT ST ANDERSON,SC 29621	OUTPATIENT FACILITY
25	ANMED HEALTH PALMETTO FAMILY MEDICINE 323 LEBBY ST PELZER,SC 29669	OUTPATIENT FACILITY
26	ANMED HEALTH CLEMSON FAMILY MEDICINE 386 CLEMSON BLVD CLEMSON,SC 29631	OUTPATIENT FACILITY
27	ANMED HEALTH WREN FAMILY MEDICINE 6650 HIGHWAY 81 NORTH PEIDMONT,SC 29673	OUTPATIENT FACILITY
28	ANMED HEALTH GASTROENTEROLOGY SPECIALIST 118 MONTGOMERY DRIVE ANDERSON,SC 29621	OUTPATIENT FACILITY
29	ANMED HEALTH PSYCHIATRY 400 N FANT ST SUITE D ANDERSON,SC 29621	OUTPATIENT FACILITY
30	ANMED HEALTH CLIFTON W STRAUGHN MD 105 BUFORD AVE ANDERSON,SC 29621	OUTPATIENT FACILITY
31	ANMED HEALTH MEDICUS ENT 1655 EAST GREENVILLE STREET ANDERSON,SC 29622	OUTPATIENT FACILITY
32	AH QUINN PHYSICAL THERAPY 127 WAL-MART DRIVE HARTWELL,GA 30643	OUTPATIENT FACILITY

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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**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
ANMED HEALTH

Employer identification number
57-0359174

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. 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
(1) GAMAC PO BOX 2365 ANDERSON,SC 29622	57-0942964	501(C)(3)	6,296				OPERATIONAL SUPPORT
(2) CANCER ASSOCIATION OF ANDERSON 215 E CALHOUN STREET ANDERSON,SC 29621	54-2098883	501(C)(3)	6,750				OPERATIONAL SUPPORT
(3) ANDERSON FREE CLINIC PO BOX 728 ANDERSON,SC 29622	57-0787584	501(C)(3)	20,000				OPERATIONAL SUPPORT
(4) YOUNG MEN'S CHRISTIAN ASSOCIATION OF ANDERSON 201 E REED RD ANDERSON,SC 29621	57-0314465	501(C)(3)	5,000				OPERATIONAL SUPPORT
(5) UNITED WAY OF ANDERSON COUNTY PO BOX 2067 ANDERSON,SC 29622	57-0510602	501(C)(3)	170,924				OPERATIONAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 5

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
(1) NURSING SCHOLARSHIPS	4	5,000			

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	SCHOLARSHIPS TRI COUNTY TECHNICAL COLLEGE SCHOLARSHIP RECIPIENTS MUST LIVE IN ANDERSON COUNTY, SC, MUST BE A NURSING MAJOR WITH AT LEAST A 3 0 GPA, AND MUST BE WILLING TO ACCEPT EMPLOYMENT AT ANMED HEALTH OR BE RESPONSIBLE FOR PAYING BACK THE AMOUNT OF THE SCHOLARSHIP CLEMSON UNIVERSITY SCHOLARSHIP RECIPIENT MUST LIVE IN ANDERSON, PICKENS, OR OCONEE COUNTIES, SC, MUST BE A NURSING MAJOR WITH AT LEAST A 2 5 GPA, AND MUST BE WILING TO ACCEPT EMPLOYMENT AT ANMED HEALTH OR BE RESPONSIBLE FOR PAYING BACK THE AMOUNT OF THE SCHOLARSHIP THE CHIEF NURSING OFFICER OF ANMED HEALTH APPROVES ALL SELECTIONS FOR THIS SCHOLARSHIP GREENVILLE TECHNICAL COLLEGE RECIPIENT MUST LIVE IN ANDERSON, PICKENS, OR OCONEE COUNTY, MUST BE A NURSING MAJOR AND WILLING TO ACCEPT EMPLOYMENT AT ANMED HEALTH OR BE RESPONSIBLE FOR PAYING BACK THE AMOUNT OF THE SCHOLARSHIP THE CHIEF NURSING OFFICER OF ANMED HEALTH APPROVES ALL SELECTIONS FOR THIS SCHOLARSHIP
FOOTHILLS COMMUNITY GRANT	IN PAST YEARS, ANMED HEALTH HAS CONTRIBUTED A TOTAL OF APPROXIMATELY $4 5 MILLION TO FOOTHILLS COMMUNITY FOUNDATION, A 501(C)(3) ORGANIZATION THESE CONTRIBUTIONS WERE RESTRICTED AT THE TIME, AND EACH YEAR A PORTION OF THE CONTRIBUTION IS RELEASED BY FOOTHILLS FOR USE IN CHARITABLE PURPOSES FOR THE YEAR ENDED DECEMBER 31, 2013, $10,000 WAS RELEASED FROM THE RESTRICTED FUND THIS AMOUNT IS NOT A CURRENT YEAR ACCRUED EXPENDITURE AND IS NOT REPORTED IN THE AMOUNT ON FORM 990, PART X, LINE 1

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
ANMED HEALTH

Employer identification number
57-0359174

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
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**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in 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				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	EXECUTIVE OFFICERS OF THE ORGANIZATION INCLUDING VICE PRESIDENTS ARE PROVIDED WITH TRAVEL FOR SPOUSES, SOCIAL CLUB DUES, AND RECEIVE TAX INDEMNIFICATION AND GROSS UP PAYMENTS THE BENEFITS RECEIVED BY THE OFFICERS WERE INCLUDED IN TAXABLE COMPENSATION FOR THE YEAR
PART I, LINE 4B	THE FOLLOWING OFFICERS RECEIVED DEFERRED COMPENSATION ALLOCATIONS BY THE FILING ORGANIZATION FROM A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) WILLIAM T MANSON - 80,793 TINA JURY - 13,504 THE FOLLOWING OFFICERS RECEIVED DEFERRED COMPENSATION ALLOCATIONS BY CAROLINAS HEALTHCARE SYSTEM, AN UNRELATED ORGANIZATION FROM A NON-QUALIFIED PLAN JOHN A MILLER, JR - 61,393 WILLIAM T MANSON - 29,028 JERRY A PARRISH - 25,180 DR MICHAEL L TILLIRSON - 23,032 GARRICK CHIDESTER - 15,518 THE PURPOSE OF THE SERP FOR WILLIAM T MANSON IS TO PROVIDE SUPPLEMENTAL RETIREMENT BENEFITS TO THE PARTICIPANT TO ENCOURAGE HIS CONTINUED INTEREST IN THE SUCCESS OF THE COMPANY, AND TO PROVIDE REASONABLE RETIREMENT BENEFITS THE PLAN COMMENCED ON MARCH 1, 2005 THE PURPOSE OF THE SERP FOR TINA JURY IS TO PROVIDE SUPPLEMENTAL RETIREMENT BENEFITS TO THE PARTICIPANT TO ENCOURAGE HER CONTINUED INTEREST IN THE SUCCESS OF THE COMPANY, AND TO PROVIDE REASONABLE RETIREMENT BENEFITS THE PLAN COMMENCED ON MAY 1, 2012 THE COMPANY SHALL CREDIT TO THE PARTICIPANT'S SERP ACCOUNT AN AMOUNT PROJECTED TO PROVIDE ANNUAL RETIREMENT BENEFITS EQUAL TO 50% OF THE PARTICIPANT'S FINAL FIVE-YEAR AVERAGE CASH COMPENSATION AT AGE 65 THE PROJECTION TAKES INTO ACCOUNT THAT THE TOTAL TARGETED RETIREMENT BENEFIT CONSISTS OF THE QUALIFIED DEFINED BENEFIT PENSION PLAN, 403(B) PLAN MATCHING CONTRIBUTIONS EARNED THEREON, 50% OF THE PROJECTED SOCIAL SECURITY PRIMARY RETIREMENT BENEFITS, AND BENEFITS UNDER THIS PLAN THE COMPANY DOES NOT GUARANTEE THAT THE CREDITS WILL ACTUALLY PROVIDE THE TARGETED BENEFIT, RATHER, THE PARTICIPANT'S BENEFIT IS LIMITED TO THE AMOUNT ACCRUED IN HIS ACCOUNT THE PARTICIPANT'S ENTITLEMENT TO THE BENEFITS DEPENDS ON THE PARTICIPANT'S FUTURE PERFORMANCE OF SUBSTANTIAL SERVICES
PART II	COMPENSATION FROM AN UNRELATED ORGANIZATION DR WILLIAM BUICE WAS COMPENSATED THROUGH HIS PHYSICIAN PRACTICE FOR SERVICES RENDERED TO ANMED HEALTH ON OCTOBER 1, 2009, THE HOSPITAL SYSTEM ENTERED INTO A SERVICES AND AFFILIATION AGREEMENT WITH THE CHARLOTTE MECKLENBURG HOSPITAL AUTHORITY D/B/A CAROLINAS HEALTHCARE SYSTEM THE AGREEMENT APPOINTS CAROLINAS HEALTHCARE SYSTEM AS THE MANAGER OF THE HOSPITAL SYSTEM THE FOLLOWING OFFICERS AND KEY EMPLOYEES WERE COMPENSATED ACCORDING TO THIS AGREEMENT FOR SERIVCES PROVIDED TO ANMED HEALTH, ANMED HEALTH SYSTEM, AND THE ANMED HEALTH FOUNDATION JOHN A MILLER JR - $ 946,362 TAXABLE, 157,950 DEFRD, 22,997 N/T WILLIAM T MANSON, III - 533,747 TAXABLE, 77,694 DEFRD, 22,432 N/T JERRY A PARRISH - 465,191 TAXABLE, 69,530 DEFRD, 29,068 N/T DR MICHAEL L TILLIRSON - 427,407 TAXABLE, 61,150 DEFRD, 16,813 N/T GARRICK CHIDESTER - 340,045 TAXABLE, 51,766 DEFRD, 27,043 N/T THE ABOVE AMOUNTS ARE REPRESENTED IN THE TOTALS SHOWN IN PART II THE REMAINDER OF THE AMOUNTS SHOWN IN PART II WERE PAID DIRECTLY BY THE ORGANIZATION

