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Form **990**

Department of the Treasury
Internal Revenue Service

# Return of Organization Exempt From Income Tax

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)**

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

**2014**

**Open to Public Inspection**

**A For the 2014 calendar year, or tax year beginning 10-01-2014 , and ending 09-30-2015**

**B** Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

**C** Name of organization
PALMETTO HEALTH

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
293 GREYSTONE BOULEVARD NO 2ND FL

City or town, state or province, country, and ZIP or foreign postal code
COLUMBIA, SC 29210

**D Employer identification number**
58-2296052

E Telephone number
(803) 296-2100

**G** Gross receipts $ 1,551,848,655

**F** Name and address of principal officer
CHARLES D BEAMAN JR
293 GREYSTONE BOULEVARD NO 2ND FL
COLUMBIA, SC 29210

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

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

**H(c)** Group exemption number ▶

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

**J Website:** ▶ WWW PALMETTOHEALTH ORG

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

**L** Year of formation 1996

**M** State of legal domicile SC

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities
PALMETTO HEALTH IS COMMITTED TO IMPROVING THE PHYSICAL, EMOTIONAL, AND SPIRITUAL HEALTH OF ALL INDIVIDUALS AND COMMUNITIES WE SERVE, TO PROVIDING CARE WITH EXCELLENCE AND COMPASSION, AND, TO WORKING WITH OTHERS WHO SHARE OUR FUNDAMENTAL COMMITMENT TO IMPROVING THE HUMAN CONDITION

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

Activities & Governance

| | | | |
|---|---|---|---|
| **3** | Number of voting members of the governing body (Part VI, line 1a) | **3** | 16 |
| **4** | Number of independent voting members of the governing body (Part VI, line 1b) | **4** | 14 |
| **5** | Total number of individuals employed in calendar year 2014 (Part V, line 2a) | **5** | 11,167 |
| **6** | Total number of volunteers (estimate if necessary) | **6** | 711 |
| **7a** | Total unrelated business revenue from Part VIII, column (C), line 12 | **7a** | 9,558,655 |
| **b** | Net unrelated business taxable income from Form 990-T, line 34 | **7b** | 133,495 |

| | | Prior Year | Current Year |
|---|---|---|---|
| **8** | Contributions and grants (Part VIII, line 1h) | 10,427,852 | 15,583,000 |
| **9** | Program service revenue (Part VIII, line 2g) | 1,339,166,082 | 1,468,971,569 |
| **10** | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 18,858,198 | 27,035,730 |
| **11** | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 43,021,507 | 26,486,020 |
| **12** | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,411,473,639 | 1,538,076,319 |
| **13** | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 1,337,298 | 1,716,730 |
| **14** | Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| **15** | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 631,672,288 | 684,607,396 |
| **16a** | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| **b** | Total fundraising expenses (Part IX, column (D), line 25) ▶0 | | |
| **17** | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 764,781,366 | 806,533,251 |
| **18** | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 1,397,790,952 | 1,492,857,377 |
| **19** | Revenue less expenses Subtract line 18 from line 12 | 13,682,687 | 45,218,942 |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| **20** | Total assets (Part X, line 16) | 1,732,101,707 | 1,768,647,660 |
| **21** | Total liabilities (Part X, line 26) | 901,893,602 | 940,811,811 |
| **22** | Net assets or fund balances Subtract line 21 from line 20 | 830,208,105 | 827,835,849 |

## Part II Signature Block

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

**Sign Here**

****** | 2016-08-12
Signature of officer | Date

PAUL K DUANE CFO
Type or print name and title

**Paid Preparer Use Only**

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

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

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

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

## Part III Statement of Program Service Accomplishments

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

**1** Briefly describe the organization's mission

SEE SCHEDULE OPALMETTO HEALTH IS COMMITTED TO IMPROVING THE PHYSICAL, EMOTIONAL, AND SPIRITUAL HEALTH OF ALL INDIVIDUALS AND COMMUNITIES WE SERVE, TO PROVIDING CARE WITH EXCELLENCE AND COMPASSION, AND, TO WORKING WITH OTHERS WHO SHARE OUR FUNDAMENTAL COMMITMENT TO IMPROVING THE HUMAN CONDITION

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

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

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

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses $ 1,320,351,565 including grants of $ 1,716,730 ) (Revenue $ 1,449,733,684 )

PALMETTO HEALTH IS THE LARGEST AND MOST COMPREHENSIVE INTEGRATED HEALTH CARE SYSTEM IN THE SOUTH CAROLINA MIDLANDS REGION WE'RE ON A JOURNEY TO TRANSFORM THE HEALTH CARE EXPERIENCE FOR OUR PATIENTS AND THEIR FAMILIES OUR MORE THAN 12,000 TEAM MEMBERS AND VOLUNTEERS, AND MORE THAN 1,000 PHYSICIANS, ARE DEDICATED TO WORKING TOGETHER TO FULFILL THE PALMETTO HEALTH VISION TO BE REMEMBERED BY EACH PATIENT AS PROVIDING THE CARE AND COMPASSION WE WANT FOR OUR FAMILIES AND OURSELVES (SEE SCHEDULE O FOR CONTINUATION)(CONTINUED FROM PAGE 2) OUR LOCALLY OWNED, NONPROFIT SYSTEM INCLUDES SEVEN JOINT COMMISSION-ACCREDITED ACUTE-CARE HOSPITALS WITH 1,548 PATIENT BEDS - PALMETTO HEALTH BAPTIST, PALMETTO HEALTH BAPTIST PARKRIDGE, PALMETTO HEALTH CHILDREN'S HOSPITAL, PALMETTO HEALTH HEART HOSPITAL AND PALMETTO HEALTH RICHLAND IN COLUMBIA, PALMETTO HEALTH TUOMEY IN SUMTER AND BAPTIST EASLEY IN EASLEY - AS WELL AS AN EXPANSIVE PHYSICIAN PRACTICE NETWORK, DOZENS OF AFFILIATED CLINICS AND SPECIALTY CARE PRACTICES, AND A 501(C)(3) FOUNDATION BAPTIST EASLEY IS CO-OWNED AND OPERATED WITH GREENVILLE HEALTH SYSTEM AS ONE OF THE LARGEST EMPLOYERS IN THE STATE, PALMETTO HEALTH HAS BEEN RECOGNIZED NATIONALLY AS ONE OF THE BEST PLACES TO WORK AND RECEIVE CARE READERS OF THE STATE NEWSPAPER HAVE NAMED PALMETTO HEALTH THE BEST IN HEALTH CARE FOR SIX YEARS IN A ROW, INCLUDING "BEST HOSPITAL SYSTEM AND "BEST HOSPITAL FOR HEART HEALTH " PALMETTO HEALTH ALSO WAS RECOGNIZED IN 2015 FOR "BEST DAY SPA AND MASSAGE" FOR HEALING WATERS, "BEST OBSTETRICIAN" FOR MYLES D DAVIS, MD AND "BEST PHYSICAL THERAPIST" FOR BRANDON VAUGHN IN 2015, PALMETTO HEALTH WAS NAMED TO HOSPITALS & HEALTH NETWORKS MAGAZINE'S "MOST WIRED" LIST FOR THE EIGHTH YEAR IN A ROW PALMETTO HEALTH ALSO TRAINS THE NEXT GENERATION OF PHYSICIANS THROUGH ITS 23 RESIDENCY AND FELLOWSHIP PROGRAMS AFFILIATED WITH THE UNIVERSITY OF SOUTH CAROLINA SCHOOL OF MEDICINE PALMETTO HEALTH'S PHYSICIAN PRACTICE NETWORK INCLUDES MORE THAN 200 PRIMARY AND SPECIALTY CARE DOCTORS CONVENIENTLY LOCATED IN OVER 40 PRACTICES ACROSS THE MIDLANDS AND THROUGH THE PALMETTO HEALTH QUALITY COLLABORATIVE, MORE THAN 1,000 MEMBER PHYSICIANS AND ADVANCED PRACTICE PROVIDERS COME TOGETHER TO FOSTER CLINICAL INTEGRATION, FOCUS ON EVIDENCE-BASED CARE AND IMPROVE CLINICAL OUTCOMES TO ENSURE PATIENTS RECEIVE THE HIGHEST QUALITY, COORDINATED, PROACTIVE CARE IN APRIL 2016, WE WILL LAUNCH THE PALMETTO HEALTH-USC MEDICAL GROUP IN PARTNERSHIP WITH THE UNIVERSITY OF SOUTH CAROLINA SCHOOL OF MEDICINE TO CREATE THE LARGEST MULTISPECIALTY MEDICAL GROUP IN THE MIDLANDS THE PHYSICIAN LED AND PROFESSIONALLY MANAGED GROUP WILL COMBINE THE PALMETTO HEALTH PHYSICIAN PRACTICE NETWORK AND THE CLINICAL FACULTY OF THE USC SCHOOL OF MEDICINE PALMETTO HEALTH PROVIDES HEALTH CARE FOR NEARLY 70 PERCENT OF THE RESIDENTS OF RICHLAND COUNTY AND ALMOST 55 PERCENT OF THE HEALTH CARE FOR THE COMBINED RICHLAND/LEXINGTON COUNTY AREA EACH YEAR, OUR HOSPITALS HAVE NEARLY 800,000 PATIENT VISITS, WELCOME NEARLY 6,000 BABIES INTO THE WORLD, DIAGNOSE OR TREAT MORE THAN 3,000 CANCER PATIENTS, TREAT MORE THAN 150,000 PEDIATRIC PATIENTS, ACCOMMODATE MORE THAN 170,000 EMERGENCY DEPARTMENT VISITS, PERFORM NEARLY 30,000 MAMMOGRAMS, AND MAKE MORE THAN 40,000 HOME CARE VISITS AREAS OF SPECIALTY AT PALMETTO HEALTH INCLUDE BARIATRIC SURGERY, BEHAVIORAL CARE, CARDIOLOGY, GERIATRICS, NEONATOLOGY, NEUROLOGY, OBSTETRICS (INCLUDING HIGH-RISK PREGNANCY AND GENETIC COUNSELING, AND TWO LEVEL III NEONATAL INTENSIVE CARE UNITS), ONCOLOGY, ORTHOPEDICS, SURGERY, LEVEL I TRAUMA CARE, AND WOMEN'S CARE MANY OF OUR PROGRAMS AND SERVICES HAVE BEEN UNIQUELY ACCREDITED FOR EXCELLENCE, SUCH AS THE STATE'S FIRST ACCREDITED CHEST PAIN CENTER, AND ACCREDITED BREAST CENTER BY THE AMERICAN COLLEGE OF SURGEONS' NATIONAL ACCREDITATION PROGRAM THE JOINT COMMISSION HAS ACCREDITED PALMETTO HEALTH'S HEART FAILURE AND VENTRICULAR ASSIST DEVICE (VAD) PROGRAMS, AND ITS PRIMARY STROKE CENTER, AND BLUECROSS BLUESHIELD HAS AWARDED PALMETTO HEALTH THEIR BLUE DISTINCTION DESIGNATION FOR ITS BARIATRIC SURGERY, CARDIAC CARE, JOINT REPLACEMENT, MATERNITY CARE AND SPINE SURGERY PROGRAMS PALMETTO HEALTH HAS PLEDGED 10 PERCENT OF ITS ANNUAL BOTTOM LINE TO FUND COMMUNITY HEALTH CARE INITIATIVES IN CANCER EDUCATION AND PREVENTION, MATERNAL AND CHILD HEALTH SERVICES, DIABETES PREVENTION AND MANY OTHERS IN THE LAST 18 YEARS, PALMETTO HEALTH HAS SPENT MORE THAN $50 MILLION IN THIS SPECIAL EFFORT ALONE THIS TITHE IS A CONTRIBUTION OVER AND ABOVE THE CARE PROVIDED IN OUR HOSPITALS FOR SERVICES TO PATIENTS IN NEED PALMETTO HEALTH IS FOCUSED ON QUALITY AND PATIENT SAFETY IMPROVEMENT INITIATIVES AND SET ABOUT CREATING THE STRUCTURE, CULTURE AND ACCOUNTABILITY TO ACHIEVE IT THESE EFFORTS HAVE ALLOWED OUR HOSPITALS TO ACHIEVE SIGNIFICANT PROGRESS IN DECREASING MORTALITY AND INCREASING THE PERFORMANCE IN APPROPRIATE CARE MEASURES FOR NATIONALLY BENCHMARKED STANDARDS OF CARE FOR SIX HIGH-VOLUME PROCEDURES THIS AMBITIOUS AND CONCERTED QUALITY GOAL OF ELIMINATING ALL PREVENTABLE ERRORS AND DEATHS CONTINUES TO BE A FOCUS FOR ALL AT PALMETTO HEALTH, WHILE ATTENTION HAS INCREASED ON REDUCING "HARM EVENTS," SUCH AS INFECTIONS AND FALLS, AND ON REDUCING UNNECESSARY READMISSIONS IN ADDITION TO THESE EFFORTS, PALMETTO HEALTH PLAYS A KEY ROLE IN COMMUNITY SUPPORT THROUGH INVESTMENT BY ITS TEAM MEMBERS IN THE UNITED WAY AND THE PALMETTO HEALTH FOUNDATION ADDITIONALLY, THE ORGANIZATION AND ITS TEAM MEMBERS PARTICIPATE AND INVEST IN COMMUNITY AGENCIES SUCH AS THE AMERICAN HEART ASSOCIATION, MARCH OF DIMES, AMERICAN CANCER SOCIETY, NAACP, SALVATION ARMY, COMMISSION OF HIGHER EDUCATION, AND MANY OTHER HEALTH AND HUMAN SERVICES ORGANIZATIONS WITH KEY LEADERS VOLUNTEERING FOR SIGNIFICANT ROLES IN ORGANIZATIONS LIKE THE CHAMBERS OF COMMERCE, CITY CENTER PARTNERSHIP, CENTRAL CAROLINA ECONOMIC DEVELOPMENT ALLIANCE AND A HOST OF OTHERS, PALMETTO HEALTH IS ACTIVE IN ITS COMMUNITY

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

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

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

**4e** **Total program service expenses** ▶ 1,320,351,565

## 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 | Yes | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.* | 11a | Yes | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII* | 11b | Yes | |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII* | 11c | | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX* | 11d | | 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 | Yes | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV* | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV* | 16 | | No |
| 17 | Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions) | 17 | | No |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II* | 18 | | No |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | 19 | | No |
| 20a | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | 20a | Yes | |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | Yes | |

**Part IV Checklist of Required Schedules** *(continued)*

| | | | | |
|---|---|---|---|---|
| **21** | Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* | **21** | Yes | |
| **22** | Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III* | **22** | Yes | |
| **23** | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | **23** | Yes | |
| **24a** | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a* | **24a** | Yes | |
| **b** | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | **24b** | | No |
| **c** | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | **24c** | | No |
| **d** | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | **24d** | | No |
| **25a** | **Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I* | **25a** | | No |
| **b** | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | **25b** | | No |
| **26** | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II* | **26** | | No |
| **27** | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III* | **27** | | No |
| **28** | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| **a** | A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28a** | | No |
| **b** | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28b** | Yes | |
| **c** | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV* | **28c** | | No |
| **29** | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | **29** | | No |
| **30** | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | **30** | | No |
| **31** | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | **31** | | No |
| **32** | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | **32** | | No |
| **33** | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I* | **33** | Yes | |
| **34** | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1* | **34** | Yes | |
| **35a** | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | **35a** | Yes | |
| **b** | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* | **35b** | Yes | |
| **36** | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | **36** | | No |
| **37** | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* | **37** | | No |
| **38** | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O | **38** | Yes | |

## Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . | 1a | 687 | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1b | 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | 1c | | Yes | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . . | 2a | 11,167 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | | Yes | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year? . . . | 3a | | Yes | |
| b | If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . . | 3b | | Yes | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . | 4a | | | No |
| b | If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . | 5a | | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | | No |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . . | 5c | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . | 6a | | | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . | 6b | | | |
| 7 | **Organizations that may receive deductible contributions under section 170(c).** | | | | |
| a | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? . . . . . | 7a | | | No |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . | 7b | | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . | 7c | | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year . . . . | 7d | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . | 7e | | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . | 7f | | | No |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . | 7g | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . | 7h | | | |
| 8 | **Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . . | 8 | | | |
| 9a | Did the sponsoring organization make any taxable distributions under section 4966? . . . | 9a | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . | 9b | | | |
| 10 | **Section 501(c)(7) organizations.** Enter | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 . . . | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | **Section 501(c)(12) organizations.** Enter | | | | |
| a | Gross income from members or shareholders . . . . . | 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . . | 11b | | | |
| 12a | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . | 12b | | | |
| 13 | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O | 13a | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . | 13b | | | |
| c | Enter the amount of reserves on hand . . . . . | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? . . . . . | 14a | | | No |
| b | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . . | 14b | | | |

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

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

## Section A. Governing Body and Management

| | | | | Yes | No |
|---|---|---|---|---|---|
| **1a** | Enter the number of voting members of the governing body at the end of the tax year . . . . . | **1a** | 16 | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | | |
| **b** | Enter the number of voting members included in line 1a, above, who are independent . . . . . | **1b** | 14 | | |
| **2** | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . . | **2** | | | No |
| **3** | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . | **3** | | | No |
| **4** | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . | **4** | | | No |
| **5** | Did the organization become aware during the year of a significant diversion of the organization's assets? . | **5** | | | No |
| **6** | Did the organization have members or stockholders? . . . . . | **6** | | Yes | |
| **7a** | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . . | **7a** | | Yes | |
| **b** | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . . | **7b** | | Yes | |
| **8** | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | | |
| **a** | The governing body? . . . . . | **8a** | | Yes | |
| **b** | Each committee with authority to act on behalf of the governing body? . . . . . | **8b** | | Yes | |
| **9** | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* . . . . . | **9** | | | No |

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

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

## Section C. Disclosure

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

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

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

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records

▶ BENJAMIN M CUNNINGHAM JR
293 GREYSTONE BLVD
COLUMBIA, SC 29210 (803) 296-2135

## 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 | | | |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |

| | | | | |
|---|---|---|---|---|
| **1b** | **Sub-Total** . . . . . ▶ | | | |
| **c** | **Total from continuation sheets to Part VII, Section A** . . . . ▶ | | | |
| **d** | **Total (add lines 1b and 1c)** . . . . . ▶ | 11,186,409 | 0 | 1,715,985 |

**2** Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 641

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

## Section B. Independent Contractors

**1** Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| CAROLINA CARE<br>215 REDBAY ROAD<br>ELGIN, SC 29045 | EMERGENCY CARE PHYSICIANS | 19,271,099 |
| MRI INC OF THE CAROLINAS<br>1519 MARION STREET<br>COLUMBIA, SC 29201 | RADIOLOGISTS | 4,193,092 |
| PROFESSIONAL PATHOLOGY SERVICES<br>ONE SCIENCE COURT SUITE 200<br>COLUMBIA, SC 29203 | PATHOLOGISTS | 3,919,634 |
| WO BLACKSTONE AND CO INC<br>1641 SHOP ROAD<br>COLUMBIA, SC 29201 | MECHANICAL CONTRACTORS | 3,187,031 |
| ALLIED BARTON<br>161 WASHINGTON STREET SUITE 800<br>CONSHOHOCKEN, PA 19428 | SECURITY SERVICES | 2,904,828 |

**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 ▶ 152

**Part VIII Statement of Revenue**

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

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|---|---|---|---|---|---|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns . . | 1a | | | | |
| | b | Membership dues . . . . | 1b | | | | |
| | c | Fundraising events . . . . | 1c | | | | |
| | d | Related organizations . . . | 1d | 3,649,058 | | | |
| | e | Government grants (contributions) | 1e | 3,266,825 | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 8,667,117 | | | |
| | g | Noncash contributions included in lines 1a-1f $ | | | | | |
| | h | **Total.** Add lines 1a-1f . . . . . ▶ | | 15,583,000 | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2a | NET PATIENT REVENUE | 621300 | 1,426,126,334 | 1,426,126,334 | | |
| | b | PALMETTO SENIOR CARE | 623000 | 15,948,841 | 15,948,841 | | |
| | c | PHARMACY | 446110 | 14,889,336 | | | 14,889,336 |
| | d | BAPTIST EASLEY FEE | 900099 | 7,658,509 | 7,658,509 | | |
| | e | REFERENCE LABORATORY | 621500 | 4,348,549 | | 4,348,549 | |
| | f | All other program service revenue | | | | | |
| | g | **Total.** Add lines 2a–2f . . . . . ▶ | | 1,468,971,569 | | | |
| | 3 | Investment income (including dividends, interest, and other similar amounts) . . . . . ▶ | | 29,255,705 | | | 29,255,705 |
| | 4 | Income from investment of tax-exempt bond proceeds . . ▶ | | 95,471 | | | 95,471 |
| | 5 | Royalties . . . . . ▶ | | | | | |
| | | | (i) Real / (ii) Personal | | | | |
| | 6a | Gross rents | 5,407,552 | | | | |
| | b | Less rental expenses | 11,456,890 | | | | |
| | c | Rental income or (loss) | -6,049,338 | | | | |
| | d | Net rental income or (loss) . . . . . ▶ | | -6,049,338 | | | -6,049,338 |
| | | | (i) Securities / (ii) Other | | | | |
| | 7a | Gross amount from sales of assets other than inventory | | | | | |
| | b | Less cost or other basis and sales expenses | 2,315,446 | | | | |
| | c | Gain or (loss) | -2,315,446 | | | | |
| | d | Net gain or (loss) . . . . . ▶ | | -2,315,446 | | | -2,315,446 |
| Other Revenue | 8a | Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a | | | | | |
| | b | Less direct expenses . . . b | | | | | |
| | c | Net income or (loss) from fundraising events . . ▶ | | | | | |
| | 9a | Gross income from gaming activities See Part IV, line 19 . . . a | | | | | |
| | b | Less direct expenses . . . b | | | | | |
| | c | Net income or (loss) from gaming activities . . ▶ | | | | | |
| | 10a | Gross sales of inventory, less returns and allowances . a | | | | | |
| | b | Less cost of goods sold . . b | | | | | |
| | c | Net income or (loss) from sales of inventory . . ▶ | | | | | |
| | | Miscellaneous Revenue | Business Code | | | | |
| | 11a | MISCELLANEOUS REVENUE | 900099 | 19,870,158 | | 5,210,106 | 14,660,052 |
| | b | REBATES | 900099 | 6,259,476 | | | 6,259,476 |
| | c | CAFETERIA | 900099 | 5,948,078 | | | 5,948,078 |
| | d | All other revenue . . . . | | 457,646 | | | 457,646 |
| | e | **Total.** Add lines 11a–11d . . . . . ▶ | | 32,535,358 | | | |
| | 12 | **Total revenue.** See Instructions . . . . . ▶ | | 1,538,076,319 | 1,449,733,684 | 9,558,655 | 63,200,980 |

## 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 domestic organizations and domestic governments See Part IV, line 21 | 1,631,730 | 1,631,730 | | |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22 | 85,000 | 85,000 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 6,716,033 | | 6,716,033 | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 77,146 | 77,146 | | |
| 7 Other salaries and wages | 564,049,439 | 516,854,107 | 47,195,332 | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 13,034,214 | 11,803,240 | 1,230,974 | |
| 9 Other employee benefits | 61,832,611 | 55,993,032 | 5,839,579 | |
| 10 Payroll taxes | 38,897,953 | 35,224,363 | 3,673,590 | |
| 11 Fees for services (non-employees) | | | | |
| a Management | 9,009,203 | 5,274,768 | 3,734,435 | |
| b Legal | 3,470,883 | 229,661 | 3,241,222 | |
| c Accounting | 251,068 | 68 | 251,000 | |
| d Lobbying | 192,244 | | 192,244 | |
| e Professional fundraising services See Part IV, line 17 | | | | |
| 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) | 131,371,570 | 106,334,004 | 25,037,566 | |
| 12 Advertising and promotion | 1,381,117 | 427,872 | 953,245 | |
| 13 Office expenses | 4,409,317 | 2,941,670 | 1,467,647 | |
| 14 Information technology | 26,271,241 | 993,183 | 25,278,058 | |
| 15 Royalties | | | | |
| 16 Occupancy | 41,582,908 | 32,307,001 | 9,275,907 | |
| 17 Travel | 3,057,658 | 2,641,836 | 415,822 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 26,943,409 | 1,080,411 | 25,862,998 | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 61,355,047 | 60,723,340 | 631,707 | |
| 23 Insurance | 7,739,091 | 2,504,659 | 5,234,432 | |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O ) | | | | |
| a BAD DEBT EXPENSE | 250,457,544 | 250,457,544 | | |
| b MEDICAL SUPPLIES | 206,912,368 | 206,619,176 | 293,192 | |
| c FOOD AND OTHER CONSUMAB | 8,557,758 | 8,432,011 | 125,747 | |
| d COPA EXPENSE | 4,409,513 | 4,409,513 | | |
| e All other expenses | 19,161,312 | 13,306,230 | 5,855,082 | |
| 25 **Total functional expenses.** Add lines 1 through 24e | 1,492,857,377 | 1,320,351,565 | 172,505,812 | 0 |
| 26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) | | | | |

**Part X Balance Sheet**

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

| | | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|---|
| Assets | 1 | Cash–non-interest-bearing | | 33,190,976 | 1 | 46,442,192 |
| | 2 | Savings and temporary cash investments | | 50,643,000 | 2 | |
| | 3 | Pledges and grants receivable, net | | 347,758 | 3 | 547,352 |
| | 4 | Accounts receivable, net | | 215,837,807 | 4 | 238,442,845 |
| | 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 | | 1,868,017 | 7 | 1,413,000 |
| | 8 | Inventories for sale or use | | 20,113,526 | 8 | 22,270,350 |
| | 9 | Prepaid expenses and deferred charges | | 751,358 | 9 | 571,121 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 1,513,438,629 | | | |
| | b | Less accumulated depreciation | 10b 913,538,639 | 594,116,466 | 10c | 599,899,990 |
| | 11 | Investments—publicly traded securities | | 612,438,044 | 11 | 657,492,226 |
| | 12 | Investments—other securities See Part IV, line 11 | | 149,362,037 | 12 | 153,814,453 |
| | 13 | Investments—program-related See Part IV, line 11 | | 21,563,524 | 13 | 21,579,074 |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | 31,869,194 | 15 | 26,175,057 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | | 1,732,101,707 | 16 | 1,768,647,660 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 117,670,192 | 17 | 147,722,375 |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | 19,444 | 19 | 0 |
| | 20 | Tax-exempt bond liabilities | | 694,229,388 | 20 | 682,672,541 |
| | 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 | | 556,695 | 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 | | 89,417,883 | 25 | 110,416,895 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 901,893,602 | 26 | 940,811,811 |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.** | | | | |
| | 27 | Unrestricted net assets | | 794,907,091 | 27 | 788,649,721 |
| | 28 | Temporarily restricted net assets | | 27,382,159 | 28 | 28,794,346 |
| | 29 | Permanently restricted net assets | | 7,918,855 | 29 | 10,391,782 |
| | | **Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.** | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 32 | |
| | 33 | Total net assets or fund balances | | 830,208,105 | 33 | 827,835,849 |
| | 34 | Total liabilities and net assets/fund balances | | 1,732,101,707 | 34 | 1,768,647,660 |

## Part XI Reconcilliation of Net Assets

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

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,538,076,319 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,492,857,377 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 45,218,942 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 830,208,105 |
| 5 | Net unrealized gains (losses) on investments | 5 | -24,498,768 |
| 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 | -23,092,430 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 827,835,849 |

## Part XII Financial Statements and Reporting

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

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | No |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Yes | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis | | | |
| c | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | Yes | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | Yes | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3b | Yes | |

## Additional Data

**Software ID:**
**Software Version:**
**EIN:** 58-2296052
**Name:** PALMETTO HEALTH

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

| (A) Name and Title | (B) Average hours per week (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) RICK JAMES E WHEELER<br>CHAIRMAN | 5 00<br>1 00 | X | | X | | | | 23,327 | 0 | 0 |
| (1) LESTER P BRANHAM JR<br>VICE CHAIRMAN | 5 00 | X | | X | | | | 16,037 | 0 | 0 |
| (2) JEAN E DUKE<br>TREASURER | 3 00 | X | | X | | | | 16,037 | 0 | 0 |
| (3) BEVERLY D CHRISMAN<br>SECRETARY | 3 00 | X | | X | | | | 16,037 | 0 | 0 |
| (4) PAUL V FANT SR<br>TRUSTEE | 3 00 | X | | | | | | 16,037 | 0 | 0 |
| (5) WILLIAM L FREEMAN III<br>TRUSTEE (TERM ENDED) | 3 00 | X | | | | | | 19,682 | 0 | 0 |
| (6) JEROME D ODOM PHD<br>TRUSTEE | 3 00<br>1 00 | X | | | | | | 16,037 | 0 | 0 |
| (7) JAMES A BENNETT<br>TRUSTEE | 3 00 | X | | | | | | 16,037 | 0 | 0 |
| (8) SARA B FISHER<br>TRUSTEE | 3 00 | X | | | | | | 16,037 | 0 | 0 |
| (9) ROSALYN W FRIERSON<br>TRUSTEE | 3 00<br>1 00 | X | | | | | | 16,037 | 0 | 0 |
| (10) WILLIAM C GERARD MD<br>TRUSTEE | 3 00 | X | | | | | | 168,837 | 0 | 0 |
| (11) JAMES H HERLONG MD<br>TRUSTEE | 3 00 | X | | | | | | 16,037 | 0 | 0 |
| (12) JOEL E JOHNSON DMD<br>TRUSTEE | 3 00 | X | | | | | | 16,037 | 0 | 0 |
| (13) GEORGE S KING JR<br>TRUSTEE | 3 00<br>1 00 | X | | | | | | 16,037 | 0 | 0 |
| (14) CANDY Y WAITES<br>TRUSTEE | 3 00<br>1 00 | X | | | | | | 16,037 | 0 | 0 |
| (15) JOHN W FOSTER JR<br>TRUSTEE | 3 00 | X | | | | | | 16,037 | 0 | 0 |
| (16) CHARLES D BEAMAN JR<br>CEO | 50 00<br>1 00 | X | | X | | | | 1,182,158 | 0 | 37,701 |
| (17) JOHN J SINGERLING<br>PRESIDENT | 50 00 | | | X | | | | 740,894 | 0 | 398,305 |
| (18) PAUL K DUANE<br>CHIEF FINANCIAL OFFICER | 50 00<br>1 00 | | | X | | | | 531,089 | 0 | 386,911 |
| (19) JAMES I RAYMOND<br>CHIEF MEDICAL & ACADEMIC O | 50 00<br>1 00 | | | | X | | | 684,727 | 0 | 32,492 |
| (20) JAMES BRIDGES<br>CHIEF, SYSTEM PERFORMANCE | 50 00 | | | | X | | | 407,177 | 0 | 453,720 |
| (21) HOWARD P WEST<br>GENERAL COUNSEL | 50 00 | | | | X | | | 386,814 | 0 | 52,822 |
| (22) MICHELLE E EDWARDS<br>CHIEF INFORMATION OFFICER | 50 00 | | | | X | | | 367,106 | 0 | 127,121 |
| (23) BENJAMIN M CUNNINGHAM<br>SYSTEM VICE PRESIDENT FINA | 50 00 | | | | X | | | 227,026 | 0 | 33,115 |
| (24) JAMES E LATHREN<br>CHIEF OPERATING OFFICER AC | 50 00 | | | | X | | | 388,427 | 0 | 30,448 |

