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

GEORGETOWN HOSPITAL SYSTEM IS COMMITTED TO PROVIDING HIGH QUALITY HEALTHCARE TO THE CITIZENS OF GEORGETOWN COUNTY AND SURROUNDING AREAS. OUR MISSION IS TO CONTINUOUSLY IMPROVE THE CARE WE ARE ABLE TO RENDER TO EXCEED THE EXPECTATIONS OF OUR PATIENTS AND CUSTOMERS.

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

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.























(Code)	(Expenses \$)	120,836,510	including grants of \$	75,171)	(Revenue \$ 140,769,743)
	<p>GEORGETOWN MEMORIAL HOSPITAL PROVIDES QUALITY HEALTH CARE AND PROMOTES HEALTH AND WELLNESS TO GEORGETOWN COUNTY AND SURROUNDING AREAS. GEORGETOWN MEMORIAL HOSPITAL IS A 131 BED ACUTE FACILITY LOCATED IN THE CITY OF GEORGETOWN, SOUTH CAROLINA. THE HOSPITAL WAS ORGANIZED UNDER THE LAWS OF THE STATE OF SOUTH CAROLINA IN 1946 FOR THE PURPOSE OF OPERATING A COMMUNITY HOSPITAL IN GEORGETOWN COUNTY. THE HOSPITAL WAS CREATED FOR THE PURPOSE OF PROMOTING HEALTH FOR ALL RESIDENTS OF GEORGETOWN COUNTY AND ITS OUTLYING AREAS. THE PROMOTION OF HEALTH HAS BEEN ESTABLISHED AS A CHARITABLE PURPOSE UNDER INTERNAL REVENUE CODE (IRC) SECTION 501 (C)(3). REVENUE RULING 69-545, 1969-2 C.B. 117, AS MODIFIED BY REV. RUL. 83-157, 1983-2 C.B. 94, SETS FORTH THE FACTORS THE INTERNAL REVENUE SERVICES WILL CONSIDER IN DETERMINING WHETHER A NONPROFIT HOSPITAL QUALIFIED FOR TAX EXEMPT STATUS. THE HOSPITAL OPERATES ITS FACILITIES IN A MANNER DESCRIBED IN REV. RUL. 69-545, SUPRA. THE HOSPITAL HAS A BOARD OF TRUSTEES COMPOSED OF INDEPENDENT CIVIC LEADERS AND PHYSICIANS. AN OPEN MEDICAL STAFF IS MAINTAINED BY THE HOSPITAL, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS. ALSO, THE HOSPITAL PROVIDES EMERGENCY AND NON-EMERGENCY CARE TO ANYONE REGARDLESS OF THEIR ABILITY TO PAY, EITHER DIRECTLY OR THROUGH THIRD PARTY REIMBURSEMENT, INCLUDING MEDICARE AND MEDICAID. DURING THE YEAR ENDED SEPTEMBER 30, 2014, THE HOSPITAL FURNISHED CHARITY CARE IN THE AMOUNT OF \$15,561,782. IN ADDITION TO PROVIDING PATIENT CHARITY CARE, AND IN FURTHERANCE OF ITS EXEMPT PURPOSE TO BENEFIT THE COMMUNITY, THE HOSPITAL PROVIDES CAR SEATS TO FAMILIES AND NEWBORN INFANTS WHO DO NOT PRESENTLY HAVE OR CANNOT AFFORD TO PURCHASE ONE. IN ADDITION, THE HOSPITAL PROVIDES FREE TAXI SERVICE THROUGH AN AUXILIARY ORGANIZATION FOR INDIVIDUALS THAT CANNOT AFFORD OR ARRANGE FOR TRANSPORTATION TO THEIR RESIDENCE. THE HOSPITAL ALSO PARTICIPATES IN STATE PROGRAMS SUCH AS THE BEST CHANCE NETWORK, WHICH TARGETS LOW-INCOME WOMEN FOR PREVENTATIVE HEALTHCARE. TESTING THE HOSPITAL IS PART OF THE GEORGETOWN HOSPITAL SYSTEM WHICH PERIODICALLY CONDUCTS VARIOUS COMMUNITY OUTREACH, SCREENING, AND EDUCATIONAL PROGRAMS. AMONG THESE ARE CHOLESTEROL AND BLOOD PRESSURE SCREENINGS, PERIODIC HEALTH FAIRS HELD THROUGHOUT THE SERVICE AREA WHICH OFFER A VARIETY OF HEALTH-RELATED INFORMATION AND SCREENINGS, SUCH AS GLUCOSE, CHOLESTEROL, BLOOD PRESSURE, BODY FAT ANALYSIS, AND A LABORATORY BLOOD PROFILE. THE HOSPITAL SYSTEM'S COMMUNITY EDUCATION PROGRAM CONDUCTS A VARIETY OF CLASSES AND LECTURE OPEN TO THE PUBLIC, INCLUDING CPR, WEIGHT CONTROL, SMOKING CESSATION, CHILDBIRTH EDUCATION, PRE-NATAL AND INFANT NUTRITION, AND OTHERS.</p>				

[illegible][illegible]

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e	Total program service expenses	120,836,510
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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	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or 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 Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If so, complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.		
2b	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).		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
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)?		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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?	Yes	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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		
	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		
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	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶SC
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶TERRY KISER 606 BLACK RIVER RD GEORGETOWN, SC 29440 (843) 527-7100

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) MR JULIAN A REYNOLDS JR	1 00									
CHAIRMAN	2 00	X		X				0	0	0
(2) MR FRANCIS B FORD JR	1 00	X		X				150	0	0
VICE CHAIRMAN	2 00									
(3) DR MARTHENA MORANT	1 00	X		X				150	0	0
SECRETARY / TREASURER	2 00									
(4) MR TONY JORDAN	1 00	X						150	0	0
TRUSTEE	2 00									
(5) MR MARK NASH	1 00	X						300	0	0
TRUSTEE	2 00									
(6) DR H GRADY ADKINS III	1 00	X						10,504	0	0
CHIEF OF STAFF	2 00									
(7) MR WALTER F JOHNSON III	1 00	X		X				150	0	0
VICE CHAIRMAN (THROUGH JANUARY)	2 00									
(8) BRUCE BAILEY	18 00			X				212,561	254,402	73,079
CEO	24 00									
(9) TERRY KISER	18 00			X				148,073	177,220	43,031
CFO	24 00									
(10) GAYLE RESETAR	18 00			X				142,926	171,060	44,779
COO	24 00									
(11) RICK KAYLOR	18 00			X				120,438	144,145	24,301
GPS PRESIDENT & VP SYSTEM DEVELOPMENT	24 00									
(12) ANN L WATERS	34 00					X		178,329	31,469	23,006
VP OF OPERATIONS & GMH ADMINISTRATOR	6 00									
(13) JAMES F HARPER	23 00					X		114,169	87,365	44,010
VP OF HUMAN RESOURCES & CHIEF HR OFFIC	17 00									
(14) FRANK SCAFIDI	18 00					X		89,302	106,879	37,991
VP INFORMATION SYSTEMS & CIO	22 00									
(15) GARY METCALFE	18 00					X		82,744	99,032	34,954
VP SUPPLY CHAIN & SUPPORT SERVICES	22 00									
(16) SUZANNE DOSCHER	20 00					X		90,103	90,103	26,306
VP OF OPERATIONS	20 00									

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	1,190,049	1,161,675	351,457

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 49

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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
COASTAL STRUCTURES CORPORATION PO BOX 937 GEORGETOWN SC 29442	CONSTRUCTION	5,566,792
SODEXHO PO BOX 536922 ATLANTA GA 30353	FOOD SERVICE	3,428,355
PALMETTO EMERGENCY PHYSICIANS 86 SHOREBIRD LOOP PAWLEYS ISLAND SC 29585	ER PHYSICIANS	2,594,187
ARAMARK HEALTHCARE (SERVICE MASTER) 22506 NETWORK PLACE CHICAGO IL 60673	HOUSEKEEPING	1,735,012
EAGLE HOSPITAL PHYSICIANS 16000 N DALLAS PKWY STE 450 DALLAS TX 75248	HOSPITALISTS	1,582,397

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 ▶46

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	133,257			
	d	Related organizations 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	1,100,967			
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f	1,234,224			
Program Service Revenue	2a	NET PATIENT SERVICE REVENUE				
		Business Code				
		621400	135,804,948	135,804,948		
	b	FITNESS CENTER	900099	1,654,783	1,654,783	
	c	PHARMACY	446110	1,361,724	1,361,724	
	d	OTHER RELATED SERVICES	900099	811,522	811,522	
	e	EHR INCENTIVE PAYMENT	900099	677,296	677,296	
	f	All other program service revenue	459,470	459,470		
	g	Total. Add lines 2a-2f	140,769,743			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	3,035,455			3,035,455
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross rents	(i) Real	(ii) Personal		
		1,041,640				
	b	Less rental expenses	0			
	c	Rental income or (loss)	1,041,640			
	d	Net rental income or (loss)	1,041,640			1,041,640
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
		14,404,331		4,156		
	b	Less cost or other basis and sales expenses	0	0		
	c	Gain or (loss)	14,404,331	4,156		
	d	Net gain or (loss)	14,408,487			14,408,487
	8a	Gross income from fundraising events (not including \$ 133,257 of contributions reported on line 1c) See Part IV, line 18				
		a	32,251			
	b	Less direct expenses b	79,194			
	c	Net income or (loss) from fundraising events	-46,943			-46,943
	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	47,877			
	b	Less cost of goods sold b	95,221			
	c	Net income or (loss) from sales of inventory	-47,344			-47,344
		Miscellaneous Revenue	Business Code			
	11a	DISCOUNTS/REBATES	900099	20,580		20,580
	b					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d	20,580			
	12	Total revenue. See Instructions	160,415,842	140,769,743	0	18,411,875

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.	75,171	75,171		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	718,802	10,504	708,298	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	44,537		44,537	
7	Other salaries and wages.	46,017,223	36,846,015	8,977,570	193,638
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	1,225,288	965,080	255,136	5,072
9	Other employee benefits.	10,545,829	8,306,266	2,195,911	43,652
10	Payroll taxes.	3,329,580	2,622,494	693,304	13,782
11	Fees for services (non-employees):				
a	Management.	490,306		490,306	
b	Legal.	1,365,366		1,365,366	
c	Accounting.	55,314		55,314	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.	72,000			72,000
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	2,734,204	2,713,467		20,737
12	Advertising and promotion.	427,175	7,270	419,905	
13	Office expenses.	6,441,183	4,956,435	1,402,944	81,804
14	Information technology.				
15	Royalties.				
16	Occupancy.	2,055,334	2,024,377	30,957	
17	Travel.	609,842	264,884	334,003	10,955
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.				
20	Interest.	1,039,995	1,039,995		
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	10,134,478	10,134,478		
23	Insurance.	533,061		533,061	
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	MEDICAL SUPPLIES	27,858,218	27,858,218		
b	BAD DEBT EXPENSE	22,937,761	22,937,761		
c	MISCELLANEOUS EXPENSE	868,178	74,095	794,083	
d	RECRUITMENT	716,307		716,307	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	140,295,152	120,836,510	19,017,002	441,640
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 <input type="checkbox"/> 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)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		3,590	1	3,790
	2	Savings and temporary cash investments		39,693,814	2	46,524,358
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		16,071,701	4	16,802,898
	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		4,786,449	8	4,733,033
	9	Prepaid expenses and deferred charges		3,475,186	9	3,289,159
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a241,859,628			
	b	Less accumulated depreciation	10b134,596,883	99,125,503	10c	107,262,745
	11	Investments—publicly traded securities		117,205,718	11	127,561,176
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		35,864,762	13	
	14	Intangible assets		533,838	14	533,838
	15	Other assets See Part IV, line 11		4,728,931	15	3,925,709
	16	Total assets. Add lines 1 through 15 (must equal line 34)		321,489,492	16	310,636,706
Liabilities	17	Accounts payable and accrued expenses		17,753,385	17	19,217,780
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		43,790,928	20	42,407,526
	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		7,520,801	25	18,299,105
	26	Total liabilities. Add lines 17 through 25		69,065,114	26	79,924,411
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		251,377,746	27	229,470,080
	28	Temporarily restricted net assets		1,046,632	28	1,242,215
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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		252,424,378	33	230,712,295
	34	Total liabilities and net assets/fund balances		321,489,492	34	310,636,706

Part XI

Reconciliation 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	160,415,842
2	Total expenses (must equal Part IX, column (A), line 25)	2	140,295,152
3	Revenue less expenses Subtract line 2 from line 1	3	20,120,690
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	252,424,378
5	Net unrealized gains (losses) on investments	5	-4,163,273
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	-37,669,500
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	230,712,295

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? 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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		No
3b	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		

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 GEORGETOWN MEMORIAL HOSPITAL	Employer identification number 57-0341194
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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 33¹/₃% 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 33¹/₃% 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?

(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?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)
- | | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |
- | (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 | | | | | | | | | |
- For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2013

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 IIISupport 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 GEORGETOWN MEMORIAL HOSPITAL	Employer identification number 57-0341194
--	--

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
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														
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-															
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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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)		(b)
		Yes	No	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?	Yes		50
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		4,976
j	Total. Add lines 1c through 1i.			5,026
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 HOSPITAL IS A MEMBER OF BOTH THE AMERICAN HOSPITAL ASSOCIATION (AHA) AND THE SOUTH CAROLINA HOSPITAL ASSOCIATION (SCHA). THESE ORGANIZATIONS ENGAGE IN LOBBYING FOR THE BENEFIT OF THEIR MEMBERSHIP BODIES, AND A PORTION OF THE MEMBERSHIP DUES PAID TO THE ORGANIZATIONS IS ATTRIBUTABLE TO LOBBYING EXPENDITURES. FOR THE YEAR, THE PORTION OF DUES ATTRIBUTABLE TO LOBBYING EXPENDITURES WAS \$1,144 FOR AHA AND \$3,832 FOR SCHA.