Additional Data

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DR STEPHEN HAND BOARD MEMBER (SEE SCHED O)	(I)	356,996	129,201	1,235	67,366	23,089	577,887	0
	(II)	0	0	0	0	0	0	0
JOHN A MILLER JR CEO	(I)	831,027	239,254	88,191	157,950	194,856	1,511,278	169,280
	(II)	0	0	0	0	0	0	0
WILLIAM T MANSON III PRESIDENT/COO	(I)	393,546	109,916	42,236	293,168	27,290	866,156	0
	(II)	0	0	0	0	0	0	0
JERRY A PARRISH CFO	(I)	343,306	96,336	25,549	194,558	30,880	690,629	0
	(II)	0	0	0	0	0	0	0
DR MICHAEL L TILLIRSON CHIEF MEDICAL OFFICER	(I)	331,286	87,826	13,376	61,150	37,557	531,195	0
	(II)	0	0	0	0	0	0	0
GARRICK CHIDESTER VICE PRESIDENT	(I)	244,619	69,565	25,861	51,766	28,341	420,152	0
	(II)	0	0	0	0	0	0	0
JAMES T DOUGLAS III VICE PRESIDENT	(I)	213,142	20,295	1,864	0	21,363	256,664	0
	(II)	0	0	0	0	0	0	0
TINA JURY CHIEF NURSING OFFICER	(I)	230,578	20,493	2,584	177,320	40,247	471,222	0
	(II)	0	0	0	0	0	0	0
JOHN D GLYMPH VICE PRESIDENT	(I)	203,163	19,206	398	116,346	19,703	358,816	0
	(II)	0	0	0	0	0	0	0
MICHAEL CUNNINGHAM VICE PRESIDENT	(I)	162,372	0	556	0	20,884	183,812	10,365
	(II)	0	0	0	0	0	0	0
BRETT C STOLL PHYSICIAN	(I)	652,603	123,116	1,168	81,672	24,651	883,210	0
	(II)	0	0	0	0	0	0	0
SATISH K SURABHI PHYSICIAN	(I)	644,890	123,116	599	0	24,261	792,866	0
	(II)	0	0	0	0	0	0	0
SCOTT A PHILLIPS PHYSICIAN	(I)	619,372	123,116	535	69,283	24,575	836,881	0
	(II)	0	0	0	0	0	0	0
LOUIS F KNOEPP PHYSICIAN	(I)	514,814	260,598	1,331	100,352	23,151	900,246	0
	(II)	0	0	0	0	0	0	0
KUMAR R PATEL PHYSICIAN	(I)	314,771	410,500	960	43,186	23,341	792,758	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

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Open to Public Inspection

Name of the organization
ANMED HEALTH

Employer identification number
57-0359174

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	SC JOBS-ECONOMIC DEVELOPMENT AUTHORITY	57-6000286	83703FBX9	04-02-2009	34,585,000	CURRENT REFUNDING		X		X		X
B	SC JOBS-ECONOMIC DEVELOPMENT AUTHORITY	57-6000286	83703FCQ3	05-13-2009	109,368,483	CURR REFUND , CAPITAL ACQUIS		X		X		X
C	SC JOBS-ECONOMIC DEVELOPMENT AUTHORITY	57-6000286	83703FCQ3	05-13-2009	75,605,000	CURRENT REFUNDING		X		X		X
D	SC JOBS-ECONOMIC DEVELOPMENT AUTHORITY	59-0960018	83703FBX9	03-04-2010	43,752,346	CURRENT REFUNDING		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	3,301,926	3,301,926	880,000	22,423,276
2	Amount of bonds legally defeased				
3	Total proceeds of issue	34,585,000	109,370,383	75,605,021	43,753,007
4	Gross proceeds in reserve funds	2,871,649	2,871,649	155,840	5,155,007
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	398,936	1,255,460	653,394	351,656
8	Credit enhancement from proceeds	124,368	2,721,883	701,606	
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	51,142,629	51,142,629		
11	Other spent proceeds	34,061,696	54,250,000	74,250,000	43,400,691
12	Other unspent proceeds				
13	Year of substantial completion	2007	2010	2010	1999

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

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 %	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X		X	
b	Exception to rebate?	X		X		X		X	
c	No rebate due?		X		X		X		X
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X			X	X			X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X	X			X
b	Name of provider	CITIGROUP				CITIGROUP			
c	Term of hedge	29 580000000000				29 580000000000			
d	Was the hedge superintegrated?		X				X		
e	Was the hedge terminated?		X				X		

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?		X		X		X		X

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X		X		X		X

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SCHEDULE K, PART II, LINE 11, OTHER SPENT PROCEEDS	THE AMOUNTS PRESENTED ON LINE 11 AS OTHER SPENT PROCEEDS WERE USED TO CURRENTLY REFUND PRIOR BONDS ISSUED ON THE DATES AS FOLLOWS BOND (A) - 04/18/2007 BOND (B) - 07/02/2003 BOND (C) - 07/02/2003 BOND (D) - 07/28/1999

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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Name of the organization
ANMED HEALTH

Employer identification number
57-0359174

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

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

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DR JAMES HERBERT	FAMILY RELATIONSHIP TO BOARD MEMBER ANN HERBERT	114,916	MEDICAL DOCTOR EMPLOYED BY THE HOSPITAL SYSTEM, COMPENSATION FOR MEDICAL SERVICES PERFORMED		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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Name of the organization
ANMED HEALTH