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

| (A) Name and Title | (B) Average hours per week (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 | | | |
| (26) JUDITH P BASKINS<br>PHYSICIAN PRACTICE, AMBULA | 50 00 | | | | X | | | 222,377 | 0 | 25,603 |
| (1) CHARLES P TOUSSAINT<br>PHYSICIAN | 50 00 | | | | | X | | 1,713,835 | 0 | 45,043 |
| (2) JEFFREY T EHRETH<br>PHYSICIAN | 50 00 | | | | | X | | 1,130,173 | 0 | 13,280 |
| (3) HARRIS H PARKER III<br>PHYSICIAN | 50 00 | | | | | X | | 962,115 | 0 | 37,682 |
| (4) JOHN K BAUGH<br>PHYSICIAN | 50 00 | | | | | X | | 931,527 | 0 | 40,650 |
| (5) MATTHEW G CANTRELL<br>PHYSICIAN | 50 00 | | | | | X | | 890,637 | 0 | 1,092 |

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# SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

## Public Charity Status and Public Support

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

**2014**

**Open to Public Inspection**

**Name of the organization**
PALMETTO HEALTH

**Employer identification number**
58-2296052

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

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

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

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

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

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

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

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

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

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

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

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

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

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization listed in your governing document? Yes | (iv) No | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| **Total** | | | | | | |

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

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (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) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (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 VI ) | | | | | | |
| 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 section 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

## Section C. Computation of Public Support Percentage

| | | |
|---|---|---|
| 14 | Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) | **14** |
| 15 | Public support percentage for 2013 Schedule A, Part II, line 14 | **15** |

**16a** **33 1/3% support test—2014.** 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—2013.** 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—2014.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

**b** **10%-facts-and-circumstances test—2013.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (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) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (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 VI ) | | | | | | |
| 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 section 501(c)(3) organization, check this box and **stop here** ▶☐

## Section C. Computation of Public Support Percentage

| | | | |
|---|---|---|---|
| 15 | Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 | Public support percentage from 2013 Schedule A, Part III, line 15 | 16 | |

## Section D. Computation of Investment Income Percentage

| | | | |
|---|---|---|---|
| 17 | Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 | Investment income percentage from **2013** Schedule A, Part III, line 17 | 18 | |

19a **33 1/3% support tests—2014.** 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—2013.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V )

### Section A. All Supporting Organizations

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.* | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).* | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.* | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.* | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.* | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.* | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .* | 4b | | |
| c | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.* | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).* | 5a | | |
| b | **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | | |
| c | **Substitutions only.** Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.*** | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .* | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).* | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.*** | 9a | | |
| b | Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.*** | 9b | | |
| c | Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.*** | 9c | | |
| 10a | Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.* | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).* | 10b | | |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| a | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| c | A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.* | 11c | | |

## Part IV Supporting Organizations (continued)

### Section B. Type I Supporting Organizations

| | | Yes | No |
|---|---|---|---|
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.* | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.* | 2 | | |

### Section C. Type II Supporting Organizations

| | | Yes | No |
|---|---|---|---|
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).* | 1 | | |

### Section D. All Type III Supporting Organizations

| | | Yes | No |
|---|---|---|---|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).* | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.* | 3 | | |

### Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

| | | | Yes | No |
|---|---|---|---|---|
| 2 | Activities Test **Answer (a) and (b) below.** | | | |
| **a** | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.* | 2a | | |
| **b** | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.* | 2b | | |
| 3 | Parent of Supported Organizations **Answer (a) and (b) below.** | | | |
| **a** | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.* | 3a | | |
| **b** | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* | 3b | | |

## Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

### Section A - Adjusted Net Income

| | | | (A) Prior Year | (B) Current Year (optional) |
|---|---|---|---|---|
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4) | 8 | | |

### Section B - Minimum Asset Amount

| | | | (A) Prior Year | (B) Current Year (optional) |
|---|---|---|---|---|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 1 | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| c | Fair market value of other non-exempt-use assets | 1c | | |
| d | **Total** (add lines 1a, 1b, and 1c) | 1d | | |
| e | **Discount** claimed for blockage or other factors (explain in detail in Part VI) _____ | | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | **Minimum Asset Amount** (add line 7 to line 6) | 8 | | |

### Section C - Distributable Amount

| | | | | Current Year |
|---|---|---|---|---|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | | |
| 7 | ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | | |

| Section D - Distributions | Current Year |
|---|---|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI) See instructions | |
| 7 **Total annual distributions.** Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions | |
| 9 Distributable amount for 2014 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2014 | (iii) Distributable Amount for 2014 |
|---|---|---|---|
| 1 Distributable amount for 2014 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions) | | | |
| 3 Excess distributions carryover, if any, to 2014 | | | |
| a From 2009. . . . . | | | |
| b From 2010. . . . . | | | |
| c From 2011. . . . . | | | |
| d From 2012. . . . . | | | |
| e From 2013. . . . . | | | |
| f **Total** of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2014 distributable amount | | | |
| i Carryover from 2009 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2014 from Section D, line 7 $ _____ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2014 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) | | | |
| 6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) | | | |
| 7 **Excess distributions carryover to 2015.** Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a From 2010. . . . . | | | |
| b From 2011. . . . . | | | |
| c From 2012. . . . . | | | |
| d From 2013. . . . . | | | |
| e From 2014. . . . . | | | |

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. 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.

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

OMB No 1545-0047

**2014**

**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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

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

| Name of the organization | Employer identification number |
|---|---|
| PALMETTO HEALTH | 58-2296052 |

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|---|---|---|---|---|
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**Part II-A** **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

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

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

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

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

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

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

### Lobbying Expenditures During 4-Year Averaging Period

| Calendar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) Total |
|---|---|---|---|---|---|
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

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

| *For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.* | | (a) Yes | (a) No | (b) Amount |
|---|---|---|---|---|
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a | Volunteers? | | No | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | No | |
| c | Media advertisements? | | No | |
| d | Mailings to members, legislators, or the public? | | No | |
| e | Publications, or published or broadcast statements? | | No | |
| f | Grants to other organizations for lobbying purposes? | | No | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | No | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i | Other activities? | Yes | | 267,614 |
| j | Total Add lines 1c through 1i | | | 267,614 |
| 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, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

| Return Reference | Explanation |
|---|---|
| PART II-B, LINE 1 | PALMETTO HEALTH PAYS ANNUAL MEMBERSHIP DUES AS PART OF ITS MEMBERSHIP WITH THE SC HOSPITAL ASSOCIATION AND 10 33% ($39,539) OF THESE DUES ARE USED FOR LOBBYING ACTIVITIES PALMETTO HEALTH ALSO PAYS ANNUAL MEMBERSHIP DUES TO THE AMERICAN HOSPITAL ASSOCIATION AND 22 12% ($35,831) OF THESE DUES ARE USED FOR LOBBYING ACTIVITIES THE REMAINING $192,244 ARE FEES PAID TO DARRELL M CAMPBELL AND MCNAIR LAW FIRM, INDEPENDENT CONSULTANTS THAT PROVIDE LOBBYING SERVICES |
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**Part IV Supplemental Information *(continued)***

| Return Reference | Explanation |
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**SCHEDULE D** (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

**2014**

**Open to Public Inspection**

**Name of the organization**
PALMETTO HEALTH

**Employer identification number**
58-2296052

## 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 value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

## Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

| | | Held at the End of the Year |
|---|---|---|
| a | Total number of conservation easements | 2a |
| b | Total acreage restricted by conservation easements | 2b |
| c | Number of conservation easements on a certified historic structure included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

## Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue 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 Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

## Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

## Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

| | | Amount |
|---|---|---|
| c | Beginning balance | 1c |
| d | Additions during the year | 1d |
| e | Distributions during the year | 1e |
| f | Ending balance | 1f |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

| | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|---|---|---|---|---|---|
| 1a | Beginning of year balance | 3,748,566 | 4,059,918 | 4,554,077 | 5,205,956 | 3,908,288 |
| b | Contributions | 7,347,143 | 3,793,641 | 3,718,869 | 3,703,676 | 5,305,006 |
| c | Net investment earnings, gains, and losses | | | | | |
| d | Grants or scholarships | | | | | |
| e | Other expenditures for facilities and programs | 4,496,266 | 4,104,993 | 4,213,028 | 4,355,555 | 4,007,338 |
| f | Administrative expenses | | | | | |
| g | End of year balance | 6,599,443 | 3,748,566 | 4,059,918 | 4,554,077 | 5,205,956 |

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

- a Board designated or quasi-endowment ▶ 2 220 %
- b Permanent endowment ▶ 17 000 %
- c Temporarily restricted endowment ▶ 80 780 %

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

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

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

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 | | 41,431,401 | | 41,431,401 |
| b Buildings | | 679,998,444 | 329,271,532 | 350,726,912 |
| c Leasehold improvements | | 17,198,871 | 9,855,423 | 7,343,448 |
| d Equipment | | 749,278,339 | 574,411,684 | 174,866,655 |
| e Other | | 25,531,574 | | 25,531,574 |
| **Total.** Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 599,899,990 |

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) BOND FUNDS | 31,677,572 | C |
| (B) INVESTMENT IN FOUNDATION | 29,025,981 | C |
| (C) INVESTMENT IN BAPTIST FOUNDATION | 778,581 | C |
| (D) ALTERNATIVE INVESTMENTS | 92,332,319 | C |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 12 )* ▶ | 153,814,453 | |

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

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

**Part IX** **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

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

| 1 (a) Description of liability | (b) Book value |
|---|---|
| Federal income taxes | |
| CAPITAL LEASE OBLIGATIONS | 19,956,864 |
| POST RETIREMENT RESERVE | 11,606,682 |
| DEFERRED COMPENSATION | 6,374,697 |
| SELF INSURANCE RESERVE | 8,987,014 |
| ASSET RETIREMENT RESERVE | 977,381 |
| DERIVATIVE CHANGE IN VALUE | 62,514,257 |
| | |
| | |
| | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 25 )* ▶ | 110,416,895 |

**2.** Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | | |
| a | Net unrealized gains (losses) on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII ) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | |
| 3 | Subtract line **2e** from line **1** | | | 3 | |
| 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 | |
| 5 | Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12 ) | | | 5 | |

**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 | |
| 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 | |
| 3 | Subtract line **2e** from line **1** | | | 3 | |
| 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 | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18 ) | | | 5 | |

**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 V, LINE 4 | PALMETTO HEALTH'S ENDOWMENT FUNDS BENEFIT A VARIETY OF PROGRAMS FOR THE WELL BEING OF ITS PATIENTS WHICH IS CONSISTENT WITH THE WISHES AND DESIGNATIONS OF DONORS |
| PART X, LINE 2 | PALMETTO HEALTH QUALIFIES AS AN ORGANIZATION EXEMPT FROM FEDERAL AND STATE INCOME TAXES ON RELATED INCOME UNDER IRC SECTION 501(C)(3) PALMETTO HEALTH HAS TWO TAXABLE SUBSIDIARIES, HEALTHSOURCE, INC AND PPM AS OF SEPTEMBER 30, 2015, PALMETTO HEALTH HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS FISCAL YEARS ENDING ON OR AFTER SEPTEMBER 30, 2012 REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAX AUTHORITIES |
| | |
| | |
| | |
| | |
| | |

**Part XIII Supplemental Information *(continued)***

| Return Reference | Explanation |
|---|---|
| | |
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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

# Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization
PALMETTO HEALTH

**Employer identification number**
58-2296052

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

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

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

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

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|---|---|---|---|---|
| (1) CENTRAL AMERICA/CARIBBEAN | 0 | 0 | INVESTMENTS | | 92,332,319 |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| 3a Sub-total | 0 | 0 | | | 92,332,319 |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0 |
| c **Totals** (add lines 3a and 3b) | 0 | 0 | | | 92,332,319 |

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

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

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

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

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

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

## Part IV Foreign Forms

| | | | |
|---|---|---|---|
| 1 | Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* | ☐ Yes | ☑ No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* | ☐ Yes | ☑ No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* | ☑ Yes | ☐ No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* | ☐ Yes | ☑ No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* | ☐ Yes | ☑ No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* | ☐ Yes | ☑ No |

## Additional Data

**Software ID:**
**Software Version:**
**EIN:** 58-2296052
**Name:** PALMETTO HEALTH



**Part V** **Supplemental Information**

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

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

OMB No 1545-0047

**2014**

**Open to Public Inspection**

**Name of the organization**
PALMETTO HEALTH

**Employer identification number**
58-2296052

## 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<br>☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities<br>☐ Generally tailored to individual hospital facilities | | | |
| 3 | Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year | | | |
| a | Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care<br>☐ 100% ☐ 150% ☑ 200% ☐ Other _____ % | 3a | Yes | |
| b | Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care<br>☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ % | 3b | Yes | |
| c | If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care | | | |
| 4 | Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? | 4 | Yes | |
| 5a | Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? | 5a | Yes | |
| b | If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? | 5b | Yes | |
| c | If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care? | 5c | | No |
| 6a | Did the organization prepare a community benefit report during the tax year? | 6a | Yes | |
| b | If "Yes," did the organization make it available to the public? | 6b | 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) | | | 73,228,766 | 32,801,223 | 40,427,543 | 3 220 % |
| b Medicaid (from Worksheet 3, column a) | | | 71,922,298 | 60,099,832 | 11,822,466 | 0 940 % |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d **Total** Financial Assistance and Means-Tested Government Programs | | | 145,151,064 | 92,901,055 | 52,250,009 | 4 160 % |
| **Other Benefits** | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | | 13,876,972 | | 13,876,972 | 1 110 % |
| f Health professions education (from Worksheet 5) | | | 36,701,436 | 2,708,239 | 33,993,197 | 2 710 % |
| g Subsidized health services (from Worksheet 6) | | | 118,166,668 | 105,589,897 | 12,576,771 | 1 000 % |
| h Research (from Worksheet 7) | | | 807,644 | | 807,644 | 0 060 % |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 409,640 | | 409,640 | 0 030 % |
| j **Total.** Other Benefits | | | 169,962,360 | 108,298,136 | 61,664,224 | 4 910 % |
| k **Total.** Add lines 7d and 7j | | | 315,113,424 | 201,199,191 | 113,914,233 | 9 070 % |

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

| | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|---|---|---|---|---|---|---|
| 1 Physical improvements and housing | | | | | | |
| 2 Economic development | | | | | | |
| 3 Community support | | | | | | |
| 4 Environmental improvements | | | | | | |
| 5 Leadership development and training for community members | | | | | | |
| 6 Coalition building | | | | | | |
| 7 Community health improvement advocacy | | | | | | |
| 8 Workforce development | | | 18,475 | | 18,475 | 0 % |
| 9 Other | | | | | | |
| 10 **Total** | | | 18,475 | | 18,475 | |

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

**Section A. Bad Debt Expense**

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15? | 1 | Yes | |
| 2 | Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount | 2 60,510,235 | | |
| 3 | Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit | 3 3,549,879 | | |
| 4 | Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements | | | |

**Section B. Medicare**

| | | | |
|---|---|---|---|
| 5 | Enter total revenue received from Medicare (including DSH and IME) | 5 | 234,239,230 |
| 6 | Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 314,321,609 |
| 7 | Subtract line 6 from line 5 This is the surplus (or shortfall) | 7 | -80,082,379 |
| 8 | Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used | | |