[illegible]

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 GEORGETOWN MEMORIAL HOSPITAL	Employer identification number 57-0341194
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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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |
- 2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
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
- (i) unrelated organizations

3a(i)

Yes

No

(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	2,010,666	17,223,678		19,234,344
b Buildings		94,563,862	45,361,344	49,202,518
c Leasehold improvements		3,147,588	2,443,467	704,121
d Equipment		106,322,045	86,792,072	19,529,973
e Other		18,591,789		18,591,789
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				107,262,745

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	133,314,808
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-4,163,273
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-22,937,761
e	Add lines 2a through 2d	2e	-27,101,034
3	Subtract line 2e from line 1	3	160,415,842
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	160,415,842

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	117,357,391
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	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	117,357,391
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	22,937,761
c	Add lines 4a and 4b	4c	22,937,761
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	140,295,152

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	GEORGETOWN MEMORIAL HOSPITAL HAS BEEN GRANTED EXEMPTION FROM INCOME TAXES AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED. ACCORDINGLY, THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS DO NOT INCLUDE A PROVISION FOR INCOME TAXES. THE HOSPITAL HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF SEPTEMBER 30, 2014. FISCAL YEARS ENDING ON OR AFTER SEPTEMBER 30, 2011 REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAX AUTHORITIES.
PART XI, LINE 2D - OTHER ADJUSTMENTS	BAD DEBT NET WITH REVENUE -22,937,761
PART XII, LINE 4B - OTHER ADJUSTMENTS	BAD DEBT NET WITH REVENUE 22,937,761

[illegible]

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
GEORGETOWN MEMORIAL HOSPITAL

Employer identification number
57-0341194

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1

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

a

☒

Mail solicitations

e

☒

Solicitation of non-government grants

b

☐

Internet and email solicitations

f

☐

Solicitation of government grants

c

☐

Phone solicitations

g

☐

Special fundraising events

d

☒

In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes

☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 PRIDE PHILANTHROPY 885 WOODSTOCK RD STE 430 ROSWELL, GA 300752374	CAPITAL CAMPAIGN		No	714,781	72,000	642,781
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶				714,781	72,000	642,781

3

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

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

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
			<u>BREAST CANCER AWARENESS WALK & DUCK</u> (event type)	<u>GALA</u> (event type)	<u>1</u> (total number)	(add col (a) through col (c))	
Revenue	1	Gross receipts	70,428	59,200	35,880	165,508	
	2	Less Contributions . . .	70,428	38,909	23,920	133,257	
	3	Gross income (line 1 minus line 2)		20,291	11,960	32,251	
Direct Expenses	4	Cash prizes					
	5	Noncash prizes . . .			1,863	1,863	
	6	Rent/facility costs . . .	599	774	5,150	6,523	
	7	Food and beverages .	298	21,741	435	22,474	
	8	Entertainment	550	3,051	0	3,601	
	9	Other direct expenses .	24,821	10,725	9,187	44,733	
	10	Direct expense summary Add lines 4 through 9 in column (d) ►					(79,194)
	11	Net income summary Subtract line 10 from line 3, column (d) ►					-46,943

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<div><input type="checkbox"/> Yes_____ % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes_____ % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes_____ % <input type="checkbox"/> No</div>	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

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

a Is the organization licensed to operate gaming activities in each of these states?

☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b If "Yes," explain _____

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

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

13 Indicate the percentage of gaming activity operated in		
a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ►

Address ►

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

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

c If "Yes," enter name and address of the third party

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation
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SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

Employer identification number
57-0341194

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 <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> 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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b Yes	
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 eligible 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 Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.		

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			4,862,835	1,264,016	3,598,819	3 070 %
b Medicaid (from Worksheet 3, column a)			15,447,512	14,097,332	1,350,180	1 150 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			20,310,347	15,361,348	4,948,999	4 220 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			629,413		629,413	0 540 %
f Health professions education (from Worksheet 5)			90,033		90,033	0 080 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			198,607	43,244	155,363	0 130 %
j Total Other Benefits			918,053	43,244	874,809	0 750 %
k Total. Add lines 7d and 7j			21,228,400	15,404,592	5,823,808	4 970 %

Part IICommunity 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
1Physical improvements and housing						
2Economic development						
3Community support						
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy						
8Workforce development			594,930		594,930	0 510 %
9Other						
10Total			594,930		594,930	0 510 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?

1

No

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

6,319,353

3Enter 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

4,209,824

4Provide 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

5Enter total revenue received from Medicare (including DSH and IME).

5

42,645,417

6Enter Medicare allowable costs of care relating to payments on line 5.

6

47,202,676

7Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-4,557,259

8Describe 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

9aDid the organization have a written debt collection policy during the tax year?

9a

Yes

bIf "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 IVManagement 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?
1

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)

GEORGETOWN MEMORIAL HOSPITAL

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)

1

	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 If "Yes," indicate what the CHNA report describes (check all that apply)	1 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>12</u>		
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 Yes	
5 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	5 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE DISCLOSURE</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Available upon request from the hospital facility		
d <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> 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? 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	10	Yes
11	Used FPG to determine eligibility for providing discounted care? If "Yes," indicate the FPG family income limit for eligibility for discounted care 300 000000000000% If "No," explain in Part VI the criteria the hospital facility used	11	Yes
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12	Yes
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input type="checkbox"/> State regulation		
h	<input type="checkbox"/> Residency		
i	<input type="checkbox"/> 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? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14	Yes
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input type="checkbox"/> 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	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> 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? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> 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			
<div>a</div> <div><input type="checkbox"/></div> <div>The hospital facility did not provide care for any emergency medical conditions</div>			
<div>b</div> <div><input type="checkbox"/></div> <div>The hospital facility's policy was not in writing</div>			
<div>c</div> <div><input type="checkbox"/></div> <div>The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)</div>			
<div>d</div> <div><input type="checkbox"/></div> <div>Other (describe in Part VI)</div>			

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			
<div>a</div> <div><input checked="" type="checkbox"/></div> <div>The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged</div>			
<div>b</div> <div><input type="checkbox"/></div> <div>The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged</div>			
<div>c</div> <div><input type="checkbox"/></div> <div>The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged</div>			
<div>d</div> <div><input type="checkbox"/></div> <div>Other (describe in Part VI)</div>			
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			

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.

[illegible]

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? **13**

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 6A	THE HOSPITAL PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT AND DISTRIBUTES TO RESIDENTS OF THE SURROUNDING COUNTIES THE REPORT OFFERS STATISTICAL, FINANCIAL AND INFORMATIONAL DATA, TARGETED TO PORTRAY THE VITAL COMMITMENT THE ORGANIZATION HAS TO THE COMMUNITY THE REPORT IS MAILED TO HOMES THROUGHOUT THE COMMUNITY AND CAN BE ACCESSED BY VISITING OUR WEBSITE AT WWW.TIDELANDSHEALTH.ORG

Form and Line Reference	Explanation
PART I, LINE 7	THE ORGANIZATION USED WORKSHEET 2 OF THE 2013 SCHEDULE H INSTRUCTIONS TO COMPUTE A COST-TO-CHARGES RATIO USED TO CALCULATE CHARITY CARE AND UNREIMBURSED MEDICAID AT COST

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	TOTAL EXPENSES REPORTED ON FORM 990, PART IX, LINE 25 CONTAINS A BAD DEBT EXPENSE OF \$22,937,761 THAT HAS BEEN REMOVED FOR PURPOSES OF COMPUTING PERCENTAGE OF TOTAL EXPENSE ON COLUMN (F)

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	IN ADDITION, \$594,930 WAS SPENT TO RECRUIT PHYSICIANS WITH THE SKILLS AND TRAINING NECESSARY TO BEST SERVE THE NEEDS OF THE COMMUNITY IN AREAS SUCH AS ORTHOPEDICS, FAMILY AND INTERNAL MEDICINE, PEDIATRICS, PULMONARY MEDICINE, AND SURGERY

Form and Line Reference	Explanation
PART III, LINE 4	THE ORGANIZATION'S FINANCIAL STATEMENTS DO NOT INCLUDE A FOOTNOTE ON BAD DEBT EXPENSE WORKSHEET 2 OF THE 2013 SCHEDULE H INSTRUCTIONS WAS USED TO COMPUTE A COST-TO-CHARGES RATIO USED TO CALCULATE BAD DEBT EXPENSE AT COST FOR PURPOSES OF PART III, LINES 2 AND 3 THE PERCENTAGE OF FAMILIES BELOW THE POVERTY LEVEL IN THE AREA SERVED IS USED TO ESTIMATE THE PERCENTAGE OF NET REVENUE EXPECTED TO BE AWARDED CHARITY CARE THE VARIANCE WITH ACTUAL CHARITY CARE ADJUSTMENTS IS THE AMOUNT OF THE ORGANIZATION'S BAD DEBT ATTRIBUTED TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY

Form and Line Reference	Explanation
PART III, LINE 8	THE MEDICARE COST REPORT WAS USED TO CALCULATE THE OVERALL SHORTFALL THE ORGANIZATION BELIEVES THE ENTIRE SHORTFALL SHOULD BE CONSIDERED COMMUNITY BENEFIT APPROXIMATELY 55% OF THE ORGANIZATION'S PAYER MIX IS DEVOTED TO MEDICARE

Form and Line Reference	Explanation
PART III, LINE 9B	GEORGETOWN HOSPITAL SYSTEM HAS A PROCESS IN PLACE TO ASSIST PATIENTS IN UNDERSTANDING THEIR FINANCIAL RESPONSIBILITY, BEGINNING WITH SCHEDULING AND REGISTRATION SIGNAGE AND FINANCIAL RESPONSIBILITY BROCHURES ARE CLEARLY DISPLAYED THROUGHOUT THE REGISTRATION AREAS OF THE SYSTEM THIS INFORMATION DETAILS THE POTENTIAL PATIENT RESPONSIBILITY AND ALSO PROVIDES INFORMATION ON THE AVAILABLE PROGRAMS IN THE EVENT THE PATIENT CAN NOT PAY THE BILL IF THE PATIENT COMMUNICATES THEIR INABILITY TO PAY, THE FINANCIAL ASSISTANCE PROGRAM IS REVIEWED AND THE PATIENT IS DIRECTED TO THE FINANCIAL ASSISTANCE DEPARTMENT COLLECTION PRACTICES WILL CONTINUE AS NORMAL UNTIL THE PATIENT PROVIDES ALL NECESSARY PAPERWORK TO BE OFFICIALLY CONSIDERED FOR FINANCIAL ASSISTANCE ONCE FINANCIAL ASSISTANCE IS GRANTED, COLLECTION PRACTICES WILL EITHER CEASE, OR CONTINUE AT A REDUCED PATIENT RESPONSIBILITY

Form and Line Reference	Explanation
PART VI, LINE 2	THE ORGANIZATION ASSESSES THE HEALTHCARE NEEDS OF THE COMMUNITY WITH THE ASSISTANCE OF STATE AND INTERNAL REPORTING INFORMATION THE INFORMATION IS INTERPRETED, REVIEWED AND ANALYZED IF A NEED IS PRESENT, A STRATEGIC PLAN IS DEVELOPED, WITH THE GOAL OF PROVIDING AS MANY LOCAL SERVICES AS POSSIBLE THE PLAN IS THEN PRESENTED TO THE BOARD FOR APPROVAL ONCE BOARD APPROVAL IS RECEIVED, THE IMPLEMENTATION PROCESS BEGINS THE ORGANIZATION'S COMMUNITY HEALTH PROGRAM'S OBJECTIVE IS TO ENHANCE THE HEALTH CARE STATUS OF THE COMMUNITY, PROVIDING EDUCATION, SCREENINGS, AND REGULAR FOLLOW UP TO ENSURE READY ACCESS TO QUALITY HEALTHCARE

Form and Line Reference	Explanation
PART VI, LINE 3	THE ORGANIZATION REGULARLY ADVERTISES THE AVAILABLE STATE, FEDERAL, AND LOCAL FINANCIAL ASSISTANCE PROGRAMS ALL PATIENTS ARE EDUCATED AT THE TIME OF REGISTRATION ON FINANCIAL ASSISTANCE PROGRAMS AVAILABLE IN ADDITION, ALL PATIENTS WITHOUT INSURANCE ARE SCREENED FOR AVAILABLE STATE AND FEDERAL PROGRAMS PATIENTS NOT MEETING STATE AND FEDERAL PROGRAM GUIDELINES ARE PROVIDED A ONE-ON-ONE CONSULTATION FOR LOCAL FINANCIAL ASSISTANCE, IF DESIRED THE HOSPITAL FEATURES SIGNAGE AND BROCHURES THROUGHOUT THE REGISTRATION AREAS THAT OUTLINE RESPONSIBILITIES AND OPTIONS

Form and Line Reference	Explanation
PART VI, LINE 4	THE ORGANIZATION SERVES THE SOUTH CAROLINA COUNTIES OF HORRY AND GEORGETOWN, AS WELL AS OUTLYING AREAS HORRY COUNTY (1,100 SQ MILES) HAS AN ESTIMATED 2014 POPULATION OF 299,000 20% OF THE POPULATION IS OVER THE AGE OF 65 AND THE MEDIAN HOUSEHOLD INCOME IS APPROXIMATELY \$42,000 IN ADDITION, AN ESTIMATED 19% OF THE POPULATION IS BELOW THE POVERTY LEVEL GEORGETOWN COUNTY (815 SQ MILES) HAS A POPULATION OF APPROXIMATELY 61,000 PEOPLE AND AN ESTIMATED 23% OF THE POPULATION IS OVER THE AGE OF 65 THE MEDIAN HOUSEHOLD INCOME IS APPROXIMATELY \$40,000 AND AN ESTIMATED 21% OF THE POPULATION IS BELOW THE POVERTY LEVEL COMPETING HOSPITALS ARE LOCATED APPROXIMATELY 40-45 NORTH AND NORTHWEST AND 60 MILES SOUTH MAJOR SURROUNDING CITIES INCLUDE CHARLESTON, SC (60 MILES), COLUMBIA, SC (150 MILES) AND CHARLOTTE, NC (215 MILES)