Employer identification number
57-0359174

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 4A	
FORM 990, PART VI, SECTION A, LINE 3	ON OCTOBER 1, 2009, THE HOSPITAL SYSTEM ENTERED INTO A SERVICES AND AFFILIATION AGREEMENT WITH THE CHARLOTTE MECKLENBURG HOSPITAL AUTHORITY D/B/A CAROLINAS HEALTHCARE SYSTEM (CHS) THE AGREEMENT APPOINTS CAROLINAS HEALTHCARE SYSTEM AS THE MANAGER OF THE HOSPITAL SYSTEM THE BOARD OF ANMED HEALTH CONTINUES TO OVERSEE THE OPERATIONS OF THE HEALTHCARE FACILITY AND RELATED EXEMPT ACTIVITIES AS PART OF THE AGREEMENT, ANMED HEALTH GRANTS CHS THE RESPO NSIBILITY FOR MANAGEMENT OF THE HEALTH SYSTEM, SUBJECT TO THE GENERAL APPROVAL OF THE BOAR D OF DIRECTORS OF ANMED HEALTH BOARD APPROVAL IS REQUIRED FOR LARGE CAPITAL EXPENDITURES, SALE OR DISPOSAL OF SYSTEM ASSETS, AND BORROWING IN EXCESS OF IMMATERIAL AMOUNTS CHS IS REQUIRED TO PROVIDE KEY MANAGEMENT PERSONNEL, HOWEVER, THE CURRENT CEO, CFO, AND A NUMBER OF KEY EMPLOYEES ARE PERSONS THAT WERE FORMERLY EMPLOYED DIRECTLY BY ANMED HEALTH, PRIOR T O THE EFFECTIVE DATE OF THE AGREEMENT UNDER THE TERMS OF THE ARRANGEMENT THE KEY MANAGEME NT PERSONNEL RECEIVE A PORTION OF THEIR COMPENSATION FROM CHS AS WELL AS A PORTION FROM AN MED HEALTH THE ORGANIZATION IS UTILIZING FORM 990 PARTS VII AND SCHEDULE J TO REPORT COMP ENSATION RECEIVED BY THESE INDIVIDUALS FOR SERVICES PROVIDED TO ANMED HEALTH SYSTEM AND IT S RELATED ORGANIZATIONS
FORM 990, PART VI, SECTION A, LINE 6	THE SOLE MEMBER OF THE ORGANIZATION IS ANMED HEALTH SYSTEM, A SOUTH CAROLINA 501(C)(3) ORGANIZATION
FORM 990, PART VI, SECTION A, LINE 7A	THE BOARD OF TRUSTEES OF ANMED HEALTH AS PROVIDED FOR IN ITS BYLAWS SHALL AUTOMATICALLY BE COME THE BOARD OF TRUSTEES OF THE ORGANIZATION UPON BEING ELECTED AS TRUSTEES OF ANMED HEA LTH SYSTEM ACCORDINGLY, WHEN ANY BOARD MEMBER FOR ANY REASON CEASES BEING A BOARD MEMBER OF ANMEND HEALTH SYSTEM, HE OR SHE SHALL ALSO AUTOMATICALLY CEASE BEING A BOARD MEMBER OF THE ORGANIZATION
FORM 990, PART VI, SECTION B, LINE 11	THE RETURN WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM WITH ASSISTANCE AND OVERSIGHT BY MANAGEMENT UPON COMPLETION AND REVIEW BY MANAGEMENT, THE RETURN WAS PLACED ON A SECURE W EBSITE FOR BOARD MEMBERS TO REVIEW PRIOR TO THE NOVEMBER 2014 BOARD MEETING AT THE MEETIN G, BOARD MEMBERS HAD AN OPPORTUNITY TO DISCUSS THE RETURN AND ASK QUESTIONS OF THE CFO AND A REPRESENTATIVE OF THE ACCOUNTING FIRM
FORM 990, PART VI, SECTION B, LINE 12C	A COPY OF THE DISCLOSURE OF THE CONFLICT OF INTEREST POLICY, ALONG WITH AN EXPLANATION AND QUESTIONNIARE IS SENT TO ALL TRUSTEES, DIRECTORS, EXECUTIVE STAFF, MEDICAL STAFF WITH ADM INISTRATIVE RESPONSIBILITY, SELECTED OTHER EMPLOYEES, AND VOLUNTEERS ANNUALLY THE QUESTIO NNAIRE MUST BE COMPLETED AND RETURNED TO THE CHAIR OF THE BOARD A REPORT IS SUBMITTED TO THE BOARD CONCERNING ANY POTENTIAL CONFLICTS THAT ARE DISCLOSED IN SITUATIONS WHERE A POT ENTIAL CONFLICT IS FOUND, THE BOARD REVIEWS THE CIRCUMSTANCES BEFORE A VOTE OR DISCUSSION OF MATTERS INVOLVING INTERESTED PARTIES
FORM 990, PART VI, SECTION B, LINE 15	PERIODIC COMPENSATION SURVEYS ARE PERFORMED BY INTEGRATED HEALTHCARE STRATEGIES, AN OUTSID E CONSULTING SERVICE ANMED HEALTH TARGETS THE 65TH PERCENTILE OF THE GIVEN RANGE FOR ITS COMPENSATION PACKAGES THE COMPENSATION COMMITTEE OF THE BOARD APPROVES COMPENSATION FOR A LL OFFICERS, EXECUTIVES, AND DEPARTMENT DIRECTORS
FORM 990, PART VI, SECTION C, LINE 18	PHOTOCOPIES OF THE FORM 990 ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S EXECUTIVE OFFICES
FORM 990, PART VI, SECTION C, LINE 19	PHOTOCOPIES OF THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S EXECUTIVE OFFICES COPIES OF THE FINANCIAL ST ATEMENTS ARE AVAILABLE ON A SECURE WEBSITE FOR BONDHOLDERS PLEASE CONTACT THE EXECUTIVE O FFICE FOR DETAILS
FORM 990, PART VII, LINE 1, BOARD MEMBER COMPENSATION	DR STEPHEN HAND IS COMPENSATED BY THE ORGANIZATION FOR SERVICES RENDERED TO THE HOSPITAL SYSTEM ALL PAYMENTS TO HIM ON PART VII OF THE FORM 990 ARE FOR MEDICAL SERVICES DR WILL IAM BUICE'S COMPENSATION LISTED ON PART VII IS FOR MEDICAL SERVICES RENDERED TO THE ORGANI ZATION
FORM 990, PART IX, LINE 11G	PURCHASED SERVICES & PROF FEES PROGRAM SERVICE EXPENSES 46,852,329 MANAGEMENT AND GENER AL EXPENSES 10,762,955 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 57,615,284
FORM 990, PART XI, LINE 9	CHANGE IN FAIR VALUE OF INTEREST RATE SWAP CONTRACT 5,731,950 CHANGE IN UNFUNDED PENSION LOSSES 43,966,845 EQUITY TRANSFER FROM AFFILIATE 3,000,000
FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

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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" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

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2013

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Name of the organization
ANMED HEALTH

Employer identification number
57-0359174

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

(a) Name, address, and EIN (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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity? Yes	(g) Section 512 (b)(13) controlled entity? No
(1) ANMED HEALTH SYSTEM 800 N FANT STREET ANDERSON, SC 29621 57-0817544	FUNDRAISING/SUPPORT	SC	501(C)(3)	LINE 7	N/A		No
(2) THE ANMED HEALTH FOUNDATION 800 N FANT STREET ANDERSON, SC 29621 38-3886017	FUNDRAISING/SUPPORT	SC	501(C)(3)	LINE 11A, I	ANMED HEALTH SYSTEM		No
(3) CLEMSON HEALTH CENTER INC 885 TIGER BLVD CLEMSON, SC 29631 57-0988736	HEALTHCARE	SC	501(C)(3)	LINE 11A, I	N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) ANMED HEALTH ENTERPRISES INC 800 N FANT STREET ANDERSON, SC 29621 57-0815011	HOLDING CORPORATION	SC	N/A	C					No
(2) ANMED HEALTH PLAN INC 800 N FANT STREET ANDERSON, SC 29621 57-0811053	MANAGEMENT SERVICES ORGANIZATION	SC	N/A	C					No
(3) ANMED HEALTH SERVICES INC 800 N FANT STREET ANDERSON, SC 29621 57-0741536	HEALTHCARE	SC	N/A	C					No

Part V **Transactions With Related Organizations** Complete if the organization answered "Yes" on 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		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
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	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
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	Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 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	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

ANMED HEALTH

Financial Statements

Year Ended December 31, 2013
and
the 15-month Period Ended December 31, 2012

(with Independent Auditors'
Report thereon)

AnMed Health

Financial Statements

For the Year Ended December 31, 2013
and
the 15-month Period Ended December 31, 2012

Contents

Independent Auditors' Report

The Board of Trustees
AnMed Health
Anderson, South Carolina

Report on the Financial Statements
We have audited the accompanying balance sheets of AnMed Health as of December 31, 2013 and December 31, 2012, and the related statements of operations and changes in net assets, and cash flows for the year ended December 31, 2013 and the 15-month period ended December 31, 2012

Management's Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error

Auditors' Responsibility
Our responsibility is to express an opinion on these financial statements based on our audits We conducted our audits in accordance with auditing standards generally accepted in the United States of America Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error In making those risk assessments, the auditor considers internal control relevant to AnMed Health's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of AnMed Health's internal control Accordingly, we express no such opinion An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion

Opinion
In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of AnMed Health as of December 31, 2013 and December 31, 2012, and the related statements of operations and changes in net assets, and cash flows for the year ended December 31, 2013 and the 15-month period ended December 31, 2012, in accordance with accounting principles generally accepted in the United States of America