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

**Section C. Collection Practices**

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

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

| (a) Name of entity | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|---|---|---|---|---|
| 1 1 RADIATION ONCOLOGY | OUTPATIENT ONCOLOGY | 51 000 % | | 49 000 % |
| 2 2 PARKRIDGE SURGERY | OUTPATIENT SURGERY | 72 360 % | | 27 640 % |
| 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? 3

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

| | Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility) | 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 | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| | | | | | | | | | | | |

## Part V Facility Information *(continued)*

### Section B. Facility Policies and Practices

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

FACILITY REPORTING GROUP - A

**Name of hospital facility or letter of facility reporting group**

**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):**

| | | | Yes | No |
|---|---|---|---|---|
| **Community Health Needs Assessment** | | | | |
| 1 | Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year? | 1 | | No |
| 2 | Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C | 2 | | No |
| 3 | 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 12 | 3 | Yes | |
| | If "Yes," indicate what the CHNA report describes (check all that apply) | | | |
| a | ☑ A definition of the community served by the hospital facility | | | |
| b | ☑ Demographics of the community | | | |
| c | ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | | |
| d | ☑ How data was obtained | | | |
| e | ☑ The significant health needs of the community | | | |
| f | ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | | |
| g | ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs | | | |
| h | ☑ The process for consulting with persons representing the community's interests | | | |
| i | ☑ Information gaps that limit the hospital facility's ability to assess the community's health needs | | | |
| j | ☐ Other (describe in Section C) | | | |
| 4 | Indicate the tax year the hospital facility last conducted a CHNA 20 13 | | | |
| 5 | 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 Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | 5 | Yes | |
| 6a | Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C | 6a | Yes | |
| b | Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C | 6b | | No |
| 7 | Did the hospital facility make its CHNA report widely available to the public? | 7 | Yes | |
| | If "Yes," indicate how the CHNA report was made widely available (check all that apply) | | | |
| a | ☑ Hospital facility's website (list url) SEE PAGE 8, PART VI | | | |
| b | ☐ Other website (list url) | | | |
| c | ☑ Made a paper copy available for public inspection without charge at the hospital facility | | | |
| d | ☑ Other (describe in Section C) | | | |
| 8 | Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 | 8 | Yes | |
| 9 | Indicate the tax year the hospital facility last adopted an implementation strategy 20 13 | | | |
| 10 | Is the hospital facility's most recently adopted implementation strategy posted on a website? | 10 | | No |
| a | If "Yes" (list url) | | | |
| b | If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | 10b | Yes | |
| 11 | Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed | | | |
| 12a | 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)? | 12a | | No |
| b | If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | 12b | | |
| c | If "Yes" to line 12b, 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)*

FACILITY REPORTING GROUP - A

**Name of hospital facility or letter of facility reporting group** _____

| | | | Yes | No |
|---|---|---|---|---|
| **Financial Assistance Policy (FAP)** | | | | |
| | Did the hospital facility have in place during the tax year a written financial assistance policy that | | | |
| 13 | Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? | 13 | Yes | |
| | If "Yes," indicate the eligibility criteria explained in the FAP | | | |
| a | ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000% and FPG family income limit for eligibility for discounted care of 400 000000000000% | | | |
| b | ☐ Income level other than FPG (describe in Section C) | | | |
| c | ☑ Asset level | | | |
| d | ☑ Medical indigency | | | |
| e | ☑ Insurance status | | | |
| f | ☐ Underinsurance discount | | | |
| g | ☑ Residency | | | |
| h | ☐ Other (describe in Section C) | | | |
| 14 | Explained the basis for calculating amounts charged to patients? | 14 | Yes | |
| 15 | Explained the method for applying for financial assistance? | 15 | Yes | |
| | If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) | | | |
| a | ☑ Described the information the hospital facility may require an individual to provide as part of his or her application | | | |
| b | ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application | | | |
| c | ☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process | | | |
| d | ☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications | | | |
| e | ☐ Other (describe in Section C) | | | |
| 16 | Included measures to publicize the policy within the community served by the hospital facility? | 16 | Yes | |
| | If "Yes," indicate how the hospital facility publicized the policy (check all that apply) | | | |
| a | ☑ The FAP was widely available on a website (list url) SEE DISCLOSURE | | | |
| b | ☐ The FAP application form was widely available on a website (list url) _____ | | | |
| c | ☐ A plain language summary of the FAP was widely available on a website (list url) _____ | | | |
| d | ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| e | ☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| f | ☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| g | ☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility | | | |
| h | ☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP | | | |
| i | ☑ Other (describe in Section C) | | | |
| **Billing and Collections** | | | | |
| 17 | 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 all of the actions the hospital facility or other authorized party may take upon non-payment? | 17 | Yes | |
| 18 | Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP | | | |
| a | ☐ Reporting to credit agency(ies) | | | |
| b | ☐ Selling an individual's debt to another party | | | |
| c | ☐ Actions that require a legal or judicial process | | | |
| d | ☐ Other similar actions (describe in Section C) | | | |
| e | ☐ None of these actions or other similar actions were permitted | | | |

## Part V Facility Information *(continued)*

FACILITY REPORTING GROUP - A

**Name of hospital facility or letter of facility reporting group** _____

| | | | Yes | No |
|---|---|---|---|---|
| **19** | Did the hospital facility or other 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? . . . . . | **19** | | No |
| | If "Yes," check all actions in which the hospital facility or a third party engaged | | | |
| **a** | ☐ Reporting to credit agency(ies) | | | |
| **b** | ☐ Selling an individual's debt to another party | | | |
| **c** | ☐ Actions that require a legal or judicial process | | | |
| **d** | ☐ Other similar actions (describe in Section C) | | | |
| **20** | Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (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) | | | |
| **f** | ☐ None of these efforts were made | | | |
| **Policy Relating to Emergency Medical Care** | | | | |
| **21** | Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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? . . . . . | **21** | Yes | |
| | If "No," indicate why | | | |
| **a** | ☐ The hospital facility did not provide care for any emergency medical conditions | | | |
| **b** | ☐ The hospital facility's policy was not in writing | | | |
| **c** | ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) | | | |
| **d** | ☐ Other (describe in Section C) | | | |
| **Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)** | | | | |
| **22** | Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care | | | |
| **a** | ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged | | | |
| **b** | ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged | | | |
| **c** | ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged | | | |
| **d** | ☑ Other (describe in Section C) | | | |
| **23** | 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? . . . . . | **23** | | No |
| | If "Yes," explain in Section C | | | |
| **24** | 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? . . . . . | **24** | | No |
| | If "Yes," explain in Section C | | | |

## Part V Facility Information *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

| Form and Line Reference | Explanation |
|---|---|
| See Additional Data Table | |
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**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? **68**

| | 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 7 | COSTING METHODOLOGY FOR INPATIENT AND OUTPATIENT SERVICES WERE DERIVED USING A COMBINATION OF IRS PROVIDED WORKSHEETS AND PALMETTO HEALTH'S MEDICARE COST REPORT HOWEVER, ACTUAL DATA FROM PALMETTO HEALTH'S AUDITED FINANCIAL STATEMENTS WERE USED IN THE COSTING METHODOLOGY FOR SUBSIDIZED HEALTH SERVICES |

| Form and Line Reference | Explanation |
| --- | --- |
| PART I, LINE 7, COLUMN (F) | THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS $ 250,457,544 |

| Form and Line Reference | Explanation |
| --- | --- |
| PART II, COMMUNITY BUILDING ACTIVITIES | PALMETTO HEALTH'S WORKFORCE DEVELOPMENT AIDS IN THE PROFESSIONAL DEVELOPMENT OF HEALTH CARE PROFESSIONALS OVER 1043 INDIVIDUALS PARTICIPATED IN CAREER OBSERVATIONS EVENTS (I E JOB SHADOWING, INTERNSHIPS, GRADUATE ASSISTANTSHIPS, AND RESIDENCIES) THROUGH PARTNERSHIPS WITH LOCAL SCHOOLS AND COLLEGES APPROXIMATELY 7,293 CONTACTS WERE MADE AT VARIOUS CAREER EVENTS AND COMMUNITY SPEAKING ENGAGEMENTS |

| Form and Line Reference | Explanation |
|---|---|
| PART III, LINE 4 | FY2015 FINANCIALS, EXCERPT FROM NOTE 3 - NET PATIENT SERVICE REVENUE AND PATIENT ACCOUNTS RECEIVABLE ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IN EVALUATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE, PALMETTO HEALTH ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AND PROVISION FOR UNCOLLECTIBLE ACCOUNTS, AS WELL AS PERFORMING A DETAIL REVIEW OF HIGH DOLLAR ACCOUNTS ON A CASE BY CASE BASIS MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYOR SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, PALMETTO HEALTH ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES BOTH AN ALLOWANCE AND A PROVISION FOR UNCOLLECTIBLE ACCOUNTS, IF NECESSARY (FOR EXAMPLE, FOR EXPECTED UNCOLLECTIBLE DEDUCTIBLES AND COPAYMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYOR HAS NOT YET PAID, OR FOR PAYORS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY) FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUTCIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), PALMETTO HEALTH RECORDS A SIGNIFICANT PROVISION FOR UNCOLLECTIBLE ACCOUNTS 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 RATES (OR THE DISCOUNTED RATES, IF NEGOTIATED) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS PALMETTO HEALTH'S ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS FOR SELF-PAY PATIENTS WAS 88 7% AND 86 2% OF SELF-PAY ACCOUNTS RECEIVABLE AT SEPTEMBER 30, 2015 AND 2014, RESPECTIVELY EFFECTIVE JANUARY 1, 2014, PALMETTO HEALTH CHANGED ITS POLICY OF CHARITY CARE AND UNINSURED DISCOUNT POLICIES TO ALIGN WITH NEW REQUIREMENTS OF THE AFFORDABLE CARE ACT CHARITY IS NOT LIMITED PRIMARILY TO PATIENTS THAT ARE LESS THAN 100% OF FEDERAL POVERTY GUIDELINES, LIVE IN PALMETTO HEALTH'S PRIMARY SERVICE AREA (RICHLAND, LEXINGTON OR FAIRFIELD COUNTIES), AND WHO ARE NOT ELIGIBLE FOR ANY OTHER COVERAGE INCLUDING THAT OFFERED THROUGH THE HEALTH INSURANCE MARKETPLACE SELF PAY PATIENTS NOT ELIGIBLE FOR CHARITY CARE ARE PROVIDED A 20% DISCOUNT OFF OF GROSS CHARGES PALMETTO HEALTH DOES NOT MAINTAIN A MATERIAL ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS FROM THIRD-PARTY PAYORS, NOR DID IT HAVE SIGNIFICANT WRITE-OFFS FROM THIRD-PARTY PAYORS |

| Form and Line Reference | Explanation |
| --- | --- |
| PART III, LINE 8 | THE AMOUNT WITHIN LINE 7 OF PART III PRESENTS THE SHORTFALL AFTER COMPARING THE NEW REVENUE AND COST OF PATIENTS CLASSIFIED AS MEDICARE WHO WERE NOT INCLUDED WITHIN THE SUBSIDIZED HEALTH SERVICE COMPONENT OF LINE 7G OF PART I THE $80 MILLION SHORTFALL CONSISTS OF THE MEDICARE PATIENTS WHO INCURRED A LOSS BUT WERE NOT INCLUDED WITHIN THE SUBSIDIZED HEALTH SERVICE COMMUNITY BENEFIT FIGURE THE COSTS REPORTED WITHIN LINE 6, PART III WERE FORMULATED USING A HOSPITAL WIDE COST TO CHARGE RATIO |

| Form and Line Reference | Explanation |
| --- | --- |
| PART III, LINE 9B | ON THE FRONT END OF THE DEBT COLLECTION PROCESS, PRE-REGISTRATION STAFF, AS WELL AS FINANCIAL COUNSELORS, ARE PROACTIVE IN EXPLAINING FINANCIAL AND AGENCY ASSISTANCE PALMETTO HEALTH UTILIZES DEPARTMENT OF HEALTH AND HUMAN SERVICES ON-SITE WORKERS, IN ADDITION TO FINANCIAL COUNSELORS, WHO MEET WITH THE PATIENTS OR FAMILY TO DETERMINE THEIR ELIGIBILITY FOR ASSISTANCE A THIRD PARTY BUSINESS PARTNER IS ALSO EMPLOYED TO SUPPLEMENT PALMETTO HEALTH'S EFFORTS IN SCREENING PATIENTS FOR FINANCIAL ASSISTANCE PALMETTO HEALTH ALSO PROVIDES HELPFUL INFORMATION ON FINANCIAL ASSISTANCE IN THE PATIENTS' HANDBOOK AND AS PART OF THE BILLING PROCESS IN BOTH ENGLISH AND SPANISH THERE ARE SIGNS POSTED AROUND THE CAMPUSES AND INFORMATION ON THE WEBSITE FOR RELATED PROGRAMS AVAILABLE AT PALMETTO HEALTH POST DISCHARGE, ALL STATEMENTS TO SELF PAY PATIENTS INCLUDE DISCLOSURES THAT THEY MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE THERE IS A DESIGNATED UNIT THAT PURSUES FINANCIAL ASSISTANCE OR AGENCY ASSISTANCE FOR THE PATIENT, INCLUDING SELF-PAY DISCOUNTS OR PAYMENT PLANS A THIRD PARTY BUSINESS PARTNER IS EMPLOYED TO WORK THE MORE DIFFICULT AND TIME CONSUMING SUPPLEMENTAL SECURITY INCOME AND DISABILITY RELATED CASES IN ADDITION, PATIENTS WHO DO NOT RESPOND TO INTERNAL COLLECTION EFFORTS ARE REFERRED TO THIRD PARTY COLLECTION AGENCIES WHO CAN REVIEW THE PATIENTS' STATUS FOR FINANCIAL ASSISTANCE AND REFER TO THE HOSPITAL FOR FINAL DETERMINATION |

| Form and Line Reference | Explanation |
| --- | --- |
| PART VI, LINE 2 | PALMETTO HEALTH HAS CONTRIBUTED MORE THAN $46 MILLION DOLLARS TOWARDS COMMUNITY HEALTH OUTREACH INITIATIVES OVER THE PAST SEVENTEEN YEARS THESE COMMUNITY OUTREACH PROGRAMS BENEFIT THE COMMUNITY BY OFFERING SERVICES IN AREAS OF NEED AND BY SUPPORTING EXISTING SUCCESSFUL COMMUNITY HEALTH OUTREACH INITIATIVES IN ORDER TO ASSESS THE NEEDS OF THE COMMUNITIES AND DETERMINE WHAT PALMETTO HEALTH'S COMMUNITY PRIORITIES ARE, PALMETTO HEALTH STUDIES DISEASE SPECIFIC RESEARCH AND STATISTICS FOR NATIONAL, STATE AND COUNTY DATA PALMETTO HEALTH ALSO USES INPATIENT AND EMERGENCY DEPARTMENT TRENDS DATA AND FOCUS GROUP DATA TO HELP DETERMINE WHAT COMMUNITY PRIORITIES WILL BE IN ADDITION, PALMETTO HEALTH UTILIZES HEALTHY PEOPLE 2020 (FORMERLY KNOWN AS HEALTHY PEOPLE 2010) OBJECTIVES TO HELP DRIVE THE COMMUNITY NEEDS PROGRAM DESIGN |