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 OR INDEPENDENT CONTRACTORS OF THE ORGANIZATION, NOR FAMILY MEMBERS THEREOF THE ORGANIZATION EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY FOR MANY OF ITS DEPARTMENTS USAGE OF THE ORGANIZATION'S SURPLUS OF FUNDS IS DESCRIBED ON FORM 990, PART III, HOWEVER IN GENERAL, A SURPLUS OF FUNDS IS USED TO REINVEST IN PROPERTY AND EQUIPMENT IN ORDER TO CONTINUE PROVIDING TO THE PUBLIC THE BEST IN PATIENT CARE AND TECHNOLOGY

Form and Line Reference	Explanation
PART VI, LINE 6	GEORGETOWN MEMORIAL HOSPITAL IS PART OF GEORGETOWN HOSPITAL SYSTEM GEORGETOWN HOSPITAL SYSTEM IS A RELATED 501(C)(3) HEALTHCARE ORGANIZATION

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

Additional Data

Software ID:
Software Version:
EIN: 57-0341194
Name: GEORGETOWN MEMORIAL HOSPITAL

990 Schedule H, Supplemental Information

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
GEORGETOWN MEMORIAL HOSPITAL	
GEORGETOWN MEMORIAL HOSPITAL	PART V, SECTION B, LINE 4 WACCAMAW COMMUNITY HOSPITAL
FORM 990, SCHEDULE H, PART V	HTTP //WWW.TIDELANDSHEALTH.ORG/DISCOVER/OUR-COMMUNITY- COMMITMENT/

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)
NEXTSTEP REHABILITATION & PAIN MANAGEMEN 219 CHURCH STREET GEORGETOWN,SC 29440	ADULT REHAB/PAIN MGMT
HEALTHPOINT CENTER FOR HEALTH & FITNESS 12965 OCEAN HIGHWAY PAWLEYS ISLAND,SC 29585	ADULT REHAB/PAIN MGMT
NEXTSTEP REHABILITATION SERVICES 3515 CADUCEUS DRIVE MYRTLE BEACH,SC 29588	ADULT REHAB/PAIN MGMT
NEXTSTEP REHABILITATION SERVICES 4040 HWY 17 SUITE 201 MURRELLS INLET,SC 29576	ADULT REHAB/PAIN MGMT
NEXTSTEP REHABILITATION SERVICES 4033 HWY 17 SUITE 102 MURRELLS INLET,SC 29576	ADULT REHAB/PAIN MGMT
NEXTSTEP REHABILITATION SERVICES 701 S MORGAN AVE ANDREWS,SC 29510	ADULT REHAB/PAIN MGMT
NEXTSTEP REHABILITATION SERVICES 407 CHURCH ST SUITE E GEORGETOWN,SC 29440	ADULT REHAB/PAIN MGMT
GEORGETOWN INFUSION SERVICES MURRELLS 4181 HIGHWAY 17 BYPASS MURRELLS INLET,SC 29576	ADULT REHAB/PAIN MGMT
GEORGETOWN INFUSION SERVICES GEORGETOWN 2405 NORTH FRASER ST GEORGETOWN,SC 29440	ADULT REHAB/PAIN MGMT
GEORGETOWN ENDOSCOPY CENTER 2361 NORTH FRASER ST GEORGETOWN,SC 29440	ADULT REHAB/PAIN MGMT
NEXTSTEP REHABILITATION SERVICES 106 WACCAMAW MEDICAL PARK COURT CONWAY,SC 29526	ADULT REHAB/PAIN MGMT
NEXTSTEP REHABILITATION SERVICES 3650 COALITION DRIVE MYRTLE BEACH,SC 29588	ADULT REHAB/PAIN MGMT
NEXTSTEP WOUND & INFUSION CENTER 4367 RIVERWOOD DRIVE SUITE 140 MURRELLS INLET,SC 29576	ADULT REHAB/PAIN MGMT

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
GEORGETOWN MEMORIAL HOSPITAL

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

Employer identification number
57-0341194

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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

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

10

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

0

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

Part IV

Supplemental Information. 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	THE ORGANIZATION SELECTS GRANT RECIPIENTS BASED ON COMMUNITY NEEDS AND INDIVIDUAL PROJECT MERIT FOLLOW-UP ON GRANTS AND ASSISTANCE VARIES DEPENDING ON THE TYPE OF ASSISTANCE AND TYPE OF PROJECT MANY SMALLER GRANTS ARE PROVIDED FOR LOCAL SCHOOLS AND PUBLIC CHARITIES BASED ON A DEMONSTRATED NEED FOR OPERATIONAL FUNDS AND REQUIRE NO MONITORING LARGER GRANTS, REQUIRE PRE-ESTABLISHED PROJECT MILESTONES TO BE REACHED BEFORE EACH DISBURSEMENT OF THE GRANT IS PAID OUT

Additional Data

Software ID:
Software Version:
EIN: 57-0341194
Name: GEORGETOWN MEMORIAL HOSPITAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SMITH MEDICAL CLINIC PO BOX 1740 PAWLEYS ISLAND, SC 29585	57-0786699	501(C)(3)	58,000				OPERATIONAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION (MID-ATLANTIC AFFILIATE) 4217 PARK PLACE COURT GLEN ALLEN,VA 23060	13-5613797	501(C)(3)	6,000				OPERATIONAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGETOWN COUNTY FAMILY YMCA PO BOX 1087 GEORGETOWN,SC 29442	57-0747196	501(C)(3)	7,500				OPERATIONAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTHY LEARNERS PROGRAM 2711 MIDDLEBURG DRIVE SUITE 206 COLUMBIA,SC 29204	57-1127197	501(C)(3)	25,500				OPERATIONAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOWNTOWN GEORGETOWN REVITALIZATION ASSOCIATION PO BOX 973 GEORGETOWN,SC 29442	57-0776973	501(C)(3)	15,000				OPERATIONAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY 5900 CORE ROAD SUITE 504 NORTH CHARLESTON, SC 29406	13-1788491	501(C)(3)	5,000				OPERATIONAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGETOWN COUNTY UNITED WAY PO BOX 1065 GEORGETOWN,SC 29442	57-0526145	501(C)(3)	5,000				OPERATIONAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JAMES HIGH SCHOOL SHARKS BOOSTER CLUB PO BOX 4140 MURRELLS INLET, SC 29576	33-1022599	501(C)(3)	7,000				OPERATIONAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN LEGION POST 0114 GEORGETOWN 435 WALNUT AVENUE GEORGETOWN,SC 29440	57-6025438	501(C)(3)	50,000				OPERATIONAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARVER'S BAY BOOSTER CLUB 13002 CHOPEE ROAD HEMINGWAY, SC 29554		501(C)(3)	5,000				OPERATIONAL SUPPORT

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
GEORGETOWN MEMORIAL HOSPITAL

Employer identification number
57-0341194

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate 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.</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>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.</div></div>	1b	
<div><div>2</div><div>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?</div></div>	2	
<div><div>3</div><div>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.</div><div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>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:</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4a	No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4b	No
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>	4c	No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>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:</div></div>		
<div><div>a</div><div>The organization?</div></div>	5a	Yes
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III.</div>	5b	Yes
<div><div>6</div><div>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:</div></div>		
<div><div>a</div><div>The organization?</div></div>	6a	Yes
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III.</div>	6b	Yes
<div><div>7</div><div>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.</div></div>	7	No
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued 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.</div></div>	8	No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div></div>	9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)BRUCE BAILEY CEO	(i)	178,947	0	33,614	4,063	29,203	245,827	0
	(ii)	214,171	0	40,231	4,862	34,951	294,215	0
(2)TERRY KISER CFO	(i)	134,664	0	13,409	4,063	15,525	167,661	0
	(ii)	161,171	0	16,049	4,862	18,581	200,663	0
(3)GAYLE RESETAR COO	(i)	136,063	0	6,863	4,063	16,321	163,310	0
	(ii)	162,846	0	8,214	4,862	19,533	195,455	0
(4)RICK KAYLOR GPS PRESIDENT & VP SYSTEM DEVELOPMEN	(i)	105,656	0	14,782	6,146	4,916	131,500	0
	(ii)	126,453	0	17,692	7,356	5,883	157,384	0
(5)ANN L WATERS VP OF OPERATIONS & GMH ADMINISTRATOR	(i)	142,666	0	35,663	10,291	9,264	197,884	0
	(ii)	25,176	0	6,293	1,816	1,635	34,920	0
(6)JAMES F HARPER VP OF HUMAN RESOURCES & CHIEF HR OFF	(i)	94,419	0	19,750	6,741	18,191	139,101	0
	(ii)	72,252	0	15,113	5,158	13,920	106,443	0
(7)FRANK SCAFIDI VP INFORMATION SYSTEMS & CIO	(i)	74,627	0	14,675	5,233	12,061	106,596	0
	(ii)	89,316	0	17,563	6,262	14,435	127,576	0
(8)GARY METCALFE VP SUPPLY CHAIN & SUPPORT SERVICES	(i)	70,971	1,138	10,635	4,297	11,614	98,655	0
	(ii)	84,941	1,362	12,729	5,143	13,900	118,075	0
(9)SUZANNE DOSCHER VP OF OPERATIONS	(i)	83,535	0	6,568	3,159	9,994	103,256	0
	(ii)	83,535	0	6,568	3,159	9,994	103,256	0

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 5	ANY INCENTIVE COMPENSATION PAID TO THE OFFICERS AND OTHER ADMINISTRATORS OF THE ORGANIZATION IS CONTINGENT UPON QUALITY INDICATORS, NET REVENUES, AND THE OVERALL PROFITABILITY OF THE ORGANIZATION. IF PREDETERMINED GOALS ARE MET, INCENTIVE COMPENSATION IS PAID TO THE OFFICER OR ADMINISTRATOR IN ACCORDANCE WITH AN INCENTIVE COMPENSATION PROGRAM. SEE PART II, COLUMN (B)(II).
PART I, LINE 6	SEE THE RESPONSE TO LINE 5A AND 5B.
PART I, LINE 3	THE ORGANIZATION RELIES ON THE BOARD OF ITS SOLE MEMBER ORGANIZATION TO NEGOTIATE AND ESTABLISH THE COMPENSATION AGREEMENTS FOR ITS CEO AND OTHER OFFICERS. THE BOARD OF GEORGETOWN HOSPITAL SYSTEM USES THE FOLLOWING METHODS TO DETERMINE COMPENSATION: - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANTS - COMPENSATION STUDY/SURVEY - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE. THE BOARD OF GEORGETOWN HOSPITAL SYSTEM IS A MAJORITY INDEPENDENT.
PART II	COMPENSATION FROM UNRELATED ORGANIZATION. COMPENSATION PAID TO BRUCE BAILEY, TERRY KISER, SUZANNE DOSCHER, AND GAYLE RESEAR WAS PAID THROUGH QUORUM HEALTH RESOURCES (QHR), AN UNRELATED MANAGEMENT COMPANY. SEE THE RESPONSE TO PART VI, LINE 3 ON SCHEDULE O FOR DETAILS ON THE ARRANGEMENT. ALL AMOUNTS LISTED ON SCHEDULE J, PART II, LINE (I AND II) FOR EACH INDIVIDUAL ARE FROM QHR, EXCEPT FOR SMALL AUTOMOTIVE STIPENDS PAID DIRECTLY BY THE ORGANIZATION. IN ADDITION, BRUCE BAILEY, TERRY KISER, GAYLE RESEAR, RICK KAYLOR, GARY METCALFE, JAMES HARPER, FRANK SCAFIDI, ANN WATERS, AND SUZANNE DOSCHER ARE COMPENSATED BY A COMMON PAYING AGENT FOR SERVICES PERFORMED FOR BOTH GEORGETOWN MEMORIAL HOSPITAL AND A RELATED ORGANIZATION. COMPENSATION FOR THESE INDIVIDUALS IS PRESENTED TO REFLECT AN ALLOCATION OF SERVICES PERFORMED FOR THESE ORGANIZATIONS.

Additional Data

Software ID:
Software Version:
EIN: 57-0341194
Name: GEORGETOWN MEMORIAL HOSPITAL

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				
BRUCE BAILEY CEO	(i)	178,947	0	33,614	4,063	29,203	245,827	0
	(ii)	214,171	0	40,231	4,862	34,951	294,215	0
TERRY KISER CFO	(i)	134,664	0	13,409	4,063	15,525	167,661	0
	(ii)	161,171	0	16,049	4,862	18,581	200,663	0
GAYLE RESETAR COO	(i)	136,063	0	6,863	4,063	16,321	163,310	0
	(ii)	162,846	0	8,214	4,862	19,533	195,455	0
RICK KAYLOR GPS PRESIDENT & VP SYSTEM DEVELOPMEN	(i)	105,656	0	14,782	6,146	4,916	131,500	0
	(ii)	126,453	0	17,692	7,356	5,883	157,384	0
ANN L WATERS VP OF OPERATIONS & GMH ADMINISTRATOR	(i)	142,666	0	35,663	10,291	9,264	197,884	0
	(ii)	25,176	0	6,293	1,816	1,635	34,920	0
JAMES F HARPER VP OF HUMAN RESOURCES & CHIEF HR OFF	(i)	94,419	0	19,750	6,741	18,191	139,101	0
	(ii)	72,252	0	15,113	5,158	13,920	106,443	0
FRANK SCAFIDI VP INFORMATION SYSTEMS & CIO	(i)	74,627	0	14,675	5,233	12,061	106,596	0
	(ii)	89,316	0	17,563	6,262	14,435	127,576	0
GARY METCALFE VP SUPPLY CHAIN & SUPPORT SERVICES	(i)	70,971	1,138	10,635	4,297	11,614	98,655	0
	(ii)	84,941	1,362	12,729	5,143	13,900	118,075	0
SUZANNE DOSCHER VP OF OPERATIONS	(i)	83,535	0	6,568	3,159	9,994	103,256	0
	(ii)	83,535	0	6,568	3,159	9,994	103,256	0

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.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
GEORGETOWN MEMORIAL HOSPITAL

Employer identification number
57-0341194

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	57-0960018		12-22-2010	30,000,000	CAPITAL ACQUISITION		X		X		X
B	SC JOBS - ECONOMIC DEVELOPMENT AUTHORITY	57-0960018		09-22-2011	25,565,000	CURRENT REFUNDING		X		X		X
C	SC JOBS - ECONOMIC DEVELOPMENT AUTHORITY	57-0960018		12-22-2011	12,165,620	CURRENT REFUNDING		X		X		X
D	SC JOBS - ECONOMIC DEVELOPMENT AUTHORITY	57-0960018		05-30-2012	34,099,717	CURRENT REFUNDING		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	737,595		2,709,837				19,023	
2	Amount of bonds legally defeased								
3	Total proceeds of issue	10,000,000		9,350,748		12,190,000		14,664,291	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	82,807		94,698		123,522		163,692	
8	Credit enhancement from proceeds			46,050				345,599	
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	9,917,193							
11	Other spent proceeds			9,210,000		12,066,478		14,155,000	
12	Other unspent proceeds								
13	Year of substantial completion	2012		2001		1999		2001	
14	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No
			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								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV

Arbitrage (Continued)

5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
			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

	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?	A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
			X		X		X		X

Part VI

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

Return Reference	Explanation
FORM 990, SCH K, PART II, LINE 11	THE AMOUNTS ON THIS LINE WERE USED TO REFUND PRIOR ISSUE BONDS THE AMOUNTS IN COLUMN B WERE USED TO REFUND BONDS THAT WERE ISSUED ON 8/15/1999 AND 8/1/2001 THE AMOUNTS IN COLUMN C WERE USED TO REFUND BONDS THAT WERE ISSUED ON 3/15/1998 AND 8/15/1999 THE AMOUNTS IN COLUMN D WERE USED TO REFUND BONDS THAT WERE ISSUED ON 3/15/1998 AND 8/23/2001

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.