Dixon Hughes Goodman LLP

April 25, 2014

AnMed Health

Balance Sheets

	December 31, 2013	December 31, 2012
Assets		
Current assets		
Cash and cash equivalents	$ **40,406,839**	$ 30,818,840
Patient accounts receivable, less allowance for uncollectible accounts of approximately $87,314,000 in 2013 and $80,138,000 in 2012	**64,485,519**	54,857,939
Other receivables, net	**9,425,459**	6,690,750
Inventories of drugs and supplies	**3,409,039**	3,037,172
Due from related entities	**464,604**	1,490,110
Prepaid expenses	**8,162,199**	7,418,131
Assets whose use is limited, required for current liabilities	**9,120,658**	8,753,701
Total current assets	**135,474,317**	113,066,643
Assets whose use is limited, excluding amounts required for current liabilities	**378,024,658**	317,084,138
Property, plant, and equipment, net	**250,121,933**	254,872,748
Bond issuance costs, net	**5,218,800**	5,367,786
Cash surrender value of life insurance	**6,427,480**	6,922,410
Other assets	**8,210,814**	8,953,325
Total assets	$ **783,478,002**	$ 706,267,050
Liabilities and net assets		
Current liabilities		
Accounts payable	$ **14,877,297**	$ 13,806,614
Accrued payroll and employee benefits	**33,030,333**	25,022,212
Accrued liabilities	**4,752,307**	5,071,458
Estimated third-party payor settlements	**8,758,841**	6,149,610
Due to related entities	**421,151**	–
Current installments of long-term debt	**5,620,000**	5,250,000
Total current liabilities	**67,459,929**	55,299,894
Interest rate swap instrument	**5,461,548**	11,193,498
Accrued pension cost	**12,052,784**	66,358,214
Long-term debt, excluding current installments	**241,543,420**	247,434,800
Total liabilities	**326,517,681**	**380,286,406**
Net assets		
Unrestricted	**454,605,909**	323,479,649
Temporarily restricted	**2,354,412**	2,500,995
Total net assets	**456,960,321**	325,980,644
Total liabilities and net assets	$ **783,478,002**	$ 706,267,050

The accompanying notes are an integral part of these financial statements

AnMed Health

Statements of Operations and
Changes in Net Assets

	Year ended December 31, 2013	15-month period ended December 31, 2012
Unrestricted revenues and other support		
Net patient service revenue	$ 557,865,312	$ 653,730,138
Provision for uncollectible accounts	(107,775,594)	(139,153,313)
Net patient service revenue less provision for uncollectible accounts	450,089,718	514,576,825
Other operating revenue	12,292,244	17,317,161
Net assets released from restrictions used for operations	840,509	688,099
Total unrestricted revenues and other support	463,222,471	532,582,085
Operating expenses		
Salaries	180,150,154	207,074,626
Benefits	55,006,568	56,795,652
Professional fees	28,619,122	32,470,657
Supplies	79,319,991	91,141,405
Purchased services	33,149,182	37,144,908
Utilities	7,128,026	8,464,302
Travel	1,128,258	1,287,793
Marketing expense	1,797,188	1,477,791
Other expenses	12,736,200	13,543,064
Depreciation and amortization	38,667,261	48,312,276
Interest	9,533,119	12,264,661
Total operating expenses	447,235,069	509,977,135
Income from operations	15,987,402	22,604,950
Nonoperating gains (losses)		
Net change in unrealized gains on investments, trading securities	47,387,957	30,694,962
Change in fair value of interest swap instrument	5,731,950	(429,028)
Net investment income	14,350,418	9,994,583
Net other gains	648,017	2,068,461
Total nonoperating gains	68,118,342	42,328,978
Excess of revenues and gains over expenses and losses	84,105,744	64,933,928
Net assets released from restrictions used for purchase of property and equipment	3,256	310,698
Change in unfunded pension losses	43,966,845	(3,942,972)
Other, net	50,415	–
Transfers from related organizations	3,000,000	3,500,000
Increase in unrestricted net assets	$ 131,126,260	$ 64,801,654

Continued on next page

AnMed Health

Statements of Operations and
Changes in Net Assets (continued)

	Year ended December 31, 2013	15-month period ended December 31, 2012
Temporarily restricted net assets		
Investment income, net	$ 58	$ 115
Contributions, net	257,765	783,967
Grant for medical education	439,359	505,814
Net assets released from restrictions used for operations	(840,509)	(688,099)
Net assets released from restrictions used for purchase of property and equipment	(3,256)	(310,698)
Increase (decrease) in temporarily restricted net assets	(146,583)	291,099
Increase in net assets	130,979,677	65,092,753
Net assets at beginning of year	325,980,644	260,887,891
Net assets at end of year	$ 456,960,321	$ 325,980,644

The accompanying notes are an integral part of these financial statements

AnMed Health

Statements of Cash Flows

	Year ended December 31, 2013	15-month period ended December 31, 2012
Operating activities		
Increase in net assets	$ **130,979,677**	$ 65,092,753
Adjustments to reconcile increase in net assets to net cash provided by operating activities		
Depreciation and amortization	**38,667,261**	48,312,276
Loss (gain) on disposal of property and equipment	**(110,445)**	158,062
Change in unfunded pension losses	**(43,966,845)**	3,942,972
Unrealized loss on joint ventures	**268,187**	176,427
Restricted contributions and investment income	**(257,823)**	(784,082)
Change in fair value of interest rate swap instrument	**(5,731,950)**	429,028
Grant for medical education	**(439,359)**	(505,814)
Provision for uncollectible accounts	**107,775,594**	139,153,313
(Increase) decrease in		
Patient accounts receivable, net	**(117,403,174)**	(135,150,521)
Other receivables, net	**(2,734,709)**	2,064,187
Inventories of drugs and supplies	**(371,867)**	(6,283)
Prepaid expenses and other assets	**(771,885)**	(357,901)
Assets whose use is limited classified as trading	**(61,307,477)**	(93,628,901)
Increase (decrease) in		
Accounts payable	**(47,882)**	(313,306)
Accrued payroll and employee benefits	**8,008,121**	(768,034)
Accrued liabilities	**(478,414)**	1,463,393
Estimated third-party payor settlements	**2,609,231**	4,263,952
Accrued pension cost	**(10,338,585)**	(8,039,108)
Net cash provided by operating activities	**44,347,656**	25,502,413
Investing activities		
Acquisitions of property, plant, and equipment	**(32,743,999)**	(26,409,460)
Investment in joint ventures	**(125,000)**	(126,074)
Proceeds from sale of equipment	**339,416**	295,825
Change in cash surrender value of life insurance	**494,930**	(354,950)
Net cash used in investing activities	$ **(32,034,653)**	$ (26,594,659)

Continued on next page

AnMed Health

Statements of Cash Flows (continued)

	Year ended December 31, 2013	15-month period ended December 31, 2012
Financing activities		
Grant for medical education	$ **439,359**	$ 505,814
Repayment of long-term debt	**(5,250,000)**	(4,980,000)
Cost of issuance of long-term debt	**(245,985)**	–
Change in due from related entities	**1,025,506**	(1,173,379)
Change in due to related entities	**421,151**	(65,349)
Receipt on debt service leveling agreement	**627,142**	454,443
Restricted contributions and investment income	**257,823**	784,082
Net cash used in financing activities	**(2,725,004)**	(4,474,389)
Net increase (decrease) in cash and cash equivalents	**9,587,999**	(5,566,635)
Cash and cash equivalents at beginning of year (period)	**30,818,840**	36,385,475
Cash and cash equivalents at end of year (period)	$ **40,406,839**	$ 30,818,840
Noncash transactions		
Property and equipment acquired through accounts payable	$ **1,118,565**	$ –
Property and equipment acquired through accrued liabilities	$ **159,263**	$ 55,779

The accompanying notes are an integral part of these financial statements

1 Description of Organization and Summary of Significant Accounting Policies

Organization - AnMed Health (the "Hospital") is an acute care regional referral center located in Anderson, South Carolina The Hospital is operated by AnMed Health System, a nonstock, not-for-profit corporation that is its sole member with the authority to appoint the Hospital's Board of Trustees (the "Board")

During fiscal year 2012, the Hospital changed fiscal years ends from September 30 to December 31 Accordingly the 2012 fiscal year is presented as the 15-month period ending December 31, 2012

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

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

On January 1, 2014 Cannon Memorial Hospital entered into an Integration Agreement with AnMed Health System The Integration Agreement appoints AnMed Health System as the sole member of Cannon Memorial Hospital, Inc

On March 1, 2013, the Hospital entered into an affiliation and management services agreement with the Elberton-Elbert County Hospital Authority The management agreement appoints the Hospital as the manager of Elbert Memorial Hospital Under the management agreement, Elberton Memorial Hospital will pay the Hospital a quarterly management fee, based on Elbert Memorial Hospital's excess of revenues over expenses The total financial commitment for the Hospital under this agreement is $2,650,000 The initial term of the agreement is five years with options to extend the agreement

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

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

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

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

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

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

Capitalization of Interest – Material interest costs incurred on borrowed funds during the period of construction of qualifying capital assets are capitalized as a component of the cost of acquiring these assets No interest was capitalized in the year ended ending December 31, 2013 or the 15-month period ending December 31, 2012