| Form and Line Reference | Explanation |
| --- | --- |
| PART VI, LINE 3 | PALMETTO HEALTH STRIVES TO IMPROVE THE WELL BEING OF THE COMMUNITIES IT SERVES QUALITY SERVICES ARE MADE AVAILABLE TO ALL MEMBERS OF THE COMMUNITY REGARDLESS OF AN ABILITY TO PAY PALMETTO HEALTH WILL WORK WITH UNINSURED OR UNDER INSURED PATIENTS TO SEEK FINANCIAL ASSISTANCE OR GOVERNMENT BENEFITS PATIENTS ARE EDUCATED ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE, OR LOCAL GOVERNMENT PROGRAMS OR UNDER PALMETTO HEALTH'S FINANCIAL ASSISTANCE POLICY(FAP) DURING THE REGISTRATION PROCESS DURING PRE-REGISTRATION AND REGISTRATION, PATIENTS CAN BE INTERVIEWED BY A FINANCIAL COUNSELOR TO DETERMINE WHETHER THE PATIENT HAS A NEED FOR FINANCIAL ASSISTANCE OR GOVERNMENT PROGRAMS THE FINANCIAL COUNSELOR REVIEWS THE FINANCIAL STATUS OF THE PATIENT TO DETERMINE WHICH PROGRAM(S) THE PATIENT MAY BE ELIGIBLE TO PARTICIPATE IF IT IS DEEMED THAT A PATIENT MAY BE ELIGIBLE FOR A STATE GOVERNMENT PROGRAM, I E MEDICAID, DEPARTMENT OF HEALTH AND HUMAN SERVICES WORKERS ARE AVAILABLE TO ASSIST PATIENTS AND THEIR FAMILIES WITH COMPLETING APPLICATIONS FINANCIAL COUNSELORS ASSIST PATIENTS WITH THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY(FAP) PALMETTO HEALTH'S WEBSITE, WWW PALMETTOHEALTH ORG, STATES PALMETTO HEALTH WILL WORK WITH UNINSURED OR UNDER INSURED PATIENTS TO SEEK FINANCIAL ASSISTANCE OR GOVERNMENT BENEFITS POST DISCHARGE, PATIENTS EXPRESSING ISSUES WITH BEING UNABLE TO PAY THEIR BILL WILL BE DIRECTED TO FINANCIAL COUNSELORS TO ASSIST IN EDUCATING THE PATIENTS ABOUT THE FINANCIAL ASSISTANCE POLICY(FAP) AND OTHER OPPORTUNITIES FOR PAYMENT ASSISTANCE |

| Form and Line Reference | Explanation |
| --- | --- |
| PART VI, LINE 4 | THE PRIMARY SERVICE AREA FOR PALMETTO HEALTH CONSISTS OF RICHLAND AND LEXINGTON COUNTIES THERE ARE APPROXIMATELY 685,593 RESIDENTS WHO LIVE WITHIN THE PRIMARY SERVICE AREA THE MEDIAN HOUSEHOLD INCOME OF THE CONSTITUENTS IN RICHLAND AND LEXINGTON COUNTIES IS $48,783 AND $54,191 RESPECTIVELY THE UNEMPLOYMENT RATE FOR RICHLAND COUNTY IS 5 0% AND LEXINGTON COUNTY IS 4 3% THE SECONDARY SERVICE AREA FOR PALMETTO HEALTH CONSISTS OF CALHOUN, FAIRFIELD, KERSHAW, LEE, NEWBERRY, ORANGEBURG, SALUDA AND SUMTER COUNTIES THERE ARE APPROXIMATELY 375,036 RESIDENTS WHO LIVE IN THESE SECONDARY SERVICE AREAS THE MEDIAN HOUSEHOLD INCOME FOR CALHOUN COUNTY IS $44,580, FAIRFIELD COUNTY IS $35,441, KERSHAW COUNTY IS $44,431, LEE COUNTY IS $31,716, NEWBERRY COUNTY IS $42,620, ORANGEBURG COUNTY IS $34,119, SALUDA COUNTY IS $42,440 AND SUMTER COUNTY IS $43,465 THE UNEMPLOYMENT RATE FOR THE SECONDARY MARKET IN CALHOUN COUNTY IS 6 3%, FAIRFIELD COUNTY IS 7 5%, KERSHAW COUNTY IS 5 4%, LEE COUNTY IS 7 7%, NEWBERRY COUNTY IS 4 6%, ORANGEBURG COUNTY IS 8 3%, SALUDA COUNTY IS 4 7% AND SUMTER COUNTY IS 6 3% |

| Form and Line Reference | Explanation |
| --- | --- |
| PART VI, LINE 5 | PALMETTO HEALTH IS FOCUSING ON MULTIPLE INNOVATIVE INITIATIVES TO IMPROVE THE PHYSICAL, EM OTIONAL AND SPIRITUAL HEALTH OF ALL INDIVIDUALS AND COMMUNITIES IT SERVES THE GOAL IS TO IMPACT INDIVIDUAL HEALTH STATUS, HELP CREATE A HEALTHIER COMMUNITY AND PROVIDE QUALITY SCR EENING, INTERVENTION AND EDUCATION AND FOSTER AND PROMOTE COLLABORATION AMONG VARIOUS AGEN CIES AND ORGANIZATIONS IN FY 2015, PALMETTO HEALTH PROVIDED HEALTH CARE SERVICES AND SUPP ORT TO THOUSANDS OF PEOPLE IN SOUTH CAROLINA TOGETHER WITH OUR PARTNERS, WE ARE WORKING T O IMPROVE THE OVERALL HEALTH OF OUR COMMUNITY IN FY 2015, THE OFFICE OF COMMUNITY HEALTH P ROVIDED 453,892 SERVICES TO THE UNDERINSURED, UNINSURED AND MEDICALLY UNDERSERVED PEOPLE I N THE MIDLANDS, ALONG WITH THE GENERAL POPULATION SERVICES WERE PROVIDED TO 68,472 PEOPLE IN SOUTH CAROLINA COMMUNITIES ONE OF THE PROGRAMS THAT PROVIDES HEALTH CARE SERVICES AND SUPPORT TO THE PEOPLE OF SOUTH CAROLINA IS THE CANCER HEALTH INITIATIVE THE CANCER HEALTH INITIATIVE ADDRESSES FIVE CANCERS BREAST, CERVICAL, LUNG, PROSTATE AND COLORECTAL THROU GH THE USE OF CLINICS, HEALTH FAIRS, SCHOOLS, FAITH-BASED AND CIVIC ORGANIZATIONS, FREE SC REENINGS ARE MADE AVAILABLE TO THE COMMUNITY -THERE WERE 4,480 SCREENINGS PERFORMED FOR 2, 676 PARTICIPANTS -THROUGH SCREENING EFFORTS, SEVEN CANCERS, TWO CERVICAL DYSPLASIAS AND 28 COLON POLYPS WERE DETECTED - THERE WERE 978 PATIENTS SCREENED AT THE WEEKLY SCREENING CLIN IC -THE CANCER HEALTH CASE MANAGEMENT TEAM FOLLOWED 223 PATIENTS FOR ABNORMAL FINDINGS FOL LOWING CANCER SCREENINGS -CANCER HEALTH TEAMS PARTICIPATED IN BENEDICT COLLEGE'S ANNUAL MU LTICULTURAL HERITAGE CELEBRATION, HARAMBEE, TO PROVIDE PROSTATE CANCER EDUCATION AND SCREE NINGS -THROUGH A PARTNERSHIP WITH THE PALMETTO HEALTH BREAST CENTER, MOBILE MAMMOGRAPHY SC REENINGS WERE PROVIDED IN THE COMMUNITY -THE SMOKING CESSATION PROGRAM PROVIDED PRESCRIPTI ONS AND SERVICES TO 85 PARTICIPANTS -MORE THAN 8,000 STUDENTS IN RICHLAND, LEXINGTON AND F AIRFIELD COUNTIES WERE ENGAGED THROUGH TRUMPETER, AN ANTI-SMOKING CAMPAIGN DESIGNED FOR MI DDLE AND HIGH SCHOOL STUDENTS DIABETES HEALTH INITIATIVETHIS INITIATIVE CONDUCTS COMPREHEN SIVE SCREENING PROGRAMS DESIGNED TO DETECT AND DIAGNOSE PRE-DIABETES AND DIABETES AT AN EA RLY STAGE OF DEVELOPMENT WHILE PROVIDING EDUCATION AND PROGRAMS TO THOSE AT RISK THERE WER E 5,051 SCREENING AND EDUCATION SERVICES FOR EARLY DETECTION AND PREVENTION OF TYPE 2 DIAB ETES -OF THE 2,694 PARTICIPANTS SCREENED, 59 PERCENT WERE FOUND TO HAVE ABNORMAL TEST RESU LTS OF THOSE, 736 WERE DIAGNOSED AS PRE-DIABETIC AND 14 WERE DIABETIC -THERE WERE 268 DIA BETES SCREENING EVENTS AND MORE THAN 2,000 PEOPLE WERE EDUCATED ABOUT DIABETES, NUTRITION, PHYSICAL ACTIVITY AND HEART DISEASE -APPROXIMATELY 933 WOMEN ATTENDED WOMEN AT HEART 350 WOMEN WERE PROVIDED FREE BLOOD WORK MATERNAL AND CHILD HEALTH INITIATIVETEEN HEALTH AND P ALMETTO HEALTHY STARTTHESE TWO SUB-INITIATIVES AIM TO IMPROVE THE HEALTH AND WELL-BEING OF WOMEN, INFANTS, CHILDREN AND FAMILIES TEEN PREGNANCY PREVENTION SERVICES ALSO ARE PROVID ED TEEN HEALTH-THERE WERE ZERO REPORTED STUDENT PREGNANCIES AMONG TEEN PARTICIPANTS -THE T EEN TALK PROGRAM PROVIDED INSTRUCTION FOR 949 STUDENTS DURING 29 WEEKS -THERE WERE 146,880 YOUTH DEVELOPMENT SERVICES AND CONTACTS PROVIDED TO TEENS IN THE MIDLANDS -TEN COMMUNITY ADVOCATES CONDUCTED 1,557 TEEN TALK SESSIONS IN 38 PUBLIC AND PRIVATE SCHOOLS IN RICHLAND AND LEXINGTON COUNTIES -THE ELEVENTH ANNUAL TEEN HEALTH SUMMIT PROVIDED TEEN PREGNANCY PRE VENTION EDUCATION TO 391 STUDENTS AND 75 PARENTS -FRESHMAN FOCUS REACHED 60 COLLEGE FRESHM EN, INCREASING KNOWLEDGE OF REPRODUCTIVE HEALTH AND IMPROVING ATTITUDES AND BEHAVIORS TOWA RDS CONTRACEPTION -THERE WERE 107 PARENTS REACHED THROUGH PARENTEEN, A QUARTERLY PROGRAM D ESIGNED TO IMPROVE PARENT/CHILD COMMUNICATION -THROUGH THE TEEN REACH PROGRAM, 112 TEENS R ECEIVED PREGNANCY PREVENTION EDUCATION IN THEIR FAITH COMMUNITY PALMETTO HEALTHY START-THE INFANT MORTALITY RATE FOR PALMETTO HEALTHY START PARTICIPANTS WAS 4 9 PER 1,000 LIVE BIRT HS, COMPARED TO 9 9 PER 1,000 LIVE BIRTHS AMONG AFRICAN-AMERICANS IN 2014 IN THE TARGET AR EA -ENROLLED 406 PREGNANT WOMEN IN THE PALMETTO HEALTHY START PROGRAM -THERE WERE 203 INFA NTS BORN DURING THE REPORTING PERIOD -PROVIDED SERVICES TO 936 WOMEN AND 521 INFANTS WITH 1,492 HOME VISITS -SPONSORED THE 2015 INFANT MORTALITY AWARENESS (IMA) WALK WITH 356 ATTEN DEES -DISTRIBUTED MORE THAN 2,500 FACT SHEETS AND BUTTONS THROUGHOUT THE COMMUNITY ON INFA NT MORTALITY AWARENESS DAY -HELD CHILDBIRTH CLASSES FOR 26 PARTICIPANTS AND CHILDBIRTH EDU CATION TO 69 PARTICIPANTS THROUGH HOME VISITS OR PHONE CONTACTS - PROVIDED 227 CONTACTS THR OUGH THE REPEAT PREGNANCY PREVENTION PROGRAM AND MALE INVOLVEMENT INITIATIVE (107 INDIVIDU ALS BASED ON PARTICIPANTS) - PROVIDED BREASTFEEDING EDUCATION TO 420 WOMEN THROUGH HOME VIS ITS AND TELEPHONE CALLS -DISTRIBUTED 55 BREAST PUMPS TO PARTICIPANTS WHO ATTENDED BREASTFE EDING SUPPORT GROUPS -PROVIDED ORAL HEALTH SERVICE |

| Form and Line Reference | Explanation |
| --- | --- |
| PART VI, LINE 5 | S TO 390 PARTICIPANTS, WITH 24 AFFECTED BY PERIODONTITIS (SIX PERCENT) AND 100 WITH TOOTH DECAY (26 PERCENT) RICHLAND CARETHIS INITIATIVE IS A HEALTH CARE DELIVERY SYSTEM DESIGNED TO IMPROVE ACCESS TO CARE AND IMPROVE HEALTH OUTCOMES FOR LOW-INCOME, UNINSURED RESIDENTS OF RICHLAND COUNTY - THERE WERE 1,441 FIRST-TIME ENROLLEES TO THE RICHLAND CARE PROGRAM -AL L-TIME NUMBER OF PARTICIPANTS REACHED 25,919 (FY 1998-2015)-THERE WERE 963 REFERRALS FOR S PECIALTY CARE SERVICES (E G , OPHTHALMOLOGY, GASTROENTEROLOGY AND SURGERY SERVICES)-PARTIC IPANTS RECEIVED MORE THAN $1 35 MILLION IN SPECIALTY SERVICES -PARTICIPANTS RECEIVING DISE ASE MANAGEMENT SERVICES FOR DIABETES HAD AN AVERAGE DECREASE OF 22 PERCENT IN HBA1C READIN GS-RICHLAND CARE PARTICIPANTS CHOOSE A MEDICAL HOME AND HAVE ACCESS TO PRIMARY CARE, SPECI ALTY CARE, HOSPITAL AND PHARMACY SERVICES, PLUS REFERRAL TO MENTAL HEALTH AND SUBSTANCE AB USE SERVICES AS NEEDED -SINCE ITS INCEPTION IN 2001, RICHLAND CARE HAS PROVIDED HEALTH CAR E SERVICES TO 25,919 LOW-INCOME, UNINSURED RESIDENTS OF RICHLAND COUNTY AND EXPANDED TO CO VER LEXINGTON AND FAIRFIELD COUNTIES IN MAY 2015 THIS ACCESS HAS ALLOWED PARTICIPANTS TO ADDRESS HEALTH CONCERNS THROUGH PRIMARY CARE, SPECIALTY CARE AND/OR MEDICATIONS -RICHLAND CARE'S GOAL IS TO CONTINUE DEVELOPING A COORDINATED HEALTH CARE DELIVERY SYSTEM TO IMPROVE ACCESS TO CARE AND OUTCOMES FOR LOW-INCOME, UNINSURED RESIDENTS MEDICAL HOMES PROVIDE PR IMARY CARE AND PHARMACEUTICALS, AND FOUR LOCAL HOSPITALS, INCLUDING PALMETTO HEALTH, PROVI DE INPATIENT SERVICES - RICHLAND CARE SERVICES ALSO INCLUDE DISEASE CASE MANAGEMENT ACTIVIT IES AND SUPPORT FOR PARTICIPANTS WITH HYPERTENSION OR DIABETES, AND CASE MANAGEMENT FOR PA RTICIPANTS WHO USE EMERGENCY DEPARTMENTS IN FY 2015, RICHLAND CARE PARTICIPANTS HAD 14 17 PERCENT REDUCTION IN AVOIDABLE EMERGENCY DEPARTMENT VISITS, EXCEEDING THE 10 PERCENT GOAL SET FORTH BY PALMETTO HEALTH -HEALTH EDUCATION AND WELLNESS SERVICES ARE AVAILABLE TO ALL PARTICIPANTS THE HEALTHWISE HANDBOOK, A SELF-CARE REFERENCE GUIDE, SUPPORTS THESE ACTIVI TIES IN FY 2015, 1,441 HANDBOOKS WERE DISTRIBUTED |