OMB No 1545-0047
2013
Open to Public Inspection

Name of the organization
GEORGETOWN MEMORIAL HOSPITAL

Employer identification number
57-0341194

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?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?	(i) Written agreement?	
			To	From			Yes	No		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) BECCA KAYLOR	FAMILY MEMBER OF OFFICER RICK KAYLOR	23,240	COMPENSATION AS EMPLOYEE OF ORGANIZATION AMOUNT SHOWN ON SCHEDULE L REPRESENTS GMH'S ALLOCATED PORTION OF TOTAL SALARY PAID FROM A RELATED ORGANIZATION THE INDIVIDUAL RECEIVED \$51,055 IN TOTAL FOR SERVICES RENDERED TO ALL RELATED ORGANIZATIONS		No
(2) KARLA ADKINS	FAMILY MEMBER OF BOARD OF TRUSTEE DR H GRADY ADKINS, III	21,297	COMPENSATION AS EMPLOYEE OF ORGANIZATION AMOUNT SHOWN ON SCHEDULE L REPRESENTS GMH'S ALLOCATED PORTION OF TOTAL SALARY PAID FROM A RELATED ORGANIZATION THE INDIVIDUAL RECEIVED \$46,786 IN TOTAL FOR SERVICES RENDERED TO ALL RELATED ORGANIZATIONS		No

Part V Supplemental Information

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

Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (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 GEORGETOWN MEMORIAL HOSPITAL	Employer identification number 57-0341194
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Return Reference	Explanation
FORM 990, PART V, LINE 2A	THE ORGANIZATION HAS NO DIRECT EMPLOYEES GEORGETOWN HOSPITAL SYSTEM, A RELATED ORGANIZATION, FILES PAYROLL FOR THE ORGANIZATION THE NUMBER OF EMPLOYEES REPORTED BY GEORGETOWN HOSPITAL SYSTEM THAT ARE RELATED TO THE ORGANIZATION IS 977

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE ORGANIZATION HAS AN EXECUTIVE COMMITTEE, FINANCE COMMITTEE, AND COMPENSATION COMMITTEE THAT HAVE LIMITED POWERS DELEGATED FROM THE FULL VOTING BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE IS COMPRISED OF FIVE OR MORE MEMBERS, INCLUDING FOUR WHO ARE ALSO MEMBERS OF THE MEMBER ORGANIZATION'S BOARD OF DIRECTORS. THE FINANCE COMMITTEE CONTAINS FOUR OR MORE MEMBERS INCLUDING THE TREASURER OF THE MEMBER ORGANIZATION. THE COMPENSATION COMMITTEE IS AS APPOINTED BY THE CHAIRMAN OF THE BOARD.

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	THE BOARD OF DIRECTORS HAS ENTERED A MANAGEMENT AGREEMENT WITH QUORUM HEALTH RESOURCES TO PROVIDE KEY MANAGEMENT EMPLOYEES FOR THE ORGANIZATION THE CEO, CFO, AND COO ARE EMPLOYEES OF QUORUM AND ARE COMPENSATED DIRECTLY BY THAT ORGANIZATION THE QUORUM EMPLOYEES ARE ACCOUNTABLE TO THE BOARD OF DIRECTORS OF THE HOSPITAL

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION IS A MEMBER ORGANIZATION WITHIN THE MEANING OF THE SOUTH CAROLINA NONPROFIT CORPORATION ACT OF 1994 THE SOLE MEMBER OF THE CORPORATION IS GEORGETOWN HOSPITAL SYSTEM

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE SOLE MEMBER HAS THE SOLE AUTHORITY TO APPOINT OR REMOVE A TRUSTEE OR THE CHIEF EXECUTIVE OFFICER OF THE ORGANIZATION

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE SOLE MEMBER HAS THE SOLE AUTHORITY TO (1) DIRECT HEALTHCARE SERVICES UNDERTAKEN BY THE ORGANIZATION, INCLUDING THE ADDITION OR DELETION OF CLINICAL SERVICE LINES, AND AUDIT COMPLIANCE WITH SUCH DIRECTIVES, (2) VETO POLICIES AND PROCEDURES, (3) REQUIRE DISTRIBUTION OF INCOME, ASSETS, OR OTHER PROPERTY FROM, OR MAKE CONTRIBUTIONS TO THE ORGANIZATION TO ACHIEVE THE MUTUAL OBJECTIVES OF THE ORGANIZATION AND THE SOLE MEMBER, (4) APPROVE BUDGETS, (5) AUTHORIZE CAPITAL TRANSACTIONS, (6) ADOPT A PLAN OF DISSOLUTION, (7) ADMIT NEW MEMBERS TO THE ORGANIZATION, (8) AMEND THE ARTICLES OF THE ORGANIZATION, AND (9) NEGOTIATE AND AUTHORIZE MANAGEMENT AGREEMENTS WITH THIRD PARTIES

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE RETURN WAS PREPARED BY AN OUTSIDE ACCOUNTING FIRM WITH THE ASSISTANCE AND OVERSIGHT OF MANAGEMENT. A REPRESENTATIVE OF THE ACCOUNTING FIRM PRESENTED THE RETURN TO THE FINANCE COMMITTEE WITH MANAGEMENT AND ANSWERED QUESTIONS FROM BOARD MEMBERS. THE CEO AND CFO THEN REVIEWED THE FORM WITH ALL BOARD MEMBERS, AS EVIDENCED IN THE BOARD MINUTES. A COPY OF THE RETURN WAS PROVIDED TO EACH VOTING BOARD MEMBER. AFTER A DISCUSSION PERIOD, THE BOARD VOTED TO APPROVE THE FILING OF THE FORM 990 WITH THE IRS AS PRESENTED. THE CFO/CEO MET IN PERSON WITH ANY MEMBERS ABSENT FROM THE MEETING TO DISCUSS THE RETURN.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY WHICH IS REVIEWED, ACCEPTED, AND SIGNED BY EACH OFFICER AND VOTING BOARD MEMBER ON AN ANNUAL BASIS. PURSUANT TO THIS POLICY, EACH OFFICER AND BOARD MEMBER WILL RECUSE HIMSELF OR HERSELF FROM ANY DISCUSSIONS AND VOTES FOR WHICH A CONFLICT EXISTS. DETERMINATION OF WHETHER A CONFLICT EXISTS IS MADE AT A MANAGEMENT, BOARD MEMBER, OFFICER, AND INDIVIDUAL LEVEL. ACTUAL CONFLICTS ARE REVIEWED BY MANAGEMENT AND THE BOARD WITHOUT THE PRESENCE OF THE INTERESTED PARTY.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION USES OUTSIDE AGENCIES TO ESTABLISH, ASSESS THE REASONABLENESS OF, REVIEW, AND APPROVE THE COMPENSATION OF DIRECTORS AND KEY MANAGEMENT. THE INDIVIDUAL COMPENSATION PACKAGE OF EACH PERSON IS BASED ON COMPARABILITY FACTORS INCLUDING, BUT NOT LIMITED TO, THE SIZE OF THE ORGANIZATION, THE GEOGRAPHICAL LOCATION OF THE ORGANIZATION, AND THE EMPLOYEE'S LENGTH OF SERVICE. COMPENSATION IS THEN REVIEWED AND APPROVED BY OFFICERS OF THE ORGANIZATION. OFFICER COMPENSATION IS APPROVED BY THE BOARD OR CEO THROUGH CONTRACT NEGOTIATION WITH THE OUTSIDE MANAGEMENT CORPORATION.

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

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	PHOTOCOPIES OF THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S ADMINISTRATIVE OFFICE

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN NET PENSION OBLIGATION -3,459,607 EQUITY TRANSFER -34,209,893

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

Return Reference	Explanation
FORM 990, PART VII, LINE 1A	FORMER CHIEFS OF STAFF MAY CONTINUE TO BE COMPENSATED FOR EMERGENCY ROOM CALL PAY, COMMITTEE PAY, ETC

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
GEORGETOWN MEMORIAL HOSPITAL

Employer identification number
57-0341194

▶ 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.

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	No
(1) GEORGETOWN HOSPITAL SYSTEM PO DRAWER 1718 GEORGETOWN, SC 29442 02-0598440	HEALTHCARE	SC	501(C)(3)	LINE 11A, I			No
(2) WACCAMAW COMMUNITY HOSPITAL PO BOX 3350 MURRELLS INLET, SC 29576 04-3633263	HEALTHCARE	SC	501(C)(3)	LINE 3	GEORGETOWN HOSPITAL SYSTEM		No

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(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	
(1) GEORGETOWN RADIATION THERAPY CENTER 2405 N FRASER STREET GEORGETOWN, SC 29440 20-0131459	HEALTHCARE	SC	N/A									

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	No

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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 organization 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
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d	Yes	
1e		No
1f		No
1g		No
1h		No
1i	Yes	
1j	Yes	
1k	Yes	
1l	Yes	
1m		No
1n	Yes	
1o	Yes	
1p	Yes	
1q	Yes	
1r		No
1s		No

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

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

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.

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation
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**GEORGETOWN
HOSPITAL SYSTEM**

Consolidated Financial Statements
and Supplemental Schedules

September 30, 2014 and 2013

(with Independent Auditors' Report thereon)



GEORGETOWN HOSPITAL SYSTEM

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September 30, 2014 and 2013

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– Independent Auditors' Report –

Board of Trustees
Georgetown Hospital System
Georgetown, South Carolina

Report on the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of Georgetown Hospital System (the "System"), which comprise the consolidated balance sheets as of September 30, 2014 and 2013, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated 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 consolidated 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 consolidated 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 consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the System's preparation and fair presentation of the consolidated 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 the System'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 consolidated 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 consolidated financial statements referred to above present fairly, in all material respects, the financial position of Georgetown Hospital System as of September 30, 2014 and 2013, and the changes in net assets and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America

Supplemental Information and Supplemental Schedules

Our audits were made for the purpose of forming an opinion on the basic consolidated financial statements taken as a whole. The consolidating and obligated group information in the supplemental schedules is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position and results of operations of the individual entities and are not a required part of the basic consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Dixon Hughes Goodman LLP

Greenville, South Carolina
January 14, 2015

GEORGETOWN HOSPITAL SYSTEM

Consolidated Balance Sheets

September 30, 2014 and 2013

<u>Assets</u>	<u>2014</u>	<u>2013</u>
Current assets		
Cash and cash equivalents	\$ 52,496,104	\$ 45,540,705
Patient accounts receivable, net of allowance for uncollectible accounts of approximately \$30,872,000 in 2014 and \$29,040,000 in 2013	39,412,403	39,261,246
Drugs and supplies	7,144,057	7,255,339
Net receivables, prepaids and other current assets	9,552,870	11,343,512
Estimated third-party payor settlements	-	56,180
Total current assets	<u>108,605,434</u>	<u>103,456,982</u>
Assets whose use is limited		
By board for capital improvements and funded depreciation	127,561,176	117,205,718
Under bond trust indenture - held by bond trustee	6,958,762	6,700,069
Total assets whose use is limited	<u>134,519,938</u>	<u>123,905,787</u>
Investment in joint ventures	1,339,457	1,127,893
Investments in real estate	2,010,666	2,010,666
Property and equipment, net	221,939,643	218,597,710
Goodwill	2,091,640	2,091,640
Other asset, net	1,911,870	2,191,655
Physician receivables, long-term portion	910,614	644,530
Bond issuance costs, net	924,286	1,010,459
Total assets	<u>\$ 474,253,548</u>	<u>\$ 455,037,322</u>

(continued)

GEORGETOWN HOSPITAL SYSTEM

Consolidated Balance Sheets, (continued)

September 30, 2014 and 2013

<u>Liabilities and Net Assets</u>	<u>2014</u>	<u>2013</u>
Current liabilities		
Current installments of long-term debt	\$ 5,135,000	\$ 4,935,000
Accrued interest payable	344,454	345,620
Accounts payable	11,011,862	12,507,286
Accrued expenses	2,932,545	1,459,814
Employee compensation	12,124,514	9,982,039
Estimated third-party payor settlements	3,585,455	2,029,264
Total current liabilities	<u>35,133,830</u>	<u>31,259,023</u>
 Long-term debt, excluding current installments	116,879,338	119,163,212
Net pension obligation	<u>10,393,638</u>	<u>7,520,801</u>
Total liabilities	<u>162,406,806</u>	<u>157,943,036</u>
 Net assets		
Unrestricted net assets		
Unrestricted	310,184,588	295,464,696
Noncontrolling interest	364,951	373,902
Temporarily restricted	<u>1,297,203</u>	<u>1,255,688</u>
Total net assets	<u>311,846,742</u>	<u>297,094,286</u>
Total liabilities and net assets	<u>\$ 474,253,548</u>	<u>\$ 455,037,322</u>