Bond Issuance Costs - Bond issuance costs are amortized using the effective interest rate method over the term of the related bonds Accumulated amortization of bond issuance costs at December 31, 2013 was approximately $1,655,000 and at December 31, 2012 was $1,506,000

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

Upstate Linen Services, LLC is a limited liability company formed to offer a collaborative linen service Upstate Linen Services, LLC is owned 17% by the Hospital and 83% by other area hospitals During 2013, Upstate Linen Services, LLC entered into an agreement with a third party to sell its operations AnMed Health was distributed a portion of its ownership after year end and will receive the remaining portion after the wind-down period

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

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

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

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

HITECH Incentive Funding for Meaningful Use of Electronic Health Records ("EHR") – The American Recovery and Reinvestment Act of 2009 ("ARRA") established incentive payments under the Medicare and Medicaid programs for certain healthcare providers that use certified EHR technology The program is commonly referred to as the Health Information Technology for Economic and Clinical Health ("HITECH") Act To qualify for incentives under the HITECH Act, healthcare providers must meet designated EHR meaningful use criteria as defined by the Centers for Medicare & Medicaid Services ("CMS") Incentive payments are awarded to healthcare providers who have attested to CMS that applicable meaningful use criteria have been met Compliance with meaningful use criteria is subject to audit by the federal government or its designee and incentive payments are subject to adjustment in a future period

The Hospital recognizes revenue for EHR incentive payments in the period in which it has attested that it is in compliance with the applicable EHR meaningful use requirements Accordingly, the Hospital recognized other operating revenue of approximately $2,746,000 from Medicare EHR meaningful use payments and approximately $1,272,000 from Medicaid EHR meaningful use payments for the year ended December 31, 2013 The Hospital recognized other operating revenue of approximately $4,813,000 from Medicare EHR meaningful use payments and approximately $2,075,000 from Medicaid EHR meaningful use payments for the 15-month period ended December 31, 2012

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

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

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

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

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

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

Derivative Instruments - The Hospital entered into a derivative instrument, exclusively an interest rate swap agreement, to manage interest rate exposures on floating rate Hospital Revenue Bonds An interest rate swap allows the Hospital to swap variable interest rates on a stated notional amount for fixed rates Under the swap agreement that expires in 2033, the Hospital pays interest at a fixed rate of 3 51% and receives interest at a variable rate equal to 65% of the monthly LIBOR plus 45 basis points The 65% LIBOR rate on each reset date determines the variable portion of the interest rate swap for the following month The fixed and variable rate payments are calculated on a notional amount equal to $55,500,000

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

	Liability Derivative			
	December 31, 2013		December 31, 2012	
	Balance Sheet Location	Fair Value	Balance Sheet Location	Fair Value
Derivative not designated as hedging instrument				
Interest rate swap	Interest rate swap instrument	**$ 5,461,548**	Interest rate swap instrument	$ 11,193,498

The unrealized gain/(loss) for the year and period associated with the fair market value of the agreement is included on the statements of operations and changes in net assets as follows

		Amount of unrealized gain/(loss) recognized in income on derivative	
Derivative not designated as hedging instrument	**Location of unrealized gain/(loss) recognized in income on the derivative**	**Year ended December 31, 2013**	**15-month ended December 31, 2012**
Interest rate swap	Change in fair value of interest rate swap instrument	**$ 5,731,950**	$ (429,028)

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

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

The Hospital grants credit without collateral to its patients, most of whom are local residents and are insured under third-party agreements The mix of receivables from patients and third-party payors was as follows at December 31

	2013	**2012**
Medicare	**35%**	34%
Medicaid	**15**	14
Other third-party payors	**19**	22
Private pay	**31**	30
	100%	100%

Fair Value of Financial Instruments - The following methods and assumptions were used by the Hospital in estimating the fair value of its financial instruments

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

- *Assets whose use is limited* These assets consist primarily of cash, investments, and interest receivable As discussed in Note 1, the carrying values of investments at December 31, 2013 and December 31, 2012 are equal to estimated fair value based on quoted market prices or lower of cost or market as appropriate
- *Accounts payable and accrued expenses* The carrying amounts reported on the balance sheets for accounts payable and accrued expenses approximate their fair value
- *Estimated third-party payor settlements* The carrying amounts reported on the balance sheets for these settlements approximate their fair value
- *Bonds Payable* Fair values for the Series 2009A, Series 2009B, 2009D, and Series 2010 Bonds are based on estimates using present value techniques These techniques involve uncertainties and are significantly affected by the assumptions used and the judgments made regarding risk characteristics of various financial instruments, discount rates, prepayments, and estimates of future cash flows, future expected loss experience, and other factors Changes in assumptions could significantly affect these estimates Derived fair value estimates cannot be substantiated by comparison of independent markets and, in many cases, may or may not be realized in an immediate sale of the instrument The fair value of the Series 2009 and Series 2010 Bonds, described in Note 4, is estimated to be approximately $200,870,000 and $269,169,000 at December 31, 2013 and December 31, 2012, respectively The 2009C Series is not traded on active markets and, therefore, is held at face value

Income Taxes - The Hospital is exempt from income tax under Section 501(a) as an organization described in Section 501(c) (3) of the Internal Revenue Code, accordingly, the accompanying financial statements do not reflect a provision or liability for federal or State income taxes The Hospital has determined that it does not have any material unrecognized tax benefits or obligations as of December 31, 2013 Fiscal years ending on or after September 30, 2010 remain subject to examination by federal and state tax authorities

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

Subsequent Events - Subsequent events have been evaluated through April 25, 2014, which is the date the financial statements were available to be issued

2 Assets Whose Use Is Limited and Other Investments

The composition of assets whose use is limited is set forth below as of December 31, 2013 and December 31, 2012

	2013	2012
By Board for capital improvements		
Cash and cash equivalents	**$ 5,839,840**	$ 7,800,588
Investments		
Fixed income	**76,244,360**	74,451,494
Common stock	**122,346,686**	90,866,220
Mutual funds	**136,641,074**	106,982,064
Diversified investment fund	**16,499,975**	16,499,975
Accrued interest	**653,157**	608,350
	358,225,092	297,208,691
By Board for operating contingencies		
Cash and cash equivalents	**403,686**	2,100,982
Fixed income	**20,106,464**	18,206,476
Accrued interest	**73,118**	98,715
	20,583,268	20,406,173
By Trustee for former and current employees		
Cash and cash equivalents	**1,597**	685
Mutual funds	**152,862**	274,206
	154,459	274,891
By Trustee for bond repayment		
Cash and cash equivalents	**8,182,497**	7,948,084
Total assets whose use is limited	**387,145,316**	325,837,839
Less amounts required for current liabilities		
Current installments of bond principal	**5,620,000**	5,250,000
Deferred compensation payable	**154,459**	274,891
Retainage and construction payable	**159,263**	55,779
Accrued interest and other	**3,186,936**	3,173,031
	9,120,658	8,753,701
	$ 378,024,658	$ 317,084,138

Net investment income from assets whose use is limited, cash, and cash equivalents are comprised of the following for the year ended December 31, 2013 and the 15-month period ended December 31, 2012

	2013	2012
Interest and dividend income	**$ 6,553,676**	$ 7,597,526
Realized gain on other investments	**1,610,686**	-
Net realized gains on sales of investments	**6,186,056**	2,397,057
Net investment income	**$ 14,350,418**	$ 9,994,583

The Hospital has an investment in a group purchasing organization, Premier, LP ("Premier"), which was recorded under the cost method at September 30, 2013 On October 1, 2013, Premier finalized an initial public offering and reorganized from a private company to a public company, Premier, Inc As a result of the reorganization, the Hospital received Class B common units in Premier Healthcare Alliance, L P (Premier LP) In connection with the reorganization and public offering, on October 1, 2013, the Hospital sold 50,710 of its Class B common units to Premier for approximately $1,287,000 and recognized a gain of approximately $1,173,000, which is included in net investment income on the statement of operations for the year ended December 31, 2013 Per the terms of an Exchange Agreement with Premier, Premier LP and limited partners of Premier LP (the Exchange Agreement), the Hospital may annually exchange up to one-seventh (1/7th) of its initial allocation of Class B common units and any additional Class B common units purchased by the Hospital through exercise of the right of first refusal over Class B common units proposed to be exchanged by other member hospitals as described in the Exchange Agreement If exercised, for Class B common units so exchanged, the Hospital is entitled to receive either cash payments (from Premier or the other member owners under the right of first refusal), Class A common stock (one-to-one exchange ratio), or a combination of cash and Class A common stock Cash payments will be determined per the terms of the Exchange agreement depending on whether the stock is traded on a national exchange, traded over-the-counter, or if there no public market