| Form and Line Reference | Explanation |
| --- | --- |
| PART VI, LINE 5, CONTINUATION | COMMUNITY PARTNERSPALMETTO HEALTH FUNDS MANY INITIATIVES DESIGNED TO IMPROVE COMMUNITY HEALTH THE COMMUNITY HEALTH COMMITTEE, A SUB-GROUP OF THE PALMETTO HEALTH BOARD OF DIRECTORS, APPROVES THE FUNDED INITIATIVES - THROUGH A PARTNERSHIP WITH THE UNITED WAY, COMMUNITY PARTNERS OF THE MIDLANDS PROVIDED SERVICES TO 2,611 PATIENTS, INCLUDING COMPREHENSIVE DENTAL SERVICES FOR UNINSURED, LOW-INCOME, CHILDREN, ADULTS AND PREGNANT WOMEN -THERE WERE 1,460 EMERGENCY DENTAL SERVICES GIVEN TO 833 RICHLAND AND LEXINGTON COUNTY RESIDENTS THROUGH THE MIDLANDS DENTAL INITIATIVE (PROVIDED BY PALMETTO HEALTH AND LEXINGTON MEDICAL CENTER) -MIDLANDS EYE CARE CLINIC PROVIDED 279 PAIRS OF EYEGLASSES AND SAW 283 PATIENTS DURING 27 CLINIC DAYS -PROJECT BREATHE EASY, A SIX-MONTH ASTHMA EDUCATION PROGRAM, PROVIDED SERVICES TO 156 CHILDREN AND THEIR FAMILIES -WITH THE USE OF GONOODLE, A COMMUNITY YOUTH-HEALTH LITERACY COLLABORATIVE IN RICHLAND COUNTY, MORE THAN 43,000 STUDENTS WERE ENGAGED MONTHLY, RESULTING IN 11 9 MILLION MINUTES OF PHYSICAL ACTIVITIES THE PROGRAM IS AVAILABLE TO ALL RICHLAND COUNTY SCHOOLS WITH 1,548 MONTHLY-ACTIVE TEACHERS USING GONOODLE ACTIVITIES THROUGH A PARTNERSHIP WITH JAMES R CLARK MEMORIAL SICKLE CELL FOUNDATION, PALMETTO HEALTH PROVIDED FUNDING FOR 5,338 HOURS OF CASE MANAGEMENT AND 2,688 IN-HOME VISITS, DISEASE MONITORING SERVICES, PATIENT EDUCATION AND RESOURCE REFERRALS TO PATIENTS-LIVING WITH SICKLE CELL DISEASE IN RICHLAND, LEXINGTON, AND FAIRFIELD COUNTIES -THE MIDLANDS PARTNERSHIP FOR PARISH NURSING PROGRAM CONDUCTED 684 HOME VISITS, 722 BLOOD PRESSURE SCREENINGS AND IDENTIFIED 10,431 HEALTH CONCERNS OR MEDICAL DIAGNOSES THROUGH HEALTH AND WELLNESS EDUCATION, SUPPORT GROUPS, HEALTH CARE CASE MANAGEMENT AND HEALTH SCREENINGS -THERE WERE 270 ADOLESCENTS (AGE 13-21) FROM RICHLAND, LEXINGTON AND FAIRFIELD COUNTIES WHO PARTICIPATED IN PROJECT READY (REALISTIC EDUCATION ABOUT DYING YOUNG) THROUGH FIVE-HOUR HOSPITAL SESSIONS AT THE PALMETTO HEALTH RICHLAND TRAUMA CENTER -PALMETTO PROJECT'S CAROLINA HEARING AID BANK PROVIDED 53 FREE HEARING AIDS TO 28 UNINSURED ADULTS FROM RICHLAND AND FAIRFIELD COUNTIES -THERE WERE 13,022 MIDDLE AND HIGH SCHOOL STUDENTS PARTICIPATING IN 568 YOUTH-FOCUSED EDUCATION SESSIONS FOR THE SEXUAL TRAUMA SERVICES OF THE MIDLAND'S YOUTH VIOLENCE PREVENTION PROGRAM -SILVER RING THING, A HIGH-ENERGY PROGRAM DESIGNED TO PROMOTE ABSTINENCE UNTIL MARRIAGE THROUGH AN INTENSE LIVE CONCERT, SERVED 1,216 ADULTS AND YOUTH IN RICHLAND AND LEXINGTON COUNTIES -THE SOUTH CAROLINA CAMPAIGN TO PREVENT TEEN PREGNANCY REACHED 2,003 PROFESSIONALS, PARENTS AND TEENS VIA TRAINING, TECHNICAL ASSISTANCE, OUTREACH EVENTS AND THE ANNUAL SUMMER INSTITUTE -PASOS ("STEPS" IN SPANISH), A HEALTHY FAMILY PLANNING AND HEALTH CARE NAVIGATION PROGRAM FOR THE HISPANIC/LATINO COMMUNITY OF RICHLAND COUNTY, PROVIDED SERVICES FOR 700 FAMILIES -A PARTNERSHIP WITH THE UNIVERSITY OF SOUTH CAROLINA SCHOOL OF MEDICINE PROVIDED FUNDING FOR ONE MINORITY STUDENT TO STUDY MEDICINE -THROUGH A PALMETTO HEALTH PARTNERSHIP, MENTAL ILLNESS RECOVERY CENTER, INC (MIRCI) SERVED 337 CLIENTS INCLUDING FAMILIES AND CHILDREN -THE GOOD SAMARITAN CLINIC PROVIDED SERVICES TO 1,539 PATIENTS WITHIN THE LATINO COMMUNITY THROUGH A PARTNERSHIP WITH PALMETTO HEALTH |

| Form and Line Reference | Explanation |
| --- | --- |
| PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT | SC |

## Additional Data

**Software ID:**
**Software Version:**
**EIN:** 58-2296052
**Name:** PALMETTO HEALTH

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

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

| Form and Line Reference | Explanation |
|---|---|
| PART V, SECTION B | FACILITY REPORTING GROUP A |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**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 |
|---|---|
| FACILITY REPORTING GROUP A CONSISTS OF | - FACILITY 1 PALMETTO HEALTH RICHLAND, - FACILITY 2 PALMETTO HEALTH BAPTIST, - FACILITY 3 PALMETTO HEALTH BAPTIST PARKRIDGE |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**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 |
|---|---|
| FACILITY REPORTING GROUP - A PART V, SECTION B, LINE 16A WEBSITE | SEE DISCLOSURE |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**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 |
|---|---|
| GROUP A-FACILITY 1 -- PALMETTO HEALTH RICHLAND PART V, SECTION B, LINE 5 | THE HOSPITAL FACILITY TOOK INTO ACCOUNT IMPUT FROM PERSONS WHO REPRESENT THE COMMUNITY BY HOLDING A TOWN HALL MEETING AND CONSULTING COMMUNITY LEADERS APPROXIMATELY 50 COMMUNITY LEADERS/STAKEHOLDERS ATTENDED PALMETTO HEALTH AND PROVIDENCE CONDUCTED OVER 35 ONE-ON-ONE INTERVIEWS WITH ELECTED OFFICIALS, COMMUNITY STAKEHOLDERS AND OTHER PROVIDERS |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**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 |
|---|---|
| GROUP A-FACILITY 1 -- PALMETTO HEALTH RICHLAND PART V, SECTION B, LINE 6A | PALMETTO HEALTH WORKED WITH PROVIDENCE HOSPITALS TO JOINTLY CONDUCT THE CHNA HOSPITAL FACILITIES INCLUDED PALMETTO HEALTH RICHLAND, PALMETTO HEALTH BAPTIST, AND PROVIDENCE HOSPITALS (INCLUDES PROVIDENCE HOSPITAL AND PROVIDENCE ORTHOPEDIC HOSPITAL) |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**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 |
|---|---|
| GROUP A-FACILITY 1 -- PALMETTO HEALTH RICHLAND PART V, SECTION B, LINE 7D | EACH PALMETTO HEALTH HOSPITAL FACILITY (RICHLAND, BAPTIST, AND PARKRIDGE) MADE THE JOINT CHNA AVAILABLE IN THE HOSPITAL LOBBY AND ADMINISTRATION AREAS THE CHNA CAN BE FOUND AT WWW PALMETTOHEALTH ORG/COMMUNITY OUTREACH BAPTIST AND RICHLAND DO NOT HAVE SEPARATE WEBSITES |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**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 |
|---|---|
| GROUP A-FACILITY 1 -- PALMETTO HEALTH RICHLAND PART V, SECTION B, LINE 11 | PALMETTO HEALTH'S COMMUNITY HEALTH NEEDS ASSESSMENT IDENTIFIED SEVERAL SIGNIFICANT HEALTH NEEDS IN OUR COMMUNITY THE MOST CONSISTENT RECURRING THEMES INCLUDED ACCESS TO CARE, DIABETES, DENTAL, HEALTH DISEASE AND MENTAL HEALTH OTHER CONDITIONS/ISSUES WHERE THERE IS CONSIDERABLE NEED INCLUDE VISION, TRANSPORTATION AND OBESITY PALMETTO HEALTH HAS CHOSEN THREE PROGRAMS TO FOCUS OUR EFFORTS ON ADDRESSING THE TOP THREE ISSUES THE PROGRAMS ARE AMBULATORY CARE CENTER FOR EVALUATION AND STABILIZATION CLINIC (ACCES), DENTAL SERVICES AND DIABETES THESE PROGRAMS, ALONG WITH OTHER EXISTING PROGRAMS AT PALMETTO HEALTH, ADDRESS NOT ONLY THE TOP THREE NEEDS, BUT ALSO HEART DISEASE AND MENTAL HEALTH THE ACCESS CLINIC PROVIDES ACCESS TO CARE FOR PATIENTS WHO HAVE LIMITED RESOURCES AND NO PRIMARY CARE PROVIDER THE CLINIC PROVIDES MEDICAL HOME MANAGEMENT WHERE NUMEROUS HEALTH RELATED CONDITIONS ARE ADDRESSED, I E SMOKING AND BLOOD PRESSURE MANAGEMENT MANAGING PATIENTS THROUGH A MEDICAL HOME PROVIDES THE WELLNESS COMPONENT AND NOT JUST ATTENDING TO THE ACUTE CARE EPISODE THE ACCES CLINIC ALSO HAS A BEHAVIORAL HEALTH COMPONENT TO IT IN HOPES TO IDENTIFY UNDERLYING ISSUES THAT COULD PREVENT COMPLIANCE WITH THE CARE PLAN THE REMAINING IDENTIFIED AREA OF NEED (VISION, TRANSPORTATION AND OBESITY) ARE AREAS OF NEED THAT PALMETTO HEALTH WILL CHOOSE TO COLLABORATE WITH OTHERS AND SUPPORT, BUT NOT TAKE THE LEAD OR CREATE A NEW INITIATIVE, ONE EXAMPLE BEING TRANSPORTATION PALMETTO HEALTH WAS VERY INVOLVED IN EDUCATING THE PUBLIC AND ITS EMPLOYEES ON THE SIGNIFICANCE OF HAVING AND FUNDING A PUBLIC TRANSPORTATION SYSTEM, BUT DOES NOT DIRECTLY FUND A TRANSPORTATION SYSTEM FOR THE PUBLIC AS THIS IS A NEED BETTER SUITED TO BEING ADDRESSED BY THE LOCAL GOVERNMENT OR OTHER ORGANIZATIONS OTHER AREAS WERE VISION AND OBESITY PALMETTO HEALTH IS SUPPORTING VISION AND OBESITY THROUGH THE OFFICE OF COMMUNITY HEALTH, BUT IS NOT MAKING THESE A PRIMARY FOCUS DUE TO LIMITED RESOURCES |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**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 |
|---|---|
| GROUP A-FACILITY 1 -- PALMETTO HEALTH RICHLAND PART V, SECTION B, LINE 16I | ALL SELF PAY PATIENT STATEMENTS INCLUDE VERBIAGE ABOUT THE POTENTIAL FAP ELIGIBILITY AND HOW TO CONTACT A FINANCIAL COUNSELOR |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**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 |
|---|---|
| GROUP A-FACILITY 1 -- PALMETTO HEALTH RICHLAND PART V, SECTION B, LINE 22D | ALL HOSPITAL FACILITIES PROVIDED FREE CARE WITH NOMINAL COPAYS PATIENTS WILL NOT BE DENIED CARE IF UNABLE TO PAY COPAY |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**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 |
|---|---|
| GROUP A-FACILITY 2 -- PALMETTO HEALTH BAPTIST PART V, SECTION B, LINE 5 | THE HOSPITAL FACILITY TOOK INTO ACCOUNT IMPUT FROM PERSONS WHO REPRESENT THE COMMUNITY BY HOLDING A TOWN HALL MEETING AND CONSULTING COMMUNITY LEADERS APPROXIMATELY 50 COMMUNITY LEADERS/STAKEHOLDERS ATTENDED PALMETTO HEALTH AND PROVIDENCE CONDUCTED OVER 35 ONE-ON-ONE INTERVIEWS WITH ELECTED OFFICIALS, COMMUNITY STAKEHOLDERS AND OTHER PROVIDERS |

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| Form and Line Reference | Explanation |
|---|---|
| GROUP A-FACILITY 2 -- PALMETTO HEALTH BAPTIST PART V, SECTION B, LINE 6A | PALMETTO HEALTH WORKED WITH PROVIDENCE HOSPITALS TO JOINTLY CONDUCT THE CHNA HOSPITAL FACILITIES INCLUDED PALMETTO HEALTH RICHLAND, PALMETTO HEALTH BAPTIST, AND PROVIDENCE HOSPITALS (INCLUDES PROVIDENCE HOSPITAL AND PROVIDENCE ORTHOPEDIC HOSPITAL) |

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| Form and Line Reference | Explanation |
|---|---|
| GROUP A-FACILITY 2 -- PALMETTO HEALTH BAPTIST PART V, SECTION B, LINE 7D | EACH PALMETTO HEALTH HOSPITAL FACILITY (RICHLAND, BAPTIST, AND PARKRIDGE) MADE THE JOINT CHNA AVAILABLE IN THE HOSPITAL LOBBY AND ADMINISTRATION AREAS THE CHNA CAN BE FOUND AT WWW PALMETTOHEALTH ORG/COMMUNITY OUTREACH BAPTIST AND RICHLAND DO NOT HAVE SEPARATE WEBSITES |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