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

GEORGETOWN HOSPITAL SYSTEM

Consolidated Statements of Operations

For the Years Ended September 30, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Revenue		
Net patient service revenue	\$ 318,915,447	\$ 304,345,869
Provision for bad debts	(45,755,045)	(46,865,208)
Net patient service revenue less provision for bad debts	273,160,402	257,480,661
Other revenue	8,772,329	10,487,664
Net assets released from restrictions used for operations	1,063,762	602,131
Total revenue	<u>282,996,493</u>	<u>268,570,456</u>
Expenses		
Salaries and wages	95,430,568	87,690,775
Employee benefits	29,148,592	25,368,051
Supplies	55,194,268	49,814,948
Fees	47,116,675	47,091,590
Other expense	28,901,429	27,490,871
Depreciation and amortization	19,467,519	18,388,296
Interest expense	3,135,960	3,140,564
Total expenses	<u>278,395,011</u>	<u>258,985,095</u>
Income from operations	<u>4,601,482</u>	<u>9,585,361</u>
Nonoperating gains (losses)		
Gain on investment in joint ventures	211,564	7,932
Unrestricted gifts and bequests	146,804	29,181
Interest and dividend income	3,013,497	2,076,065
Other gains (losses)	(43,857)	62,430
Net realized gains on sale of investments	14,404,331	441,979
Total nonoperating gains	<u>17,732,339</u>	<u>2,617,587</u>
Revenue in excess of expenses	<u><u>\$ 22,333,821</u></u>	<u><u>\$ 12,202,948</u></u>

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

GEORGETOWN HOSPITAL SYSTEM

Consolidated Statements of Changes in Net Assets

For the Years Ended September 30, 2014 and 2013

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Total Net Assets</u>
Net assets at September 30, 2012	<u>\$ 264,539,278</u>	<u>\$ 1,136,322</u>	<u>\$ 265,675,600</u>
Revenue in excess of expenses	12,202,948	-	12,202,948
Net unrealized gains on investments, other than trading securities	10,230,999	-	10,230,999
Contributions	-	721,497	721,497
Temporarily restricted assets released from restriction used for operations	-	(602,131)	(602,131)
Change in net pension obligation	<u>8,865,373</u>	<u>-</u>	<u>8,865,373</u>
Increase in net assets	<u>31,299,320</u>	<u>119,366</u>	<u>31,418,686</u>
Net assets at September 30, 2013	<u>\$ 295,838,598</u>	<u>\$ 1,255,688</u>	<u>\$ 297,094,286</u>
Revenue in excess of expenses	22,333,821	-	22,333,821
Net unrealized losses on investments, other than trading securities	(4,163,273)	-	(4,163,273)
Contributions	-	1,105,277	1,105,277
Temporarily restricted assets released from restriction used for operations	-	(1,063,762)	(1,063,762)
Change in net pension obligation	<u>(3,459,607)</u>	<u>-</u>	<u>(3,459,607)</u>
Increase in net assets	<u>14,710,941</u>	<u>41,515</u>	<u>14,752,456</u>
Net assets at September 30, 2014	<u>\$ 310,549,539</u>	<u>\$ 1,297,203</u>	<u>\$ 311,846,742</u>

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

GEORGETOWN HOSPITAL SYSTEM

Consolidated Statements of Cash Flows

For the Years Ended September 30, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Cash flows from operating activities		
Increase in net assets	\$ 14,752,456	\$ 31,418,686
Adjustments to reconcile increase in net assets to net cash provided by operating activities		
Depreciation	19,050,435	17,971,216
Amortization of bond issuance costs	86,173	86,172
Amortization of bond discounts and other assets	330,911	330,908
(Gain) loss from sale of property and equipment	5,725	(35,608)
Change in net pension obligation	3,459,607	(8,865,373)
Net realized and unrealized gains on investments	(10,241,058)	(10,672,978)
Provision for bad debts	45,755,045	46,865,208
Net change in assets and liabilities		
Patient accounts receivable, net	(45,906,202)	(50,017,621)
Drugs and supplies	111,282	172,095
Net receivables, prepaids, and other current assets	1,524,558	(4,174,528)
Accounts payable	(2,503,042)	659,945
Accrued expenses and employee compensation	3,614,040	(1,396,575)
Net pension obligation	(586,770)	(715,089)
Estimated third-party payor settlements	1,612,371	(1,543,139)
Net cash provided by operating activities	<u>31,065,531</u>	<u>20,083,319</u>
Cash flows from investing activities.		
Net change in assets whose use is limited	(373,093)	(457,567)
Purchase of investments in real estate	-	(2,010,666)
Purchase of goodwill	-	(1,507,802)
Net change in investment in joint ventures	(211,564)	(1,127,893)
Proceeds received on sale of property and equipment	2,000	91,408
Acquisition of property and equipment	(21,392,475)	(27,343,344)
Net cash used by investing activities	<u>(21,975,132)</u>	<u>(32,355,864)</u>
Cash flows from financing activities.		
Repayment of long-term debt	(4,935,000)	(3,905,000)
Proceeds from long-term debt	2,800,000	14,063,523
Net cash provided (used) by financing activities	<u>(2,135,000)</u>	<u>10,158,523</u>
Increase (decrease) in cash and cash equivalents	6,955,399	(2,114,022)
Cash and cash equivalents, beginning of year	45,540,705	47,654,727
Cash and cash equivalents, end of year	<u>\$ 52,496,104</u>	<u>\$ 45,540,705</u>
<u>Supplemental Disclosures of Cash Flow Information</u>		
Cash paid during the year for interest	<u>\$ 3,137,126</u>	<u>\$ 3,082,193</u>
Property and equipment additions included in accounts payable	<u>\$ 1,007,618</u>	<u>\$ 1,734,673</u>

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

GEORGETOWN HOSPITAL SYSTEM

Notes to Consolidated Financial Statements

For the Years Ended September 30, 2014 and 2013

1 Summary of Significant Accounting Policies

Organization - Georgetown Hospital System is a nonprofit corporation organized under the laws of the State of South Carolina for the purpose of operating acute care facilities located in Georgetown, South Carolina and Murrells Inlet, South Carolina. The mission of the System is to provide high quality healthcare to the citizens of Georgetown County and surrounding areas.

Consolidation of Related Entities - The accompanying consolidated financial statements include the accounts of Georgetown Memorial Hospital ("GMH"), Georgetown Radiation Therapy Center ("GRTC"), Waccamaw Community Hospital ("WCH"), Georgetown Physician Services, LLC ("GPS"), Georgetown Hospital System ("GHS") and GHS Transitional Care, LLC ("GTC"), which was incorporated during fiscal year 2013. These entities are all controlled affiliates (collectively, the "System"). Intercompany accounts have been eliminated in consolidation.

The Medical University of South Carolina ("MUSC") contributed to the start-up of GRTC. As a result of these contributions, MUSC has a 10% ownership in the equity of GRTC, which has been designated as noncontrolling interest in the consolidated financial statements. In November 2014, the System sold 39% ownership of GRTC to MUSC for \$975,000.

For consolidated subsidiaries that are less than wholly-owned, the third party holdings of equity interests are referred to as noncontrolling interest. The portion of unrestricted net assets of the subsidiary is presented as noncontrolling interest on the consolidated balance sheets. The changes in unrestricted net assets related to the noncontrolling interest are outlined in the table below.

	Total	Hospital	Noncontrolling Interest
Balances, September 30, 2013	\$ 3,739,027	\$ 3,365,125	\$ 373,902
Revenues in deficit of expenses	(89,513)	(80,562)	(8,951)
Balances, September 30, 2014	<u>\$ 3,649,514</u>	<u>\$ 3,284,563</u>	<u>\$ 364,951</u>

Use of Estimates - The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the

consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents - Cash and cash equivalents include investments with original maturities of three months or less when purchased. The System maintains bank accounts at various financial institutions covered by the Federal Deposit Insurance Corporation ("FDIC"). At times throughout the year, the System may maintain bank account balances in excess of the FDIC insured limit. It is management's opinion that these financial institutions are financially sound and that the System is not exposed to any significant credit risk related to cash.

Patient Accounts Receivable - Patient accounts receivable are reduced by an allowance for uncollectible accounts. In evaluating the collectability of patient accounts receivable, the System analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for uncollectible accounts. For patient receivables associated with services provided to patients who have third-party coverage, the System analyzes contractually due amounts and provides an allowance for contractual adjustments. For patient receivables associated with self-pay patients, which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill, the System records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard charges and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

The System's allowance for doubtful accounts for self-pay patients was 71% and 73% of self-pay account receivables at September 30, 2014 and 2013, respectively. In addition, the Hospital's provision for bad debts decreased approximately \$1,110,000 from approximately \$46,865,000 for fiscal year 2013 to approximately \$45,755,000 for fiscal year 2014. The decrease in the provision for bad debts is attributable to the increase in charity care during fiscal year 2014.

Assets Whose Use is Limited - Assets whose use is limited include assets set aside by the Board of Trustees (the "Board") for future capital improvements and funded depreciation, over which the Board retains control and may at its discretion subsequently use for other purposes, and assets held by bond trustees under indenture agreements. The System follows the policy of funding depreciation of property and equipment. Cash equal to the periodic depreciation expense, to the extent available, is transferred to assets whose use is limited for capital improvements.

Assets whose use is limited is comprised mostly of investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value on the consolidated balance sheets. Investment income or loss (including realized gains and losses on investments as well as interest and dividends) is included in revenue in excess of expenses unless the income or loss is restricted by donor or law. Unrealized gains and losses on investments are excluded from revenue in excess of expenses unless the investments are trading securities.

Investments in Real Estate - Investments in real estate are acquisitions of land and buildings by the System for future operations and expansion.

Investment in Joint Ventures - During 2013, the System purchased equity memberships in Tidelands/GHS Joint Venture, LLC and Georgetown Hospital Home Health, LLC. The following is included in investment in joint ventures as of September 30, 2014:

	<u>Percentage of Ownership</u>	<u>Accounting Treatment</u>
Tidelands/GHS Joint Venture, LLC	40%	Equity Method
Georgetown Hospital Home Health, LLC	30%	Equity Method

Drugs and Supplies - Drugs and supplies are stated at the lower of cost (first-in, first-out) or market value.

Property and Equipment - Property and equipment acquisitions are stated at cost or if donated, at fair market value at date of donation. Depreciation is calculated using the straight-line method over the estimated economic useful lives of the respective assets. Routine maintenance, repairs and replacements are charged to expense. Expenditures that materially increase values, change capacities or extend useful lives are capitalized. Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted support and are excluded from revenue in excess of expenses, unless explicit donor restrictions specify how the donated assets must be used. Gifts of long-lived assets with explicit donor restrictions that specify how the assets are to be used and gifts of cash and other assets that must be used to acquire long-lived assets are reported as restricted support.

Other Asset - Other asset includes a license to operate a surgery center. The license, purchased in 2011, is being amortized over the estimated useful life of the license. Accumulated amortization at September 30, 2014 and 2013 was approximately \$886,000 and \$606,000, respectively.

Bond Issuance Costs - Bond issuance costs are amortized over the life of the related bond issue. Accumulated amortization at September 30, 2014 and 2013 was approximately \$269,000 and \$183,000, respectively.

Bond Discounts - Bond discounts are amortized over the life of the related bond issue

Temporarily Restricted Net Assets - Temporarily restricted net assets are those whose use by the System has been limited by donors to a specific time period or purpose

Net Patient Service Revenue - The System has agreements with third-party payors that provide for payments to the System at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined. For uninsured patients that do not qualify for charity care, the System recognizes revenue on the basis of discounted rates. On the basis of historical experience, a significant portion of the System's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the System records a significant provision for bad debts related to uninsured patients in the period the services are provided.

Charity Care - The System provides care to patients who meet criteria under its charity care policy without charge or at amounts less than its established rates. The System does not pursue collection of amounts determined to qualify as charity care, therefore, they are not reported as net patient service revenue. The amounts of direct and indirect costs incurred for services and supplies furnished under the System's charity care policy totaled approximately \$8,306,000 and \$7,999,000 for the years ended September 30, 2014 and 2013, respectively, and is based on a ratio of the System's operating expenses, less bad debt costs to its gross charges and other revenues.

Contributions - Unconditional promises to give cash and other assets to the System 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.

Revenue in Excess of Expenses - The consolidated statements of operations include revenue in excess of expenses. Changes in unrestricted net assets which are excluded from revenue in excess of expenses, consistent with industry practice, include unrealized gains and losses on investments other than trading securities, changes in net pension obligation 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).

Income Taxes - Georgetown Hospital System, Georgetown Memorial Hospital, and Waccamaw Community Hospital have been granted exemption from income taxes as organizations described in Section 501(c)(3) of the Internal Revenue Code of 1986, as amended. Georgetown Radiation Therapy Center is a partnership and the results of its

operations are reported on the income tax returns of the partners. Georgetown Physician Services, LLC and GHS Transitional Care, LLC are 509(a)(3) organizations of the System and are exempt from income taxes through the System. Accordingly, the accompanying consolidated financial statements do not include a provision for income taxes. The System has determined that it does not have any material unrecognized tax benefits or obligations as of September 30, 2014. Fiscal years ending on or after September 30, 2011 remain subject to examination by federal and state tax authorities.

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

Risk Management - The System is exposed to various risks of loss from torts, theft of, damage to, and destruction of assets, business interruption, errors and omissions, employee injuries and illnesses, and natural disasters. Commercial insurance coverage is purchased for claims arising from such matters.