The exchange provision of the Class B common units is accounted for as vendor incentive equity-based payments to non-employees and the estimated fair value of the related units is recognized as a reduction of supplies expense over the vesting period when it considered probable the units will vest The estimated value of the Class B units involves significant assumptions, including that the Hospital will remain a member of the Premier group purchasing organization ("GPO") The actual amounts realized as a result of the exchange provision vesting could be materially different

In connection with the Reorganization, Premier also entered into a Tax Receivable Agreement with the member owners, including the Hospital Premier has agreed to pay to the member owners a percentage of the amount of cash savings, if any, in tax that is Premier, Inc realizes as the result of the increase in tax basis from the initial sale of Class B common units by the member owners, as well as certain other tax benefits realized The Hospital recognizes the amounts receivable under this arrangement when they are communicated by Premier and known The amount of any future tax receivable benefits under this arrangement, if any, cannot be reasonably estimated at the present time Accordingly, no future benefits have been recognized in the accompanying financial statements

Should the Hospital terminate its relationship under the Premier GPO, the Hospital must redeem its investment under the terms of its Partnership Agreement with Premier The ultimate amount realized in the event of a termination could be materially different than the Hospital's carrying value of its investment

3 Property, Plant and Equipment

Property, plant, and equipment consist of the following as of December 31

	2013	2012
Land	**$ 20,862,915**	$ 20,865,303
Land improvements	**4,475,837**	4,025,187
Building and building service equipment	**373,075,165**	370,796,615
Major movable equipment	**288,330,500**	300,354,763
Construction in progress	**13,173,127**	7,825,550
	699,917,544	703,867,418
Less accumulated depreciation	**449,795,611**	448,994,670
	$ 250,121,933	$ 254,872,748

Depreciation expense for the year ended December 31, 2013 and the 15-month period ending December 31, 2012 was approximately $38,544,000 and $48,231,000, respectively

4 Long-Term Debt

A summary of long-term debt follows as of December 31, 2013 and December 31, 2012

	2013	2012
Series 2009A		
Weekly interest rate securities, 3 17% assumed net interest, maturing in amounts escalating from $3,600,000 in February 2030 to $10,000,000 in February 2035	**$ 34,585,000**	$ 34,585,000
Series 2009B		
Serial bonds, 3 50% to 5 00% interest, maturing in amounts escalating from $430,000 in February 2014 to $4,355,000 in February 2022	**19,940,000**	20,230,000
Term bonds, 5 375% interest, maturing in 2029	**35,065,000**	35,065,000
Term bonds, 5 50% interest, maturing in 2038	**56,525,000**	56,525,000
	111,530,000	111,820,000
Less unamortized original issue discount	**2,016,235**	2,141,924
	109,513,765	109,678,076
Series 2009C		
Direct placement bonds, LIBOR Index Rate (0 47% at December 31, 2013), maturing in amounts escalating from $100,000 in February 2014 to $5,480,000 in February 2033	**56,450,000**	56,550,000
Series 2009D		
Weekly interest rate securities, 3 17% assumed net interest, maturing in amounts escalating from $70,000 in February 2014 to $15,850,000 in February 2039	**18,615,000**	18,685,000
Series 2010		
Serial bonds, 2 00% to 5 00% interest, maturing in amounts escalating from $5,020,000 in February 2014 to $5,935,000 in February 2018	**27,150,000**	31,940,000
Add unamortized original issue premium	**849,655**	1,246,724
	27,999,655	33,186,724
Total long-term debt	**247,163,420**	252,684,800
Less current installments	**5,620,000**	5,250,000
Long-term debt excluding current installments	**$ 241,543,420**	$ 247,434,800

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

On April 20, 2009, the Hospital issued $34,585,000 of South Carolina Jobs-Economic Development Authority Hospital Refunding Revenue Bonds, Series 2009A The Series 2009A Bonds are secured by a letter of credit totaling $34,982,965 The letter of credit has a term ending December 19, 2018 and may be renewed or an alternate letter of credit may be substituted The Series 2009A Bonds are collateralized by gross revenues and substantially all of the assets of the Hospital The Series 2009A bonds have sinking fund requirements beginning in 2030 and ending in 2035 The proceeds of the Series 2009A were used to refund the $33,890,000 principal amount outstanding on the Series 2007 and for paying certain expenses incurred in connection with the issuance of the Bonds

On May 1, 2009, the Hospital issued $112,000,000 of South Carolina Jobs-Economic Development Authority Hospital Refunding Revenue Bonds, Series 2009B The proceeds of the Series 2009B were used in the financing of renovations and improvements to the expansion of hospital facilities and improvements located at the Hospital's main hospital campus and related machinery and equipment, including, but not limited to, the upgrade of the campus electrical system, patient room renovations, cardiology, NICU, neurosciences, family practice center and operating room facilities expansion and renovation, the construction of parking facilities and a helipad, to refund $54,250,000 of the principal amount of the 2003B Series, and paying certain expenses incurred in connection with the issuance of the Bonds The 2009B Bonds are collateralized by gross revenues and substantially all of the assets of the Hospital The Series 2009B bonds are secured by municipal bond insurance

On May 1, 2009, the Hospital issued $56,800,000 of South Carolina Jobs-Economic Development Authority Hospital Refunding Revenue Bonds, Series 2009C On December 1, 2013, the Series 2009C was converted from letter of credit backed bonds to unenhanced bonds in a direct placement transaction with Wells Fargo Bank, National Association The Series 2009C is subject to mandatory tender and remarketing at the end of the five-year committed term in 2018 in accordance with the terms of the Amended and Restated Series 2009C Trust Agreement The Series 2009C Bonds are collateralized by gross revenues and substantially all of the assets of the Hospital The Series 2009C bonds have sinking fund requirements that began in 2010 and end in 2033 The proceeds of the Series 2009C were used to refund the $55,850,000 principal amount outstanding on the Series 2003A and for paying certain expenses incurred in connection with the issuance of the Bonds

On May 1, 2009, AnMed Health issued $18,805,000 of South Carolina Jobs-Economic Development Authority Hospital Refunding Revenue Bonds, Series 2009D The Series 2009D Bonds are secured by a letter of credit totaling $18,829,200 The letter of credit has a term ending December 19, 2018 and may be renewed or an alternate letter of credit may be substituted The Series 2009D Bonds are collateralized by gross revenues and substantially all of the assets of the Hospital The Series 2009D bonds have sinking fund requirements that began in 2011 and end in 2039 The proceeds of the Series 2009D were used to refund a portion of the $73,500,000 principal amount on the Series 2003B and for paying certain expenses incurred in connection with the issuance of the Bonds

On March 1, 2010, the Hospital issued $41,080,000 of South Carolina Jobs-Economic Development Authority Hospital Revenue Bonds – Series 2010 The proceeds of the Series 2010 Bonds were used to refund the $60,600,000 original principal amount outstanding on the Hospital Revenue Bonds Series 1999 and paying certain expenses incurred in connection with the issuance of the Bonds The Series 2010 Bonds are collateralized by gross revenues and substantially all of the assets of the Hospital

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

Interest paid in the year ended December 31, 2013 and the 15-month period ended December 31, 2012 amounted to approximately $9,520,000 and $10,430,000, respectively

Future principal payments under the Hospital's long-term debt agreements for the years ending December 31 are

2014	$ 5,620,000
2015	5,840,000
2016	6,175,000
2017	6,415,000
2018	7,265,000
Thereafter	217,015,000
Total	248,330,000
Less bond discount	(2,016,235)
Add bond premium	849,655
	$ 247,163,420

5 Net Patient Service Revenue and Patient Accounts Receivable

Net patient service revenue and accounts receivable are recorded when patient services are performed and are estimated at net realizable amounts due from third-party payers and patients For amounts due from third-party payers, net patient service revenue and accounts receivables are recorded based on contractual or regulated discounted reimbursement rates for services rendered For amounts due from patients, net patient service revenue and accounts receivable are recorded based on current policy

The use of estimates in determining net patient service revenue for third-party payers is very common for health systems, since, with increasing frequency, even non-cost-based governmental programs have become subject to retrospective adjustments Often such adjustments are not known for a considerable period of time after the related services are rendered The lengthy period of time between rendering services and reaching final settlement, compounded further by the complexities and ambiguities of governmental reimbursement regulations, makes it difficult to estimate the net patient service revenue associated with these programs This situation has been compounded by the frequency of changes in federal program guidelines