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| Form and Line Reference | Explanation |
|---|---|
| GROUP A-FACILITY 2 -- PALMETTO HEALTH BAPTIST PART V, SECTION B, LINE 11 | PALMETTO HEALTH'S COMMUNITY HEALTH NEEDS ASSESSMENT IDENTIFIED SEVERAL SIGNIFICANT HEALTH NEEDS IN OUR COMMUNITY THE MOST CONSISTENT RECURRING THEMES INCLUDED ACCESS TO CARE, DIABETES, DENTAL, HEALTH DISEASE AND MENTAL HEALTH OTHER CONDITIONS/ISSUES WHERE THERE IS CONSIDERABLE NEED INCLUDE VISION, TRANSPORTATION AND OBESITY PALMETTO HEALTH HAS CHOSEN THREE PROGRAMS TO FOCUS OUR EFFORTS ON ADDRESSING THE TOP THREE ISSUES THE PROGRAMS ARE AMBULATORY CARE CENTER FOR EVALUATION AND STABILIZATION CLINIC (ACCES), DENTAL SERVICES AND DIABETES THESE PROGRAMS, ALONG WITH OTHER EXISTING PROGRAMS AT PALMETTO HEALTH, ADDRESS NOT ONLY THE TOP THREE NEEDS, BUT ALSO HEART DISEASE AND MENTAL HEALTH THE ACCESS CLINIC PROVIDES ACCESS TO CARE FOR PATIENTS WHO HAVE LIMITED RESOURCES AND NO PRIMARY CARE PROVIDER THE CLINIC PROVIDES MEDICAL HOME MANAGEMENT WHERE NUMEROUS HEALTH RELATED CONDITIONS ARE ADDRESSED, I E SMOKING AND BLOOD PRESSURE MANAGEMENT MANAGING PATIENTS THROUGH A MEDICAL HOME PROVIDES THE WELLNESS COMPONENT AND NOT JUST ATTENDING TO THE ACUTE CARE EPISODE THE ACCES CLINIC ALSO HAS A BEHAVIORAL HEALTH COMPONENT TO IT IN HOPES TO IDENTIFY UNDERLYING ISSUES THAT COULD PREVENT COMPLIANCE WITH THE CARE PLAN THE REMAINING IDENTIFIED AREA OF NEED (VISION, TRANSPORTATION AND OBESITY) ARE AREAS OF NEED THAT PALMETTO HEALTH WILL CHOOSE TO COLLABORATE WITH OTHERS AND SUPPORT, BUT NOT TAKE THE LEAD OR CREATE A NEW INITIATIVE, ONE EXAMPLE BEING TRANSPORTATION PALMETTO HEALTH WAS VERY INVOLVED IN EDUCATING THE PUBLIC AND ITS EMPLOYEES ON THE SIGNIFICANCE OF HAVING AND FUNDING A PUBLIC TRANSPORTATION SYSTEM, BUT DOES NOT DIRECTLY FUND A TRANSPORTATION SYSTEM FOR THE PUBLIC AS THIS IS A NEED BETTER SUITED TO BEING ADDRESSED BY THE LOCAL GOVERNMENT OR OTHER ORGANIZATIONS OTHER AREAS WERE VISION AND OBESITY PALMETTO HEALTH IS SUPPORTING VISION AND OBESITY THROUGH THE OFFICE OF COMMUNITY HEALTH, BUT IS NOT MAKING THESE A PRIMARY FOCUS DUE TO LIMITED RESOURCES |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**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 |
|---|---|
| GROUP A-FACILITY 2 -- PALMETTO HEALTH BAPTIST PART V, SECTION B, LINE 16I | ALL SELF PAY PATIENT STATEMENTS INCLUDE VERBIAGE ABOUT THE POTENTIAL FAP ELIGIBILITY AND HOW TO CONTACT A FINANCIAL COUNSELOR |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**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 |
|---|---|
| GROUP A-FACILITY 2 -- PALMETTO HEALTH BAPTIST PART V, SECTION B, LINE 22D | ALL HOSPITAL FACILITIES PROVIDED FREE CARE WITH NOMINAL COPAYS PATIENTS WILL NOT BE DENIED CARE IF UNABLE TO PAY COPAY |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**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 |
|---|---|
| GROUP A-FACILITY 3 -- PALMETTO HEALTH BAPTIST PARKRIDGE PART V, SECTION B, LINE 5 | THE HOSPITAL FACILITY TOOK INTO ACCOUNT IMPUT FROM PERSONS WHO REPRESENT THE COMMUNITY BY HOLDING A TOWN HALL MEETING AND CONSULTING COMMUNITY LEADERS APPROXIMATELY 50 COMMUNITY LEADERS/STAKEHOLDERS ATTENDED PALMETTO HEALTH AND PROVIDENCE CONDUCTED OVER 35 ONE-ON-ONE INTERVIEWS WITH ELECTED OFFICIALS, COMMUNITY STAKEHOLDERS AND OTHER PROVIDERS |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

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| Form and Line Reference | Explanation |
|---|---|
| GROUP A-FACILITY 3 -- PALMETTO HEALTH BAPTIST PARKRIDGE PART V, SECTION B, LINE 6A | PALMETTO HEALTH WORKED WITH PROVIDENCE HOSPITALS TO JOINTLY CONDUCT THE CHNA HOSPITAL FACILITIES INCLUDED PALMETTO HEALTH RICHLAND, PALMETTO HEALTH BAPTIST, AND PROVIDENCE HOSPITALS (INCLUDES PROVIDENCE HOSPITAL AND PROVIDENCE ORTHOPEDIC HOSPITAL) |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

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| Form and Line Reference | Explanation |
|---|---|
| GROUP A-FACILITY 3 -- PALMETTO HEALTH BAPTIST PARKRIDGE PART V, SECTION B, LINE 7D | EACH PALMETTO HEALTH HOSPITAL FACILITY (RICHLAND, BAPTIST, AND PARKRIDGE) MADE THE JOINT CHNA AVAILABLE IN THE HOSPITAL LOBBY AND ADMINISTRATION AREAS THE CHNA CAN BE FOUND AT WWW PALMETTOHEALTH ORG/COMMUNITY OUTREACH BAPTIST AND RICHLAND DO NOT HAVE SEPARATE WEBSITES |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

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| Form and Line Reference | Explanation |
|---|---|
| GROUP A-FACILITY 3 -- PALMETTO HEALTH BAPTIST PARKRIDGE PART V, SECTION B, LINE 11 | PALMETTO HEALTH'S COMMUNITY HEALTH NEEDS ASSESSMENT IDENTIFIED SEVERAL SIGNIFICANT HEALTH NEEDS IN OUR COMMUNITY THE MOST CONSISTENT RECURRING THEMES INCLUDED ACCESS TO CARE, DIABETES, DENTAL, HEALTH DISEASE AND MENTAL HEALTH OTHER CONDITIONS/ISSUES WHERE THERE IS CONSIDERABLE NEED INCLUDE VISION, TRANSPORTATION AND OBESITY PALMETTO HEALTH HAS CHOSEN THREE PROGRAMS TO FOCUS OUR EFFORTS ON ADDRESSING THE TOP THREE ISSUES THE PROGRAMS ARE AMBULATORY CARE CENTER FOR EVALUATION AND STABILIZATION CLINIC (ACCES), DENTAL SERVICES AND DIABETES THESE PROGRAMS, ALONG WITH OTHER EXISTING PROGRAMS AT PALMETTO HEALTH, ADDRESS NOT ONLY THE TOP THREE NEEDS, BUT ALSO HEART DISEASE AND MENTAL HEALTH THE ACCESS CLINIC PROVIDES ACCESS TO CARE FOR PATIENTS WHO HAVE LIMITED RESOURCES AND NO PRIMARY CARE PROVIDER THE CLINIC PROVIDES MEDICAL HOME MANAGEMENT WHERE NUMEROUS HEALTH RELATED CONDITIONS ARE ADDRESSED, I E SMOKING AND BLOOD PRESSURE MANAGEMENT MANAGING PATIENTS THROUGH A MEDICAL HOME PROVIDES THE WELLNESS COMPONENT AND NOT JUST ATTENDING TO THE ACUTE CARE EPISODE THE ACCES CLINIC ALSO HAS A BEHAVIORAL HEALTH COMPONENT TO IT IN HOPES TO IDENTIFY UNDERLYING ISSUES THAT COULD PREVENT COMPLIANCE WITH THE CARE PLAN THE REMAINING IDENTIFIED AREA OF NEED (VISION, TRANSPORTATION AND OBESITY) ARE AREAS OF NEED THAT PALMETTO HEALTH WILL CHOOSE TO COLLABORATE WITH OTHERS AND SUPPORT, BUT NOT TAKE THE LEAD OR CREATE A NEW INITIATIVE, ONE EXAMPLE BEING TRANSPORTATION PALMETTO HEALTH WAS VERY INVOLVED IN EDUCATING THE PUBLIC AND ITS EMPLOYEES ON THE SIGNIFICANCE OF HAVING AND FUNDING A PUBLIC TRANSPORTATION SYSTEM, BUT DOES NOT DIRECTLY FUND A TRANSPORTATION SYSTEM FOR THE PUBLIC AS THIS IS A NEED BETTER SUITED TO BEING ADDRESSED BY THE LOCAL GOVERNMENT OR OTHER ORGANIZATIONS OTHER AREAS WERE VISION AND OBESITY PALMETTO HEALTH IS SUPPORTING VISION AND OBESITY THROUGH THE OFFICE OF COMMUNITY HEALTH, BUT IS NOT MAKING THESE A PRIMARY FOCUS DUE TO LIMITED RESOURCES |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

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| Form and Line Reference | Explanation |
|---|---|
| GROUP A-FACILITY 3 -- PALMETTO HEALTH BAPTIST PARKRIDGE PART V, SECTION B, LINE 16I | ALL SELF PAY PATIENT STATEMENTS INCLUDE VERBIAGE ABOUT THE POTENTIAL FAP ELIGIBILITY AND HOW TO CONTACT A FINANCIAL COUNSELOR |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

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| Form and Line Reference | Explanation |
|---|---|
| GROUP A-FACILITY 3 -- PALMETTO HEALTH BAPTIST PARKRIDGE PART V, SECTION B, LINE 22D | ALL HOSPITAL FACILITIES PROVIDED FREE CARE WITH NOMINAL COPAYS PATIENTS WILL NOT BE DENIED CARE IF UNABLE TO PAY COPAY |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

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

| Form and Line Reference | Explanation |
|---|---|
| PART V, SECTION B, LINE 7A | HTTPS //WWW PALMETTOHEALTH ORG/PATIENTS ]GUESTS/PATIENTS/FINANCIAL-ARRANGEMENTS |

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

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

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

| Name and address | Type of Facility (describe) |
|---|---|
| COLUMBIA GASTROENTEROLOGY<br>2739 LAUREL STREET SUITE 1A<br>COLUMBIA,SC 29204 | PHYSICIAN PRACTICE |
| LEXINGTON HEART<br>120 WEST HOSPITAL DRIVE<br>WEST COLUMBIA,SC 29169 | PHYSICIAN PRACTICE |
| PALMETTO HEART- COLUMBIA<br>8 MEDICAL PARK SUITE 100<br>COLUMBIA,SC 29203 | PHYSICIAN PRACTICE |
| RICHLAND HOSPITAL INTERNAL MEDICINE<br>14 MEDICAL PARK SUITE 320<br>COLUMBIA,SC 29203 | PHYSICIAN PRACTICE |
| PALMETTO HEALTH ORTHOPEDICS<br>14 MEDICAL PARK SUITE 200<br>COLUMBIA,SC 29203 | PHYSICIAN PRACTICE |
| SURGICAL ASSOCIATES OF SC<br>1850 LAUREL STREET<br>COLUMBIA,SC 29201 | PHYSICIAN PRACTICE |
| CAROLINA CARDIAC SURGERY<br>8 MEDICAL PARK SUITE 400<br>COLUMBIA,SC 29203 | PHYSICIAN PRACTICE |
| PALMETTO HEALTH NEUROSURGERY<br>3 MEDICAL PARK SUITE 310<br>COLUMBIA,SC 29203 | PHYSICIAN PRACTICE |
| COLUMBIA WOMEN'S HEALTHCARE<br>1301 TAYLOR STREET SUITE 6J<br>COLUMBIA,SC 29201 | PHYSICIAN PRACTICE |
| PARKRIDGE OBGYN ASSOCIATES<br>100 PALMETTO HEALTH PKWY<br>COLUMBIA,SC 29212 | PHYSICIAN PRACTICE |
| WOMEN PHYSICIAN ASSOCIATES OBGYN<br>9 MEDICAL PARK SUITE 620<br>COLUMBIA,SC 29203 | PHYSICIAN PRACTICE |
| THREE RIVERS MEDICAL ASSOCIATES<br>1301 TAYLOR STREET SUITE 8A<br>COLUMBIA,SC 29201 | PHYSICIAN PRACTICE |
| BAPTIST INPATIENT MEDICAL ASSOCIATES<br>TAYLOR AT MARION STREET<br>COLUMBIA,SC 29220 | PHYSICIAN PRACTICE |
| PALMETTO HEALTH SURGICAL SPECIALISTS<br>9 MEDICAL PARK SUITE 450<br>COLUMBIA,SC 29203 | PHYSICIAN PRACTICE |
| PALMETTO HEALTH OPHTHAMOLOGY<br>4 MEDICAL PARK SUITE 100<br>COLUMBIA,SC 29203 | PHYSICIAN PRACTICE |

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

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

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

| Name and address | Type of Facility (describe) |
|---|---|
| THREE RIVERS MEDICAL ASSOCIATES- IRMO<br>7430 COLLEGE STREET<br>IRMO,SC 29063 | PHYSICIAN PRACTICE |
| PALMETTO PULMONARY<br>1333 TAYLOR STREET SUITE 4G<br>COLUMBIA,SC 29201 | PHYSICIAN PRACTICE |
| PEDIATRIC SURGERY<br>9 MEDICAL PARK SUITE 500<br>COLUMBIA,SC 29203 | PHYSICIAN PRACTICE |
| PALMETTO CHILDREN'S UROLOGY<br>9 MEDICAL PARK SUITE 420<br>COLUMBIA,SC 29203 | PHYSICIAN PRACTICE |
| PREMIER ORTHOPEDIC SPECIALIST TRAUMA<br>3 MEDICAL PARK SUITE 330<br>COLUMBIA,SC 29203 | PHYSICIAN PRACTICE |
| COLORECTAL ASSOCIATES<br>1410 BLANDING STREET SUITE 102<br>COLUMBIA,SC 29201 | PHYSICIAN PRACTICE |
| PH SURGICAL ASSOC PARKRIDGE<br>300 PALMETTO HEALTH PKWY SUITE 200<br>COLUMBIA,SC 29212 | PHYSICIAN PRACTICE |
| CHILDRENS HOSPITAL INTENSIVISTS<br>9 MEDICAL PARK SUITE 530<br>COLUMBIA,SC 29203 | PHYSICIAN PRACTICE |
| SOUTH HAMPTON FAMILY PRACTICE<br>5900 GARNERS FERRY ROAD<br>COLUMBIA,SC 29209 | PHYSICIAN PRACTICE |
| PARKRIDGE BAPTIST HOSPITALISTS<br>400 PALMETTO HEALTH PKWY<br>COLUMBIA,SC 29212 | PHYSICIAN PRACTICE |
| NORTHEAST FAMILY PRACTICE<br>3000 NE MEDICAL PARK SUITE 209<br>COLUMBIA,SC 29223 | PHYSICIAN PRACTICE |
| PARKRIDGE MEDICAL ASSOCIATES<br>190 PARKRIDGE DR SUITE 220<br>COLUMBIA,SC 29212 | PHYSICIAN PRACTICE |
| PALMETTO HEART- HARTSVILLE<br>701 MEDICAL PARK DR SUITE 103<br>HARTSVILLE,SC 29550 | PHYSICIAN PRACTICE |
| LAKEVIEW FAMILY PRACTICE<br>1316 NORTHLAKE DRIVE<br>LEXINGTON,SC 29072 | PHYSICIAN PRACTICE |
| MARKOWITZ AND ASSOCIATES<br>103 SALUDA RIDGE COURT<br>WEST COLUMBIA,SC 29169 | PHYSICIAN PRACTICE |