2 **Net Patient Service Revenue**

The System has agreements with third-party payors for payments to the System at amounts different from established rates. 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. Inpatient non-acute services and defined capital and medical education costs related to Medicare beneficiaries are paid based on a cost reimbursement methodology. The System is reimbursed for outpatient services under a prospective payment system called the Ambulatory Payment Classification System ("APCS"). The System is also reimbursed for several cost reimbursable items components at a tentative rate with final settlement determined after submission of annual cost reports by the System 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. GMH and WCH's Medicare cost reports have been settled by the Medicare fiscal intermediary through September 30, 2011. Approximately 39% and 40% of the System's net patient service revenue was derived from Medicare for the years ended September 30, 2014 and 2013, respectively.

- Medicaid - The South Carolina Department of Health and Human Services (SCDHHS) Resources reimburses inpatient Medicaid services using at prospective payment rates per discharge, system with case-mix adjustments based on a Diagnosis Related Group (“DRG”) system. Outpatient Medicaid services are also reimbursed at a certain percentage of allowable costs prospective payment rates. Effective November 1, 2012, SCDHHS has eliminated retrospective cost report settlements. The System’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. The System is reimbursed at a tentative rate with final settlement determined after it submits its annual Medicaid cost report. Medicaid cost reports for GMH and WCH have been settled for fiscal years 2007 and 2010. Medicaid cost reports for September 30, 2008 and September 30, 2009 and any Medicaid cost report subsequent to September 30, 2010 have not been settled for GMH and WCH. Approximately 11% and 10% of the System’s net patient service revenue was derived from Medicaid for the years ended September 30, 2014 and 2013, respectively.

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. The 2014 and 2013 net patient service revenue increased by approximately \$122,000 and \$2,489,000, respectively, due to changes in the allowances previously estimated for tentative cost report settlements.

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

Patient service revenue, net of contractual adjustments and discounts, but before the provision for bad debts, recognized in the period from these major payor sources is as follows:

	<u>Third-Party Payors</u>	<u>Self-Pay</u>	<u>Total All Payors</u>
Patient service revenue (net of contractual adjustments and discounts)	\$286,433,921	\$32,481,526	\$318,915,447

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

	<u>2014</u>	<u>2013</u>
Gross patient charges at established rates	\$904,163,091	\$816,112,406
Deductions		
Medicare and Medicaid contractual adjustments	(437,271,068)	(382,074,800)
Other contractual adjustments	(118,715,429)	(102,536,629)
Provision for bad debts	(45,755,045)	(46,865,208)
Charity care, at charges foregone	(29,261,147)	(27,155,108)
Total deductions	<u>(631,002,689)</u>	<u>(558,631,745)</u>
Net patient service revenue	<u>\$273,160,402</u>	<u>\$257,480,661</u>

The System qualified for disproportionate share payments from the South Carolina Medicaid Program through September 30, 2014. The System received quarterly payments totaling approximately \$10,937,000 in 2014 and \$8,364,000 in 2013. These amounts are reflected as a reduction of contractual adjustments in the calculation above.

The System recognizes revenue for incentives earned under the HITECH Meaningful Use Electronic Health Records ("EHR") Medicare program in the period in which it is reasonably assured that it will comply with the applicable EHR meaningful use requirements. Incentive revenues are recognized ratably over the applicable meaningful use demonstration period. Incentive payments received under the Medicare program include a discharge-related portion, which is calculated by Centers for Medicare & Medicaid Services ("CMS") based on the Hospital's most recently filed cost report. Such amounts are subject to adjustment at the time of settling the 12-month cost report for the Hospital's fiscal year that begins after the beginning of the payment year. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. The EHR funding received is subject to CMS audit. The results of that audit and settlement could result in a potential payback in future periods.

The System achieved compliance with the Year 3 and 2 meaningful use requirements under the Medicare program during fiscal year 2014 and 2013, respectively. The System recognized other revenues of approximately \$1,342,000 and \$2,789,000 on the Consolidated Statements of Operations for the years ended September 30, 2014 and 2013, respectively. The System achieved compliance with the Year 3 and 2 meaningful use requirements under the Medicaid program during fiscal year 2014 and 2013, respectively. The System recognized other revenues of approximately \$228,000 and \$913,000 on the Consolidated Statements of Operations for the years ended September 30, 2014 and 2013, respectively. As of September 30, 2014, the System had net receivables of approximately \$2,013,000 included on the Consolidated Balance Sheets for meaningful use incentive payments.

3 Assets Whose Use Is Limited

The composition of assets whose use is limited is as follows at September 30

	<u>2014</u>	<u>2013</u>
By Board for capital improvements and funded depreciation		
Cash and cash equivalents	\$ 320,052	\$ 143,297
Money market funds	478,780	188
Mutual funds	97,121,768	116,567,525
Equities	8,923,339	-
Fixed Income	12,285,045	-
Alternative investments	7,925,568	-
Cash surrender value of life insurance	506,624	494,708
	<u>\$127,561,176</u>	<u>\$117,205,718</u>
Under bond trust indenture - held by bond trustee		
Cash and cash equivalents	<u>\$ 6,958,762</u>	<u>\$ 6,700,069</u>

Investments in an unrealized loss position as of September 30, 2014 and 2013 are summarized as follows

September 30, 2014

Description of Securities	<u>Less than 12 months</u>		<u>More than 12 months</u>		<u>Total</u>	
	<u>Fair Value</u>	<u>Unrealized Losses</u>	<u>Fair Value</u>	<u>Unrealized Losses</u>	<u>Fair Value</u>	<u>Unrealized Losses</u>
Fixed Income	\$12,528,742	\$ (44,700)	\$ -	\$ -	\$12,528,742	\$ (44,700)
Mutual funds	18,267,472	(534,898)	3,986,134	(668,755)	22,253,606	(1,203,653)
Total	\$30,796,214	\$ (556,719)	\$ 3,986,134	\$ (668,755)	\$34,782,348	\$(1,248,353)

September 30, 2013

Description of Securities	<u>Less than 12 months</u>		<u>More than 12 months</u>		<u>Total</u>	
	<u>Fair Value</u>	<u>Unrealized Losses</u>	<u>Fair Value</u>	<u>Unrealized Losses</u>	<u>Fair Value</u>	<u>Unrealized Losses</u>
Mutual funds	\$19,732,693	\$ (556,719)	\$ 2,797,853	\$(1,061,773)	\$22,530,546	\$(1,618,492)

The System has adopted investment policies and monitors the allocation of investments between types of investments. Management believes the above investments will recover any unrealized losses.

During 2014 and 2013, management evaluated certain investments whereby fair value was below cost as required by accounting standards. These standards require entities to determine when an investment is considered impaired, whether that impairment is other-than-temporary, and the measurement of an impaired loss.

Other-than-temporary does not mean a permanent impairment. In addition, accounting standards require certain disclosures about unrealized losses that have not been recognized as other-than-temporary impairments. In management's opinion, there was no other-than-temporary impairment loss on investments as of September 30, 2014 and 2013.

4 **Goodwill**

During 2013, the System purchased a 30% equity membership in Georgetown Hospital Home Health, LLC for approximately \$1,703,000 and equity method goodwill of approximately \$1,558,000 was recorded. During 2012, the System purchased the remaining interest in a physician practice and goodwill of approximately \$584,000 was recorded, of which \$50,000 was written off due to cash proceeds that were received subsequent to the purchase. The System evaluates its goodwill for impairment annually or more frequently if events or changes in circumstances indicate that the assets might be impaired. The System recognized no impairment loss for the years ended September 30, 2014 and 2013.

5 **Property and Equipment**

Property and equipment consisted of the following at September 30:

	<u>2014</u>	<u>2013</u>
Land and land improvements	\$ 25,071,482	\$ 24,655,352
Buildings	210,067,528	207,527,591
Equipment	174,626,521	166,252,925
Construction in progress	18,597,251	8,133,418
	<u>428,362,782</u>	<u>406,569,286</u>
Less accumulated depreciation	206,423,139	187,971,576
	<u>\$ 221,939,643</u>	<u>\$ 218,597,710</u>

6 **Long-Term Debt**

The System's long-term debt, net of unamortized discounts, at September 30 are summarized below

	<u>Interest Rate</u>	<u>2014</u>	<u>2013</u>
Hospital refunding revenue bonds – 2012B Series - \$34,690,000 due in varying amounts through February 1, 2030	2.00% - 4.00%	\$ 33,935,426	\$ 33,934,148
Hospital term revenue bonds – 2012A Series - \$30,850,000 due in varying amounts through May 1, 2043	2.73%	29,980,015	28,050,015
Hospital term revenue bonds – 2011B Series - \$12,190,000 due in varying amounts through November 1, 2029	2.77%	12,190,000	12,190,000
Hospital term revenue bonds – 2011A Series - \$25,565,000 due in varying amounts through February 1, 2021	2.28%	18,123,897	21,009,049
Hospital tax-exempt term revenue bonds – 2010 Series – \$30,000,000 due in varying amounts through November 1, 2030	68% of 1month LIBOR + 1.3%	\$ 27,785,000	\$ 28,915,000
		<u>122,014,338</u>	<u>124,098,212</u>
Less current installments of long-term debt		<u>5,135,000</u>	<u>4,935,000</u>
Long-term debt, net of current installments		<u>\$ 116,879,338</u>	<u>\$ 119,163,212</u>

On December 1, 2010, the System, through the South Carolina Jobs-Economic Development Authority, issued \$30,000,000 of tax exempt variable rate term Revenue Bonds 2010 Series ("2010 Series") with a maturity date of November 2030. The 2010 Series proceeds were used in part to construct a medical office building that will contain certain hospital operations and also will be used for capital equipment purchases for both Waccamaw Community Hospital and Georgetown Memorial Hospital. In December 2010, a financial institution and the System signed a bond purchase agreement that sold the bonds to the financial institution for a ten year period. The 2010 Series are collateralized by a security interest in the gross revenues of the System.

On September 1, 2011, the System, through the South Carolina Jobs-Economic Development Authority, issued \$25,565,000 of fixed rate term Revenue Bonds 2011A Series ("2011A Series") with a maturity date of February 2021. The 2011A Series proceeds were used in part to partially refund the 1999 Series Bonds and the 2001 Series bonds. In September 2011, a financial institution and the System signed a bond purchase agreement that sold the bonds to the financial institution with a maturity date of February 2021. The 2011A are collateralized by a security interest in the gross revenues of the System.

On December 22, 2011, the System, through the South Carolina Jobs-Economic Development Authority, issued \$12,190,000 of fixed rate term Revenue Bonds 2011B Series ("2011B Series") with a maturity date of November 2029. The System signed a bond purchase agreement that sold the bonds to a financial institution with a committed interest rate of 2.77% for a ten year period. The 2011B Series proceeds were used to partially refund the 1998 Series bonds and the remaining outstanding 1999 Series bonds. The 2011B are collateralized by a security interest in the gross revenues of the System.

On February 23, 2012, the System, through the South Carolina Jobs-Economic Development Authority, issued \$30,850,000 of fixed rate term Revenue Bonds 2012A Series ("2012A Series") with a maturity date of May 2043. The System signed a bond purchase agreement that sold the bonds to a financial institution with a committed interest rate of 2.73% for a ten year period. The 2012A Series proceeds were used to construct and equip four additional surgical suites and purchase additional hospital equipment at WCH. The 2012A are collateralized by a security interest in the gross revenues of the System.

On May 30, 2012, the System, through the South Carolina Jobs-Economic Development Authority, issued \$34,690,000 of fixed rate term Refunding Revenue Bonds 2012B Series ("2012B Series") with a maturity date of February 2030. The 2012B Series proceeds were used to refund the remaining outstanding 1998 Series bonds and the remaining outstanding 2001 Series bonds. The 2012B Series are subject to mandatory sinking fund redemption from 2028 through 2030 with required sinking fund amount of \$4,245,000 through \$4,605,000. The 2012B are collateralized by a security interest in the gross revenues of the System.

The 2012B and 2011A Series bonds are reported net of discount on bonds payable at September 30, 2014 and 2013 of approximately \$741,000 and \$792,000, respectively

The Obligated Group includes GMH, WCH and GHS. Under the terms of the Revenue Bonds, the Obligated Group is required to maintain certain financial ratios and to limit future borrowings. In addition, the covenants impose limitations on selling, leasing or conveying substantial properties and on incurring any encumbrances, security interest, pledge, or lien against any assets without the permission of the lenders.

Future principal payments under the System's long-term debt agreements, including the full amount of the Series 2010 and Series 2012B bonds, for the years ending September 30 are

	Long-Term Debt
2015	\$ 5,135,000
2016	5,280,000
2017	5,435,000
2018	5,585,000
2019	5,760,000
Thereafter	95,560,015
	122,755,015
Less bond discount	(740,677)
	<u>\$ 122,014,338</u>

7 **Temporarily Restricted Net Assets**

Temporarily restricted net assets are available for the following purposes at September 30

	<u>2014</u>	<u>2013</u>
Purchase of property and equipment	\$ 221,834	\$ 164,785
Contributions for operations	1,075,369	1,090,903
	<u>\$ 1,297,203</u>	<u>\$ 1,255,688</u>

8 **Employee Benefit Plans**

The System has a defined benefit pension plan (the "Plan") covering all full-time employees who have completed six months of employment and attained twenty and one-half years of age. The benefits are based upon employee service and current and past compensation levels. The System's funding policy is to make annual contributions to the Plan equal to the amounts of net periodic pension cost. Assets of the plan are primarily invested in equity and fixed income mutual funds.

The Board of Trustees approved freezing the Plan as of December 31, 2010.