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

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

Net patient service revenue decreased approximately $963,000 and $2,019,000 the year ended December 31, 2013 and the 15-month period ended December 31, 2012, respectively, due to changes in the allowances previously estimated that are no longer necessary as a result of final settlements, and years that are no longer subject to audits, reviews, and investigations

Provisions from gross patient service revenue for Medicare and Medicaid contractual adjustments totaled approximately $1,137,000,000 for the year ended December 31, 2013 and $1,255,000,000 for the 15-month period ending December 31, 2012

A summary of the payment arrangements with major third-party payors follows

- Medicare Inpatient acute care services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge based on a Diagnosis Related Group ("DRG") system These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors Approximately 35% and 30% of the Hospital's net patient service revenue for the year ended December 31, 2013 and the 15-month period ended December 31, 2012, respectively, was derived from Medicare The Hospital is also reimbursed for several cost reimbursable components at a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicare fiscal intermediary The classification of patients under the Medicare program and the appropriateness of their admissions are subject to an independent review by a peer review organization The Hospital's Medicare cost reports have been audited by the Medicare fiscal intermediary through 2009 Fiscal years 2005 through 2009 have been reopened for certain issues and are subject to audit regarding those issues

- Medicaid The South Carolina Department of Health and Human Services ("SCDHHS") reimburses inpatient Medicaid services at prospective payment rates per discharge, with case-mix adjustments based on a DRG system Outpatient Medicaid services are also reimbursed at prospective payment rates Effective November 1, 2012, SCDHHS has eliminated retrospective cost report settlements The Hospital's cost report data is utilized in determining Medicaid cost of services as well as for developing hospital specific adjustment factors to the prospective payment system Approximately 12% and 14% of the Hospital's net patient service revenue for the year ended December 31, 2013 and the 15-month period ended December 31, 2012, respectively, was derived from Medicaid The Hospital's Medicaid cost reports have been audited through 2010

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

For uninsured and underinsured patients that do not qualify for financial assistance (see Note 6 for further detail regarding the Hospital's financial assistance policies), the Hospital recognizes revenue on the basis of its standard rates, discounted according to policy, for services rendered Historical experience has shown a significant proportion of the Hospital's uninsured patients, in addition to a growing proportion of the Hospital's insured patients, will be unable or unwilling to pay for their responsible amounts for the services provided In order to estimate the net realizable value of the revenues and accounts receivables associated with third-party payers and uninsured patients, management regularly analyzes collection history Based on these historical collection analyses, the Hospital records a provision for bad debts and an allowance for uncollectible accounts for third-party and uninsured patient accounts receivable balances for which the patient is responsible

Patient accounts receivable is recorded net of allowances for uncollectible accounts of $87,314,000 and $80,138,000 at December 31, 2013 and December 31, 2012, respectively The increase was the result of a higher volume of uninsured patient revenues in the year end ended December 31, 2013 when compared to the 15-month period ended December 31, 2012

Net patient service revenue, net of contractual adjustments and discounts, but before provision for bad debts, recognized in the year ended December 31, 2013 and the 15-month period ended December 31, 2012 is approximately

	Third-Party Payors	Self-Pay	Total All Payors
2013 Net patient service revenue	$457,879,000	$ 99,986,000	$ 557,865,000
2012 Net patient service revenue	$563,579,000	$ 90,151,000	$ 653,730,000

The Hospital receives payments for serving a disproportionately high volume of Medicaid patients The Hospital received approximately $15,611,000 and $25,018,000 of Medicaid disproportionate share program reimbursement for the year ended December 31, 2013 and the 15-month period ended December 31, 2012, respectively These amounts have been included in net patient service revenue

6 Financial Assistance and Community Benefit

The Hospital, under its financial assistance policies, makes available care without charge or at discounted rates to uninsured patients, including any uninsured patient who experiences catastrophic related illness or injury Key elements used to determine eligibility for financial assistance include a patient's demonstrated inability to pay based on family size and household income relative to federal income poverty guidelines Patients potentially eligible for other governmental programs, such as Medicaid, must pursue those options before receiving financial assistance from the Hospital The Hospital's cost (estimated using applicable cost to charge ratio) of providing financial assistance to indigent patients was $16,308,000 and $19,741,000 for the year ended December 31, 2013 and the 15-month period ended December 31, 2012, respectively

In addition to providing financial assistance to indigent patients and in furtherance of its mission, the Hospital provides a broad range of benefits and services, including education and research opportunities, to the community spanning the geographic region within which the Hospital operates These community benefits can be measured and categorized as follows

- Cost of care extended to uninsured and underinsured patients who do not qualify for financial assistance, estimated using applicable cost to charge ratios
- Unpaid cost of Medicare and Medicaid services – Represents the net unreimbursed cost, estimated using the applicable cost to charge ratios, of services provided to patients who qualify for federal and/or state government healthcare benefits
- Community benefit programs – Includes the unreimbursed cost of various medical education programs, and costs of various research programs, non-billed medical services, in-kind donations, and other services that meet a community need, but do not pay for themselves and would not be provided if based solely on financial considerations alone

The total estimated cost of financial assistance and the aforementioned programs and services that benefit the community is as follows for the year ended December 31, 2013 and the 15-month period ended December 31, 2012 is approximately

	2013	2012
Cost of financial assistance to indigent patients	**$ 16,308,000**	$ 19,741,000
Cost of care extended to uninsured and underinsured patients who do not quality for financial assistance	**22,503,000**	24,590,000
Unpaid cost of Medicare and Medicaid services	**40,564,000**	69,272,000
Community benefit programs	**9,479,000**	12,771,000
	$ 88,854,000	$126,374,000

7 Pension Plan

The Hospital has a defined benefit, noncontributory pension plan (the "Plan") covering substantially all of its employees hired prior to January 1, 2007 Effective December 31, 2009, the Hospital froze its defined benefit plan and started a 3% safe harbor contribution on its defined contribution plan Under this defined contribution plan, the Hospital contributed approximately $4,448,000 and $4,300,000, for the year ended December 31, 2013 and the 15-month period ended December 31, 2012, respectively No further benefits will accrue to the employees after December 31, 2009 The Plan continues to operate for those employees who are already enrolled The Plan benefits are based on years of service and the employees' compensation during the last five years of covered employment Contributions are intended to provide not only for benefits attributed to service to date but also for those expected to be earned in the future

The following table presents a reconciliation of the beginning and ending balances of the Plan's projected benefit obligation, the fair value of the plan assets, and the funded status of the Plan for the year ended December 31, 2013 and the 15-month period ended December 31, 2012

	2013	2012
Change in benefit obligation		
Projected benefit obligation at beginning of year	**$ 203,489,962**	$ 188,116,787
Interest cost	**7,494,483**	10,449,658
Actuarial gain (loss)	**(19,584,261)**	18,837,641
Benefits paid	**(20,239,245)**	(13,914,124)
Projected benefit obligation at end of year	**$ 171,160,939**	$ 203,489,962
Change in plan assets		
Fair value of plan assets at beginning of year	**$ 137,131,748**	$ 117,662,437
Actual return on plan assets	**20,215,652**	21,383,435
Employer contributions	**22,000,000**	12,000,000
Benefits paid	**(20,239,245)**	(13,914,124)
Fair value of plan assets at end of year	**$ 159,108,155**	$ 137,131,748
Net amount recognized (as noncurrent liabilities)		
Funded status of the plan	**$ (12,052,784)**	$ (66,358,214)

Expected employer contributions for the year ending December 31, 2014 are approximately $8,000,000

The actuarial assumptions used to determine benefit obligations for the Plan as of the year ended December 31, 2013 and the 15-month period ended December 31, 2012, were as follows

	2013	2012
Discount rate	**4.70%**	3 75%

The actuarial assumptions used to determine net periodic benefit cost for the Plan for the year ended December 31, 2013 and the 15-month period ended December 31, 2012, were as follows

	2013	2012
Weighted average discount rate	**3.75%**	4 50%
Expected long-term rate of return on assets	**6.60%**	7 50%

Net periodic benefit cost for the year ended December 31, 2013 and the 15-month period ended December 31, 2012, includes the following components

	2013	2012
Interest cost on projected benefit obligation	**$ 7,494,483**	$ 10,449,658
Expected return on plan assets	**(9,461,986)**	(13,559,181)
Recognized net actuarial loss	**8,166,898**	7,070,415
Net periodic pension cost	**$ 6,199,395**	$ 3,960,892

Amounts recognized as changes in unrestricted net assets (not yet reflected in net periodic pension cost) for the year ended December 31, 2013 and the 15-month period ended December 31, 2012

	2013	2012
Net actuarial loss	**$(58,346,624)**	$(102,313,469)

The net actuarial loss included in unrestricted net assets and expected to be recognized in net periodic benefit cost during the fiscal year ending December 31, 2014 is $5,178,063

The Plan's target asset allocation and the Plan's asset allocations as a percentage of plan assets by asset category at the measurement dates as of December 31 are as follows

Asset Category	Target Allocation	2013	2012
Money market funds	-%	**1%**	1%
Fixed incomes	35	**30**	37
Equities	50	**55**	48
Alternative/special strategies	15	**14**	14
Total	100%	**100%**	100%

For Plan assets carried at fair value, the following tables provide fair value information as of December 31, 2013 and December 31, 2012

		Fair value measurements at December 31, 2013 using		
	Fair value at December 31, 2013	Quoted prices in active markets for identical assets and liabilities (Level 1 inputs)	Quoted prices for similar assets and liabilities (Level 2 inputs)	Significant unobservable inputs (Level 3 inputs)
Assets measured at fair value				
Money market funds	$ 2,237,465	$ 2,237,465	$ -	$ -
Fixed income	47,506,317	47,506,317	-	-
Mutual funds				
International	45,196,751	45,196,751	-	-
Special strategies	7,838,349	7,838,349	-	-
Equities				
Large cap	20,980,980	20,980,980	-	-
Mid cap	8,821,070	8,821,070	-	-
Small cap	11,058,875	11,058,875	-	-
International	810,595	810,595	-	-
Total assets	$ 144,450,402	$ 144,450,402	$ -	$ -

Plan assets described above, are held at fair value and included in the table above except for a diversified investment fund totaling approximately $14,620,000 which is held at the lower of cost or market Also not included in the table above is accrued interest of approximately $37,000

		Fair value measurements at December 31, 2012 using		
	Fair value at December 31, 2012	Quoted prices in active markets for identical assets and liabilities (Level 1 inputs)	Quoted prices for similar assets and liabilities (Level 2 inputs)	Significant unobservable inputs (Level 3 inputs)
Assets measured at fair value				
Money market funds	$ 1,322,150	$ 1,322,150	$ -	$ -
Fixed income	50,240,883	50,240,883	-	-
Mutual funds				
International	35,269,888	35,269,888	-	-
Special strategies	6,073,660	6,073,660	-	-
Equities				
Large cap	14,510,813	14,510,813	-	-
Mid cap	8,488,920	8,488,920	-	-
Small cap	6,931,401	6,931,401	-	-
International	1,322,723	1,322,723	-	-
Total assets	$ 124,160,438	$ 124,160,438	$ -	$ -

Plan assets described above, are held at fair value and included in the table above except for a diversified investment fund totaling approximately $12,935,000 which is held at the lower of cost or market Also not included in the table above is accrued interest of approximately $36,000

Investment Policy and Strategy

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

The Plan's long-term rate of return assumption of 6 6% is based on expectations regarding each asset category and average long-term rate of returns for a portfolio allocated across these categories

No plan assets are expected to be returned to the Hospital in the next 12 months

Estimated Future Benefit Payments

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

2014	$ 6,275,000
2015	7,026,000
2016	7,493,000
2017	8,266,000
2018	8,785,000
2019 – 2023	50,179,000
	$ 88,024,000

8 Commitments and Contingencies

Insurance Programs

The Hospital is self-insured for employee health care An estimate for health claims incurred but unpaid at year-end is recorded in accrued payroll and employee benefits on the balance sheets and totaled approximately $4,475,000 and $4,957,000 at December 31, 2013 and December 31, 2012, respectively

The Hospital participates in a multiprovider captive for professional and general liability insurance coverage on a claims made basis Liabilities are joint and several among participating providers The Hospital's premiums are accrued based on the experience to date of the participating health care providers The Hospital is insured (claims made policy) for general and professional liability claims with limits of coverage of $4,000,000 in the general annual aggregate and $300,000 per person The Hospital is insured (claims made policy) for common umbrella claims with limits of coverage of $20,000,000 for any one claim and $30,000,000 in the annual aggregate

Malpractice claims have been asserted against the Hospital and other members of the multiprovider captive by various claimants, and additional claims could be asserted for incidents occurring through December 31, 2013 At December 31, 2013, management is aware of no incidents that might lead to significant claims that are not adequately covered by insurance or that would have a material adverse effect on the financial position of the Hospital Accordingly, no provision has been made in the accompanying financial statements for any such claims

Commitments
Effective January 1, 2014, the Hospital renewed its repair and maintenance contract of certain equipment with a vendor through December 2018 The contract calls for monthly payments of approximately $232,000 totaling approximately $2,780,000 per year through 2018

Industry Regulation
The health care industry is subject to numerous laws and regulations of federal, state and local governments These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, and government health care program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse Recently, government activity has increased with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulation by health care providers Violations of these laws and regulations could result in expulsion from government health care programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services billed

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

Other
In a prior year, the Hospital made a commitment to provide a guarantee of up to $8,000,000 of bond indebtedness for the YMCA of Anderson County At December 31, 2013, $5,005,000 of the bonds were issued and outstanding

9 Related-Party Transactions

The Hospital's receivables from related entities of approximately $465,000 and $1,490,000 at December 31, 2013 and 2012, respectively, are noninterest-bearing and are expected to be repaid within one year and therefore have been classified as current

The Hospital's payables to related entities of approximately $421,000 and $- at December 31, 2013 and 2012, respectively, are expected to be repaid within one year and therefore have been classified as current

10 Fair Value Disclosures

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

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

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

For assets and liabilities carried at fair value, the following tables provide fair value information as of December 31, 2013 and December 31, 2012

		Fair value measurements at December 31, 2013 using		
	Fair value at December 31, 2013	Quoted prices in active markets for identical assets and liabilities (Level 1 inputs)	Quoted prices for similar assets and liabilities (Level 2 inputs)	Significant unobservable inputs (Level 3 inputs)
Assets measured at fair value				
Money market funds	$ 3,962,155	$ 3,962,155	$ -	$ -
Fixed income				
U S treasury bonds	27,170,244	27,170,244		
U S governmental agencies	18,509,502	18,509,502	-	-
Municipal bonds	2,403,296	2,403,296	-	-
Corporate bonds	42,437,639	42,437,639	-	-
Mutual funds	5,830,143	5,830,143	-	-
Mutual funds				
International equities	124,319,159	124,319,159	-	-
Special strategies	12,474,777	12,474,777	-	-
Equities				
Large cap	74,306,948	74,306,948	-	-
Mid cap	21,145,112	21,145,112	-	-
Small cap	24,089,313	24,089,313	-	-
International	2,805,313	2,805,313	-	-
Total assets	$ 359,453,601	$ 359,453,601	$ -	$ -
Liabilities measured at fair value				
Interest rate swap instrument	$ 5,461,548	$ -	$ 5,461,548	$ -

Assets, whose use is limited, described in Note 2, are held at fair value and included in the table above except a diversified investment fund totaling approximately $16,500,000 which is held at the lower of cost or market, cash and cash equivalents totaling approximately $10,465,000, and accrued interest of approximately $726,000

		Fair value measurements at December 31, 2012 using		
	Fair value at December 31, 2012	Quoted prices in active markets for identical assets and liabilities (Level 1 inputs)	Quoted prices for similar assets and liabilities (Level 2 inputs)	Significant unobservable inputs (Level 3 inputs)
Assets measured at fair value				
Money market funds	$ 3,022,331	$ 3,022,331	$ -	$ -
Fixed income				
U S treasury bonds	23,874,348	23,874,348		
U S governmental agencies	13,483,535	13,483,535	-	-
Municipal bonds	2,281,898	2,281,898	-	-
Corporate bonds	47,200,723	47,200,723	-	-
Mutual funds	5,817,466	5,817,466	-	-
Mutual funds				
International equities	96,046,735	96,046,735	-	-
Special strategies	11,209,535	11,209,535	-	-
Equities				
Large cap	50,907,595	50,907,595	-	-
Mid cap	20,594,561	20,594,561	-	-
Small cap	15,249,254	15,249,254	-	-
International	4,114,810	4,114,810	-	-
Total assets	$ 293,802,791	$ 293,802,791	$ -	$ -
Liabilities measured at fair value				
Interest rate swap instrument	$ 11,193,498	$ -	$ 11,193,498	$ -

Assets, whose use is limited, described in Note 2, are held at fair value and included in the table above except a diversified investment fund totaling approximately $16,500,000 which is held at the lower of cost or market, cash and cash equivalents totaling approximately $14,828,000, and accrued interest of approximately $707,000

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

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