Information about the System's Plan is summarized in the following tables and is based on actuarial valuations performed as of September 30, 2014 and September 30, 2013, respectively

	<u>2014</u>	<u>2013</u>
Change in projected benefit obligation		
Benefit obligation at beginning of year	\$ 57,705,897	\$ 62,761,086
Interest cost	2,957,272	2,749,391
Actuarial (gain) loss	5,440,437	(6,225,841)
Benefits paid	(1,792,683)	(1,578,739)
Benefit obligation at end of year	<u>\$ 64,310,923</u>	<u>\$ 57,705,897</u>
Change in plan assets		
Fair value of plan assets at beginning of year	\$ 50,185,096	\$ 45,659,823
Actual return on plan assets	5,024,872	5,604,012
Employer contributions	500,000	500,000
Benefits paid	(1,792,683)	(1,578,739)
Fair value of plan assets at end of year	<u>53,917,285</u>	<u>50,185,096</u>
Net pension obligation	<u>\$ (10,393,638)</u>	<u>\$ (7,520,801)</u>
Amounts recognized in net assets		
Net actuarial loss	<u>\$ (15,371,647)</u>	<u>\$ (11,912,040)</u>

Amounts recognized in employee benefits expense

	<u>2014</u>	<u>2013</u>
Interest cost	\$ 2,957,272	\$ 2,749,391
Expected return on plan assets	(3,219,673)	(3,382,867)
Amortization of net loss	176,631	418,387
Total net periodic pension income	<u>\$ (85,770)</u>	<u>\$ (215,089)</u>

Weighted average assumptions -	<u>2014</u>	<u>2013</u>
Discount rate	4.61%	5.21%
Expected return on plan assets	6.00%	6.50%
Rate of compensation increase	N/A	N/A

Long-term Asset Return Assumptions - The long term asset return assumption for the plan is 6.0%. This assumption is based on the history and current market conditions of returns for the equity and fixed income mutual funds.

Expected Cash Contributions - The System expects to contribute \$500,000 to its pension plan in 2015.

Estimated Future Benefit Payments - The following approximate benefit payments, which reflect expected future services, are expected to be paid

10/01/14 – 09/30/15	\$ 2,062,000
10/01/15 – 09/30/16	2,237,000
10/01/16 – 09/30/17	2,471,000
10/01/17 – 09/30/18	2,733,000
10/01/18 – 09/30/19	2,952,000
10/01/19 – 09/30/24	17,547,000
	<u>\$ 30,002,000</u>

Plan Assets - The Plan's weighted average asset allocations are as follows

	<u>2014 Actual</u>	<u>2014 Target</u>
Domestic equities	38%	33%
International equities	17%	17%
Fixed income	39%	50%
Other	6%	0%

For Plan assets carried at fair value, the following tables provide fair value information as of September 30, 2014 and 2013

<i>Assets measured at fair value</i>	Fair value at September 30, <u>2014</u>	<u>Fair value measurements at September 30, 2014 using</u>		
		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)
Money market funds	\$ 387,374	\$ 387,374	\$ -	\$ -
Mutual funds				
Domestic equity	16,051,654	16,051,654	-	-
Global equity	1,462,405	1,462,405	-	-
International equity	7,667,034	7,667,034	-	-
International fixed income	4,823,612	4,823,612	-	-
Domestic fixed income	10,279,995	10,279,995	-	-
Equity securities				
Common equity	4,336,478	4,336,478	-	-
Fixed Income				
U S government agencies	4,661,254	4,661,254	-	-
Corporate and foreign bonds	303,713	303,713	-	-
Municipal bonds	848,971	848,971	-	-
Alternative investments				
Privately pooled	<u>3,094,795</u>	<u>-</u>	<u>3,094,795</u>	<u>-</u>
Total assets at fair value	<u>\$ 53,917,285</u>	<u>\$ 50,822,490</u>	<u>\$ 3,094,795</u>	<u>\$ -</u>

<i>Assets measured at fair value</i>	Fair value measurements at September 30, 2013 using			
	Fair value at September 30, 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)
Money market funds	\$ 160,432	\$ 160,432	\$ -	\$ -
Publicly-traded mutual funds				
Diversified emerging markets	2,804,146	2,804,146	-	-
Large growth	8,582,577	8,582,577	-	-
Common trust	1,986,028	1,986,028	-	-
Global real estate	1,378,601	1,378,601	-	-
Commodities broad basket	1,328,368	1,328,368	-	-
Convertibles	1,508,743	1,508,743	-	-
Emerging markets bond	1,294,962	1,294,962	-	-
Tactical allocation	1,380,128	1,380,128	-	-
Mid-cap growth	2,697,603	2,697,603	-	-
Mid-cap value	2,641,198	2,641,198	-	-
Small growth	1,108,235	1,108,235	-	-
Small value	1,071,863	1,071,863	-	-
Value index	8,400,365	8,400,365	-	-
Foreign large blend	1,042,597	1,042,597	-	-
Foreign large value	4,214,744	4,214,744	-	-
Intermediate - bond	7,879,745	7,879,745	-	-
Short term - bond	704,761	704,761	-	-
Total assets at fair value	<u>\$ 50,185,096</u>	<u>\$ 50,185,096</u>	<u>\$ -</u>	<u>\$ -</u>

In addition to the defined benefit pension plan, the System also sponsors a 403(b) plan. During 2013, the Board approved changes to the 403(b) plan. Under the 403(b) plan changes, the System will match up to 50% of the first 7% of employee deferred compensation. The total matching contribution for any participant will never exceed 3.5% of the total 403(b) plan compensation for any period. The 403(b) plan changes were effective as of January 1, 2013. During the years ended September 30, 2014 and 2013, the System's matching contribution totaled approximately \$2,448,000 and \$2,413,000, respectively.

9 Financial Instruments

Concentrations of Credit Risk - Financial instruments that potentially subject the System to a concentration of credit risk consist principally of cash and cash equivalents, assets whose use is limited, accounts receivable from patients and third party payors, accounts payable and accrued expenses, estimated third party payor settlements, and bonds payable. The System places its cash and cash equivalents and assets whose use is limited 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 System prior to entering into an agreement with the payor.

The System 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:

	<u>2014</u>	<u>2013</u>
Medicare	39%	34%
Medicaid	18	20
Other third-party payors	26	26
Patients	17	20
	<u>100%</u>	<u>100%</u>

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

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

Assets whose use is limited - These assets consist primarily of cash and investments. The carrying values of investments at September 30, 2014 and 2013 are equal to estimated fair value based on quoted market prices.

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

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

Bonds Payable Fair value for the 2012B Series is 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 2012B Series, described in Note 6, is estimated to be approximately \$34,354,000 as of September 30, 2014. The 2010, 2011A, 2011B, and 2012A Series are not traded on active markets and, therefore are held at face value.

10 **Management Agreement**

The System has a management agreement with an unrelated corporation whereby the management company will perform administrative services on a day-to-day basis. The agreement calls for an annual fee, payable monthly, for the first year and subsequent fee amounts to be adjusted by a formula using the Consumer Price Index. In addition to the annual fee, the System is required to pay the management company's key personnel salaries and fringe benefits for those performing the administrative duties. The term is for five years, expiring September 17, 2016. For the years ended September 30, 2014 and 2013, the actual management fees were approximately \$651,000 and \$637,000, respectively. Total salaries, benefits, and other expenses incurred under the contract for September 30, 2014 and 2013 were approximately \$2,108,000 and \$1,705,000, respectively.

11 **Operating Leases**

The System leases medical and business equipment under operating leases that expire at various dates through 2021. Total rent expense in 2014 and 2013 for all operating leases was approximately \$2,546,000 and \$2,731,000, respectively.

The following is a schedule by year of future remaining lease payments under operating leases at September 30, 2014, that have initial remaining lease terms in excess of one year:

2015	\$ 1,356,132
2016	1,206,232
2017	939,861
2018	200,171
2019	107,295
Thereafter	205,648
	<hr/>
	\$ 4,015,339

12 Physician Relocation Agreements and Other Minimum Revenue Guarantees

Consistent with the System's policy on physician relocation and recruitment, the System provides income guarantee agreements to certain physicians who agree to relocate to the community to fill a need in the System's service area and commit to remain in practice there. Under such agreements, the System is required to make payments to the physicians in excess of the amounts they earn in their practice up to the amount of the guarantee. The income guarantee periods are typically 6 - 24 months. Such payments are recoverable from the physicians if they do not fulfill their commitment period to the community, which is typically two years. At September 30, 2014 and 2013, the maximum potential amount of future payments under these guarantees is approximately \$1,621,000 and \$905,000, respectively.

During the year ended September 30, 2014 and 2013, the System recorded a liability in accrued expenses of approximately \$1,621,000 and \$905,000, respectively, for the fair value of new or modified guarantees entered into this period with an offsetting asset recorded on the accompanying consolidated balance sheet in other current assets and physician receivables, which will be amortized over the remaining commitment period.

13 Commitments and Contingencies

Professional Liability Insurance - The System maintains professional liability (malpractice) coverage of up to \$1,200,000 per claim. Malpractice insurance coverage is provided on an occurrence basis. Management believes that losses arising from pending or threatened litigation will not have a significant impact on the consolidated financial condition or results of operation of the System.

Conditional Asset Retirement Obligation - The System has asbestos in their facilities and is required by law to dispose of it in a special manner if the facility undergoes major renovations or is demolished. Otherwise, the System is not required to remove the asbestos from the facility. The System has estimated the fair value of the asset retirement obligation and does not believe the amount to be material to the overall consolidated financial statements. Therefore, no liability has been recorded as of September 30, 2014.

Industry Regulation - The healthcare 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, governmental health care program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse.

Management believes the System is in compliance with industry laws and regulations as well as other applicable government laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation as well as regulatory actions unknown or unasserted at this time. Violations of these laws and regulations could result in expulsion from government healthcare programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed.

Construction Commitments - The System has entered into various contracts related to construction projects. As of September 30, 2014, the balance remaining to finish these contracts was approximately \$3,956,000. The construction projects have completion dates through fiscal year 2016.

Other Commitments - In September 2011, the System made a commitment to provide a guarantee of up to \$5,380,000 of bond indebtedness for a physician practice. At September 30, 2014 and 2013, approximately \$4,697,000 and \$4,932,000, respectively, of the bonds were issued and outstanding. The System is paid a guarantee fee of 1.15% annually of the outstanding balance, which is paid monthly. For each of the years ended September 30, 2014 and 2013, approximately \$58,000 was paid to the System for the guarantee fee.

14 **Fair Value Disclosures**

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

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

Among the System's assets, available-for-sale securities were reported at their fair values on a recurring basis.

For assets carried at fair value, the following table provides fair value information as of September 30, 2014 and 2013

<i>Assets measured at fair value</i>	Fair value at September 30, 2014	<u>Fair value measurements at September 30, 2014 using</u>		
		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)
Money market funds	\$ 478,780	\$ 478,780	\$ -	\$ -
Mutual funds				
Domestic equity	39,225,851	39,225,851	-	-
Global equity	3,712,570	3,712,570	-	-
International equity	17,224,567	17,224,567	-	-
International fixed income	11,856,569	11,856,569	-	-
Domestic fixed income	25,102,211	25,102,211	-	-
Equity security				
Common equity	8,923,339	8,923,339	-	-
Fixed income				
Domestic equity	10,558,578	10,558,578	-	-
Global equity	1,257,832	1,257,832	-	-
International equity	468,635	468,635	-	-
Alternative investments				
Privately pooled	<u>7,925,568</u>	<u>-</u>	<u>7,925,568</u>	<u>-</u>
Total assets at fair value	<u>\$ 126,734,500</u>	<u>\$ 118,808,932</u>	<u>\$ 7,925,568</u>	<u>\$ -</u>

Assets whose use is limited, described in Note 3, are held at fair value and are included in the table above except cash and cash equivalents totaling \$7,278,814, and the cash surrender value of life insurance totaling \$506,624

<i>Assets measured at fair value</i>	<u>Fair value measurements at September 30, 2013 using</u>			
	Fair value at September 30, 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)
Money market funds	\$ 188	\$ 188	\$ -	\$ -
Publicly-traded mutual funds				
Intermediate - bond	12,045,544	12,045,544	-	-
Short-term - bond	15,728,882	15,728,882	-	-
Emerging markets bond	4,052,234	4,052,234	-	-
Foreign large blend	7,819,399	7,819,399	-	-
Diversified emerging markets	3,634,915	3,634,915	-	-
Large growth	16,503,103	16,503,103	-	-
Mid-cap growth	10,762,124	10,762,124	-	-
Large value	5,131,060	5,131,060	-	-
Commodities	2,797,853	2,797,853	-	-
Global real estate	3,499,819	3,499,819	-	-
Foreign large value	4,445,343	4,445,343	-	-
Mid-cap value	2,643,042	2,643,042	-	-
Privately-traded mutual funds				
U S equities growth	16,470,683	-	16,470,683	-
U S equities value	11,033,524	-	11,033,524	-
Total assets at fair value	<u>\$ 116,567,713</u>	<u>\$ 89,063,506</u>	<u>\$ 27,504,207</u>	<u>\$ -</u>

Assets whose use is limited, described in Note 3, are held at fair value and are included in the table above except cash and cash equivalents totaling \$6,843,366, and the cash surrender value of life insurance totaling \$494,708

Prices for money market funds, mutual funds, equities, and fixed income securities 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

Prices for alternative investments and privately-traded mutual funds are not readily available in active markets, but are determined based on observable data for similar assets when available. The resulting fair values for this position are shown in the "Level 2 input" column

15 Subsequent Events

Subsequent events have been evaluated through January 14, 2015, which is the date the consolidated financial statements were available to be issued

Supplemental Schedules

GEORGETOWN HOSPITAL SYSTEM

Consolidating Balance Sheet

September 30, 2014

	Georgetown Memorial Hospital	Waccamaw Community Hospital	Georgetown Radiation Therapy Center	Georgetown Physician Services, LLC	Georgetown Hospital System	GHS Transitional Care	Consolidated Subtotal	Eliminating Entries	Consolidated Total
<u>Assets</u>									
Current assets									
Cash and cash equivalents	\$ 46,528,148	\$ 2,603,880	\$ 3,028,279	\$ 335,797	\$ -	\$ -	\$ 52,496,104	\$ -	\$ 52,496,104
Patients accounts receivable, net of allowance for uncollectible accounts of approximately \$30,872,000	16,802,898	20,104,397	646,022	1,859,086	-	-	39,412,403	-	39,412,403
Drugs and supplies	4,733,033	2,411,024	-	-	-	-	7,144,057	-	7,144,057
Net receivables, prepaids and other current assets	5,944,375	3,053,288	246,118	309,089	-	-	9,552,870	-	9,552,870
Total current assets	<u>74,008,454</u>	<u>28,172,589</u>	<u>3,920,419</u>	<u>2,503,972</u>	<u>-</u>	<u>-</u>	<u>108,605,434</u>	<u>-</u>	<u>108,605,434</u>
Assets whose use is limited									
By board for capital improvements and funded depreciation	127,561,176	-	-	-	-	-	127,561,176	-	127,561,176
Under bond trust indenture - held by bond trustee	-	6,958,762	-	-	-	-	6,958,762	-	6,958,762
Total assets whose use is limited	<u>127,561,176</u>	<u>6,958,762</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>134,519,938</u>	<u>-</u>	<u>134,519,938</u>
Investment in affiliate	-	-	-	-	3,284,563	-	3,284,563	(3,284,563)	-
Investment in joint ventures	-	-	-	-	-	1,339,457	1,339,457	-	1,339,457
Investments in real estate	2,010,666	-	-	-	-	-	2,010,666	-	2,010,666
Due from affiliate	-	10,867,901	-	-	-	-	10,867,901	(10,867,901)	-
Property and equipment, net	105,252,079	114,985,471	250,279	1,451,814	-	-	221,939,643	-	221,939,643
Goodwill	533,838	-	-	-	-	1,557,802	2,091,640	-	2,091,640
Other asset, net	-	1,911,870	-	-	-	-	1,911,870	-	1,911,870
Physician receivables, long-term portion	910,614	-	-	-	-	-	910,614	-	910,614
Bond issuance costs, net	<u>359,879</u>	<u>564,407</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>924,286</u>	<u>-</u>	<u>924,286</u>
Total assets	<u>\$ 310,636,706</u>	<u>\$ 163,461,000</u>	<u>\$ 4,170,698</u>	<u>\$ 3,955,786</u>	<u>\$ 3,284,563</u>	<u>\$ 2,897,259</u>	<u>\$ 488,406,012</u>	<u>\$ (14,152,464)</u>	<u>\$ 474,253,548</u>

GEORGETOWN HOSPITAL SYSTEM

Consolidating Balance Sheet, (continued)

September 30, 2014

	Georgetown Memorial Hospital	Waccamaw Community Hospital	Georgetown Radiation Therapy Center	Georgetown Physician Services, LLC	Georgetown Hospital System	GHS Transitional Care	Consolidated Subtotal	Eliminating Entries	Consolidated Total
<u>Liabilities and Net Assets</u>									
Current liabilities									
Current installments of long-term debt	\$ 1,494,598	\$ 3,640,402	\$ -	\$ -	\$ -	\$ -	\$ 5,135,000	\$ -	\$ 5,135,000
Accrued interest payable	131,056	213,398	-	-	-	-	344,454	-	344,454
Accounts payable	9,502,766	885,127	199,878	424,091	-	-	11,011,862	-	11,011,862
Accrued expenses	2,926,517	5,514	514	-	-	-	2,932,545	-	2,932,545
Employee compensation	6,657,441	3,211,911	56,881	2,198,281	-	-	12,124,514	-	12,124,514
Estimated third-party payor settlements	1,223,222	2,362,233	-	-	-	-	3,585,455	-	3,585,455
Total current liabilities	21,935,600	10,318,585	257,273	2,622,372	-	-	35,133,830	-	35,133,830
Due to affiliate	6,682,245	-	247,061	-	1,260,832	2,677,763	10,867,901	(10,867,901)	-
Long-term debt, excluding current installments	40,912,928	75,966,410	-	-	-	-	116,879,338	-	116,879,338
Net pension obligation	10,393,638	-	-	-	-	-	10,393,638	-	10,393,638
Total liabilities	79,924,411	86,284,995	504,334	2,622,372	1,260,832	2,677,763	173,274,707	(10,867,901)	162,406,806
Net assets									
Unrestricted net assets									
Unrestricted	229,470,080	77,137,867	3,284,563	1,333,414	2,023,731	219,496	313,469,151	(3,284,563)	310,184,588
Noncontrolling interest	-	-	364,951	-	-	-	364,951	-	364,951
Temporarily restricted	1,242,215	38,138	16,850	-	-	-	1,297,203	-	1,297,203
Total net assets	230,712,295	77,176,005	3,666,364	1,333,414	2,023,731	219,496	315,131,305	(3,284,563)	311,846,742
Total liabilities and net assets	\$ 310,636,706	\$ 163,461,000	\$ 4,170,698	\$ 3,955,786	\$ 3,284,563	\$ 2,897,259	\$ 488,406,012	\$ (14,152,464)	\$ 474,253,548

See Independent Auditors' Report.

GEORGETOWN HOSPITAL SYSTEM

Consolidating Statement of Operations

For the Year Ended September 30, 2014

	Georgetown Memorial Hospital	Waccamaw Community Hospital	Georgetown Radiation Therapy Center	Georgetown Physician Services, LLC	Georgetown Hospital System	GHS Transitional Care	Consolidated Subtotal	Eliminating Entries	Consolidated Total
Revenue									
Net patient service revenue	\$ 135,804,948	\$ 166,602,617	\$ 2,789,060	\$ 13,718,822	\$ -	\$ -	\$ 318,915,447	\$ -	\$ 318,915,447
Provision for bad debts	(22,937,761)	(22,817,284)	-	-	-	-	(45,755,045)	-	(45,755,045)
Net patient service revenue less provision for bad debts	112,867,187	143,785,333	2,789,060	13,718,822	-	-	273,160,402	-	273,160,402
Other revenue	6,027,015	4,434,419	5,000	12,915	-	-	10,479,349	(1,707,020)	8,772,329
Net assets released from restrictions used for operations	909,694	154,068	-	-	-	-	1,063,762	-	1,063,762
Total revenue	119,803,896	148,373,820	2,794,060	13,731,737	-	-	284,703,513	(1,707,020)	282,996,493
Expenses									
Salaries and wages	46,193,260	35,359,477	744,785	13,133,046	-	-	95,430,568	-	95,430,568
Employee benefits	15,100,698	11,619,730	215,716	2,212,448	-	-	29,148,592	-	29,148,592
Supplies	28,974,802	25,496,720	57,413	665,333	-	-	55,194,268	-	55,194,268
Fees and other expense	15,934,995	51,270,995	1,770,645	8,748,489	-	-	77,725,124	(1,707,020)	76,018,104
Depreciation and amortization	10,134,478	8,778,950	162,226	391,865	-	-	19,467,519	-	19,467,519
Interest expense	1,019,158	2,144,199	-	-	-	-	3,163,357	(27,397)	3,135,960
Total expenses	117,357,391	134,670,071	2,950,785	25,151,181	-	-	280,129,428	(1,734,417)	278,395,011
Income (loss) from operations	2,446,505	13,703,749	(156,725)	(11,419,444)	-	-	4,574,085	27,397	4,601,482
Nonoperating gains (losses)									
Loss on investment in Georgetown Radiation Therapy Center	-	-	-	-	(80,712)	-	(80,712)	80,712	-
Gain on investment in joint ventures	-	-	-	-	-	211,564	211,564	-	211,564
Unrestricted gifts and bequests	82,004	-	64,800	-	-	-	146,804	-	146,804
Interest and dividend income	3,035,455	3,027	2,412	-	-	-	3,040,894	(27,397)	3,013,497
Other losses	(43,188)	(669)	-	-	-	-	(43,857)	-	(43,857)
Net realized gains on sale of investments	14,404,331	-	-	-	-	-	14,404,331	-	14,404,331
Total nonoperating gains (losses)	17,478,602	2,358	67,212	-	(80,712)	211,564	17,679,024	53,315	17,732,339
Revenue in excess (deficit) of expenses	\$ 19,925,107	\$ 13,706,107	\$ (89,513)	\$ (11,419,444)	\$ (80,712)	\$ 211,564	\$ 22,253,109	\$ 80,712	\$ 22,333,821

See independent auditors' report.

GEORGETOWN HOSPITAL SYSTEM

Consolidating Statement of Changes in Net Assets

For the Year Ended September 30, 2014

	Georgetown Memorial Hospital - Unrestricted	Georgetown Memorial Hospital - Temporarily Restricted	Waccamaw Community Hospital - Unrestricted	Waccamaw Community Hospital - Temporarily Restricted	Georgetown Radiation Therapy Center - Unrestricted	Georgetown Radiation Therapy Center - Noncontrolling interest	Georgetown Radiation Therapy Center - Temporarily Restricted	Georgetown Physician Services, LLC	Georgetown Hospital System	GHS Transitional Care	Consolidated Subtotal	Eliminating Entries	Consolidated Total
Revenue in excess (deficit) of expenses	\$ 19,925,107	\$ -	\$ 13,706,107	\$ -	\$ (80,562)	\$ (8,951)	\$ -	\$ (11,419,444)	\$ (80,712)	\$ 211,564	\$ 22,253,109	\$ 80,712	\$ 22,333,821
Net unrealized losses on investments, other than trading securities	(4,163,273)	-	-	-	-	-	-	-	-	-	(4,163,273)	-	(4,163,273)
Contributions	-	1,105,277	-	-	-	-	-	-	-	-	1,105,277	-	1,105,277
Temporarily restricted assets released from restriction used for operations	-	(909,694)	-	(154,068)	-	-	-	-	-	-	(1,063,762)	-	(1,063,762)
Equity transfer	(34,209,893)	-	-	-	-	-	-	34,209,893	-	-	-	-	-
Change in net pension obligation	(3,459,607)	-	-	-	-	-	-	-	-	-	(3,459,607)	-	(3,459,607)
Increase (decrease) in net assets	(21,907,666)	195,583	13,706,107	(154,068)	(80,562)	(8,951)	-	22,790,449	(80,712)	211,564	14,671,744	80,712	14,752,456
Net assets at beginning of year	251,377,746	1,046,632	63,431,760	192,206	3,365,125	373,902	16,850	(21,457,035)	2,104,443	7,932	300,459,561	(3,365,275)	297,094,286
Net assets at end of year	\$ 229,470,080	\$ 1,242,215	\$ 77,137,867	\$ 38,138	\$ 3,284,563	\$ 364,951	\$ 16,850	\$ 1,333,414	\$ 2,023,731	\$ 219,496	\$ 315,131,305	\$ (3,284,563)	\$ 311,846,742

GEORGETOWN HOSPITAL SYSTEM

Balance Sheets Information of Obligated Group September 30, 2014

Assets

Current assets	
Cash and cash equivalents	\$ 49,132,028
Patient accounts receivable, net of allowance for uncollectible accounts of approximately \$22,542,000 in 2014	36,907,295
Drugs and supplies	7,144,057
Net receivables, prepaids and other current assets	8,997,663
Total current assets	<u>102,181,043</u>
Assets whose use is limited.	
By board for capital improvements and funded depreciation	127,561,176
Under bond trust indenture - held by bond trustee	6,958,762
Total assets whose use is limited	<u>134,519,938</u>
Investment in affiliates	3,284,563
Investments in real estate	2,010,666
Due from affiliate	2,924,824
Property and equipment, net	220,237,550
Goodwill	533,838
Other asset, net	1,911,870
Physician receivables, long-term portion	910,614
Bond issuance costs, net	<u>924,286</u>
Total assets	<u>\$ 469,439,192</u>

GEORGETOWN HOSPITAL SYSTEM

Balance Sheets, (continued)
Information of Obligated Group
September 30, 2014

Liabilities and Net Assets

Current liabilities

Current installments of long-term debt	\$ 5,135,000
Accrued interest payable	344,454
Accounts payable	10,387,893
Accrued expenses	2,932,031
Employee compensation	9,869,352
Estimated third-party payor settlements	3,585,455
Total current liabilities	<u>32,254,185</u>

Long-term debt, excluding current installments	116,879,338
Net pension obligation	10,393,638
Total liabilities	<u>159,527,161</u>

Net assets.

Unrestricted net assets	308,631,678
Temporarily restricted	1,280,353
Total net assets	<u>309,912,031</u>
Total liabilities and net assets	<u>\$ 469,439,192</u>

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GEORGETOWN HOSPITAL SYSTEM

Statements of Operations Information of Obligated Group For the Year Ended September 30, 2014

Revenue.

Net patient service revenue	\$ 302,407,565
Provision for bad debts	<u>(45,755,045)</u>
Net patient service revenue less provision for bad debts	256,652,520
Other revenue	9,961,341
Net assets released from restrictions used for operations	<u>1,063,762</u>
Total revenue	<u>267,677,623</u>

Expenses.

Salaries and wages	81,552,737
Employee benefits	26,720,428
Supplies	54,471,522
Fees	40,247,161
Other expense	26,458,736
Depreciation and amortization	18,913,428
Interest expense	<u>3,135,960</u>
Total expenses	<u>251,499,972</u>

Income from operations	<u>16,177,651</u>
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Nonoperating gains (losses)

Loss on investment in Georgetown Radiation Therapy Center	(80,712)
Unrestricted gifts and bequests	82,004
Interest and dividend income	3,011,085
Other losses	<u>(43,857)</u>
Net realized gains on sale of investments	14,404,331
Total nonoperating gains	<u>17,372,851</u>

Revenue in excess of expenses	<u>\$ 33,550,502</u>
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GEORGETOWN HOSPITAL SYSTEM

Statements of Changes in Net Assets Information of the Obligated Group For the Year Ended September 30, 2014

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Total Net Assets</u>
Net assets at September 30, 2013	\$ <u>316,913,949</u>	\$ <u>1,238,838</u>	\$ <u>318,152,787</u>
Revenue in excess of expenses	\$ 33,550,502	\$ -	\$ 33,550,502
Net unrealized losses on investments, other than trading securities	(4,163,273)	-	(4,163,273)
Contributions	-	1,105,277	1,105,277
Temporarily restricted assets released from restriction used for operations	-	(1,063,762)	(1,063,762)
Equity transfer	(34,209,893)	-	(34,209,893)
Change in net pension obligation	<u>(3,459,607)</u>	<u>-</u>	<u>(3,459,607)</u>
Increase in net assets	<u>(8,282,271)</u>	<u>41,515</u>	<u>(8,240,756)</u>
Net assets at September 30, 2014	\$ <u>308,631,678</u>	\$ <u>1,280,353</u>	\$ <u>309,912,031</u>

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