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

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

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

| Name and address | Type of Facility (describe) |
|---|---|
| PALMETTO SURGICAL ASSOCIATES<br>1333 TAYLOR ST SUITE 3A<br>COLUMBIA,SC 29201 | PHYSICIAN PRACTICE |
| MIDLANDS INTERNAL MEDICINE<br>3000 NE MEDICAL PARK SUITE 108<br>COLUMBIA,SC 29223 | PHYSICIAN PRACTICE |
| PH ORTHO & SPINE SURGEONS OF SC<br>1333 TAYLOR ST SUITE 3J<br>COLUMBIA,SC 29201 | PHYSICIAN PRACTICE |
| HEALING WATERS<br>300 PALMETTO HEALTH PKWY SUITE 103<br>COLUMBIA,SC 29212 | PHYSICIAN PRACTICE |
| HOSPITALISTS IN PSYCHIATRY<br>11 RICHLAND MEDICAL PARK DRIVE<br>COLUMBIA,SC 29203 | PHYSICIAN PRACTICE |
| ATRIUM RIDGE INTERNAL MEDICINE<br>11 ATRIUM RIDGE COURT<br>COLUMBIA,SC 29223 | PHYSICIAN PRACTICE |
| FIRST CARE<br>2406 DECKER BLVD<br>COLUMBIA,SC 29206 | PHYSICIAN PRACTICE |
| UNIVERSITY FAMILY PRACTICE<br>4311 HARDSCRABBLE RD<br>COLUMBIA,SC 29229 | PHYSICIAN PRACTICE |
| PALMETTO INFECTIOUS DISEASE<br>1333 TAYLOR STREET SUITE 4G<br>COLUMBIA,SC 29201 | PHYSICIAN PRACTICE |
| WEIGHT MGT CENTER<br>1850 LAUREL ST SUITE 1A<br>COLUMBIA,SC 29201 | PHYSICIAN PRACTICE |
| PALMETTO HEALTH SPINE CENTER<br>100 PALMETTO HEALTH PKWY SUITE 250<br>COLUMBIA,SC 29212 | PHYSICIAN PRACTICE |
| BALLENTINE FAMILY MED<br>1079 DUTCH FORK RD<br>IRMO,SC 29063 | PHYSICIAN PRACTICE |
| PH OPHTHALMOLOGY OPTICAL SHOP<br>4 MEDICAL PARK SUITE 100<br>COLUMBIA,SC 29203 | PHYSICIAN PRACTICE |
| LONGEVITY CLINIC<br>3010 FARROW RD<br>COLUMBIA,SC 29203 | PHYSICIAN PRACTICE |
| PALMETTO OBGYN ASSOCIATES<br>1333 TAYLOR STREET SUITE 4G<br>COLUMBIA,SC 29201 | PHYSICIAN PRACTICE |

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

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

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

| Name and address | Type of Facility (describe) |
|---|---|
| TWELVE MILE CREEK FAMILY PRACTICE<br>4711 SUNSET BLVD HWY 378<br>LEXINGTON,SC 29072 | PHYSICIAN PRACTICE |
| BLYTHEWOOD FAMILY CARE<br>738 UNIVERSITY VILLAGE DRIVE<br>BLYTHEWOOD,SC 29016 | PHYSICIAN PRACTICE |
| THREE RIVERS OBGYN<br>1301 TAYLOR STREET SUITE 7B<br>COLUMBIA,SC 29201 | PHYSICIAN PRACTICE |
| IRMO FAMILY PRACTICE<br>190 PARKRIDGE DR SUITE 220<br>COLUMBIA,SC 29212 | PHYSICIAN PRACTICE |
| HARBISON FAMILY PRACTICE<br>190 PARKRIDGE DR SUITE 250<br>COLUMBIA,SC 29212 | PHYSICIAN PRACTICE |
| CAROLINA COLON AND RECTAL SURGEONS<br>1730 ST JULIAN PLACE<br>COLUMBIA,SC 29204 | PHYSICIAN PRACTICE |
| RADIATION ONCOLOGY<br>166 STONERIDGE DRIVE<br>COLUMBIA,SC 29210 | PHYSICIAN PRACTICE |
| PARKRIDGE SURGERY CENTER LLC<br>190 PARKRIDGE DRIVE<br>COLUMBIA,SC 29212 | PHYSICIAN PRACTICE |
| PALMETTO HEALTH RICHLAND IMAGING CENTER<br>14 RICHLAND MEDICAL PARK DRIVE<br>COLUMBIA,SC 29203 | PHYSICIAN PRACTICE |
| PALMETTO HEALTH HOSPICE- COLUMBIA<br>1400 PICKENS STREET<br>COLUMBIA,SC 29201 | PHYSICIAN PRACTICE |
| PALMETTO HEALTH HOME CARE<br>1400 PICKENS STREET<br>COLUMBIA,SC 29201 | PHYSICIAN PRACTICE |
| PALMETTO HEALTH DENTAL CARE<br>10 MEDICAL PARK RD<br>COLUMBIA,SC 29203 | PHYSICIAN PRACTICE |
| SENIOR PRIMARY CARE PRACTICE<br>3010 FARROW RD SUITE 300<br>COLUMBIA,SC 29203 | PHYSICIAN PRACTICE |
| PARKRIDGE CONVENIENCE CARE<br>190 PARKRIDGE DR SUITE 104<br>COLUMBIA,SC 29212 | PHYSICIAN PRACTICE |
| PALMETTO HEALTH HEALTHWORKS<br>1333 TAYLOR STREET SUITE 3H<br>COLUMBIA,SC 29201 | PHYSICIAN PRACTICE |

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

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

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

| Name and address | Type of Facility (describe) |
|---|---|
| PALMETTO HEALTH HOSPICE- NEWBERRY<br>1400 CAMELLIA AVE<br>NEWBERRY,SC 29108 | PHYSICIAN PRACTICE |
| PALMETTO HEALTH PRIVATE SERVICES<br>1400 PICKENS STREET<br>COLUMBIA,SC 29201 | PHYSICIAN PRACTICE |
| PH CHILDREN'S SPECIAL CARE CENTER<br>9 RICHLAND MED PARK SUITE 420<br>COLUMBIA,SC 29203 | PHYSICIAN PRACTICE |
| PALMETTO SENIOR CARE- LAUREL<br>1309 LAUREL STREET<br>COLUMBIA,SC 29201 | PHYSICIAN PRACTICE |
| PALMETTO SENIOR CARE- LEXINGTON<br>700 KNOX ABBOTT DRIVE<br>WEST COLUMBIA,SC 29169 | PHYSICIAN PRACTICE |
| PALMETTO SENIOR CARE- SHANDON<br>1100 SHIRLEY STREET<br>COLUMBIA,SC 29205 | PHYSICIAN PRACTICE |
| PALMETTO SENIOR CARE- WHITE ROCK<br>109 WARTBURG STREET<br>WHITE ROCK,SC 29177 | PHYSICIAN PRACTICE |
| SENIOR PRIMARY CARE PRACTICE<br>190 PARKRIDGE DR SUITE G100<br>COLUMBIA,SC 29212 | PHYSICIAN PRACTICE |

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**Schedule I (Form 990)**

Department of the Treasury
Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments and Individuals in the United States

**Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization
PALMETTO HEALTH

**Employer identification number**
58-2296052

## 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 Domestic Organizations and Domestic Governments.

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 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 . . . . . ▶ 24

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

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---|---|---|---|---|
| (1) ELIZABETH H MCCULLOGH HIGH POTENTIAL EMPLOYEE SCHOLARSHIP | 15 | 85,000 | | | |

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

| Return Reference | Explanation |
|---|---|
| PART I, LINE 2 | PALMETTO HEALTH PROVIDES FUNDING TO A NUMBER OF NON-PROFIT ORGANIZATIONS TO EXPAND SERVICES IN OUR COMMUNITY ORGANIZATIONS THAT RECEIVE FUNDING MUST SUBMIT MONTHLY REPORTS THAT DETAIL THE SCOPE AND TYPE OF SERVICES PROVIDED TO PATIENTS/CLIENTS EACH MONTH ORGANIZATIONS RECEIVE QUARTERLY PAYMENTS IF MONTHLY REPORTS ARE RECEIVED IN A TIMELY MANNER AND IF ALL CONDITIONS OF THE AGREEMENT WITH PALMETTO HEALTH ARE MET IN ADDITION, ACCORDING TO THE AGREEMENT PALMETTO HEALTH RESERVES THE RIGHT TO PERFORM A FINANCIAL AUDIT REGARDING THE USE OF FUNDING DOLLARS PROVIDED TO THE ORGANIZATION PALMETTO HEALTH WILL ALERT THE ORGANIZATION OF THE AUDIT 10 BUSINESS DAYS BEFORE SUCH AUDIT OCCURS ADDITIONALLY, THE ORGANIZATION MAKES CHARITABLE DONATIONS TO OTHER ORGANIZATIONS IN OUR COMMUNITY THAT ARE CONSISTENT WITH OUR MISSION |

## Additional Data

**Software ID:**
**Software Version:**
**EIN:** 58-2296052
**Name:** PALMETTO HEALTH

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(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 ASSOCIATION190 KNOX ABBOTT DRIVE SUITE 301 CAYCE,SC 28202 | 13-5613797 | 501(C)(3) | 10,000 | | | | SPONSORSHIP |
| CENTRAL SC ALLIANCE 1201 MAIN STREET SUITE 100 COLUMBIA,SC 29201 | 57-1003750 | 501(C)(3) | 7,500 | | | | SPONSORSHIP |
| CITY CENTER PARTNERSHIP1201 MAIN STREET SUITE 150 COLUMBIA,SC 29201 | 57-1116130 | 501(C)(6) | 60,500 | | | | GENERAL PURPOSE |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(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 |
|---|---|---|---|---|---|---|---|
| EAU CLAIRE COOPERATIVE HLTH CT 1228 HARDEN STREET COLUMBIA,SC 29204 | 57-0965445 | 501(C)(3) | 200,000 | | | | INDIGENT HEALTHCARE |
| FREE MEDICAL CLINIC -- COLUMBIAPO BOX 4616 COLUMBIA,SC 29240 | 57-0779279 | 501(C)(3) | 50,000 | | | | INDIGENT HEALTHCARE |
| GREATER COLUMBIA CHAMBER OF COMMERCE 930 RICHLAND STREET COLUMBIA,SC 29201 | 57-0144900 | 501(C)(6) | 40,000 | | | | SPONSORSHIP |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(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 |
|---|---|---|---|---|---|---|---|
| GREATER IRMO CHAMBER OF COMMERCE1248 LAKE MURRAY BLVD IRMO,SC 29063 | 57-0669817 | 501(C)(3) | 5,250 | | | | SPONSORSHIP |
| HEALTH TEACHER INC209 10TH AVE SUITE 350 NASHVILLE,TN 37203 | 20-3456491 | 501(C)(3) | 57,858 | | | | SPONSORSHIP |
| JAMES R CLARK MEM SICKLE CELL FOUNDATION 1420 GREGG STREET COLUMBIA,SC 29201 | 57-0858930 | 501(C)(3) | 51,500 | | | | INDIGENT HEALTHCARE |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(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 |
|---|---|---|---|---|---|---|---|
| LEXINGTON CHAMBER OF COMMERCEPO BOX 44 LEXINGTON,SC 29071 | 57-0388041 | 501(C)(6) | 10,000 | | | | SPONSORSHIP |
| MARCH OF DIMES240 STONERIDGE DR STE 206 COLUMBIA,SC 29210 | 13-1846366 | 501(C)(3) | 5,400 | | | | SPONSORSHIP |
| MENTAL ILLNESS RECOVERY CENTER3809 ROSEWOOD DR COLUMBIA,SC 29240 | 57-0984185 | 501(C)(3) | 96,833 | | | | HOMELESS HOUSING |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(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 |
|---|---|---|---|---|---|---|---|
| MIDLANDS EDUC AND BUSINESS ALLIANCEPO BOX 2408 COLUMBIA,SC 29202 | 20-0350584 | 501(C)(3) | 11,000 | | | | SPONSORSHIP |
| RICHLAND COUNTY SCHOOL DISTRICT ONE 1616 RICHLAND STREET COLUMBIA,SC 29201 | 57-6000243 | GOVERNMENT | 8,950 | | | | SPONSORSHIP |
| SC CAMPAIGN TO PREVENT TEEN PREGNANCY1331 ELMWOOD AVENUE SUITE 140 COLUMBIA,SC 29201 | 57-0897120 | 501(C)(3) | 18,750 | | | | TEEN PREGNANCY PREVENTION |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(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 |
|---|---|---|---|---|---|---|---|
| SC CHAMBER OF COMMERCE1301 GERVAIS ST COLUMBIA,SC 29201 | 57-0219655 | 501(C)(3) | 8,000 | | | | SPONSORSHIP |
| SC RESEARCH FOUNDATION901 SUMTER ST SUITE 501 COLUMBIA,SC 29208 | 57-0967350 | 501(C)(3) | 25,000 | | | | CHILD HEALTH |
| SC HIV AIDS COUNCIL 1115 CALHOUN ST COLUMBIA,SC 29201 | 57-0994526 | 501(C)(3) | 13,523 | | | | HIV TESTING AND PREVENTION |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(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 |
|---|---|---|---|---|---|---|---|
| SEXUAL TRAUMA SERVICES3750 FOREST DR SUITE 350 COLUMBIA,SC 29204 | 57-0763120 | 501(C)(3) | 27,500 | | | | CRISIS INTERVENTION |
| SILVER RING THING238 MOON CLINTON RD STE 9 MOON TOWNSHIP,PA 15108 | 36-4550882 | 501(C)(3) | 10,000 | | | | GENERAL PURPOSE |
| UNITED WAY OF THE MIDLANDS1800 MAIN STREET COLUMBIA,SC 29201 | 57-0314396 | 501(C)(3) | 223,766 | | | | GENERAL PURPOSE |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(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 |
|---|---|---|---|---|---|---|---|
| USC EDUCATIONAL FOUNDATION1600 HAMPTON ST SUITE 736N COLUMBIA,SC 29208 | 57-6017985 | 501(C)(3) | 23,500 | | | | SCHOLARSHIP |
| YMCA OF COLUMBIA1420 SUMTER STREET COLUMBIA,SC 29201 | 57-0314423 | 501(C)(3) | 197,650 | | | | SCHOLARSHIP |
| COOPERATIVE MINISTRY 3821 W BELTLINE BLVD COLUMBIA,SC 29204 | 57-0825025 | 501(C)(3) | 374,250 | | | | EMERGENCY ASSISTANCE |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(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 |
|---|---|---|---|---|---|---|---|
| FAMILY CONNECTION1800 ST JULIAN PLACE 104 COLUMBIA,SC 29204 | 57-0901467 | 501(C)(3) | 20,000 | | | | FAMILY SERVICES |
| MARCUS LATTIMORE FOUNDATIONPO BOX 38 DUNCAN,SC 29334 | 46-3390394 | 501(C)(3) | 50,000 | | | | SPONSORSHIP |
| THE GOOD SAMARITAN CLINIC7915 OLD PERCIVAL ROAD COLUMBIA,SC 29223 | 57-1109766 | 501(C)(3) | 25,000 | | | | INDIGENT HEALTHCARE |

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**Schedule J** (Form 990)

Department of the Treasury
Internal Revenue Service

# Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization
PALMETTO HEALTH

**Employer identification number**
58-2296052

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| **1a** | Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items | | | |
| | ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use | | |
| | ☐ Travel for companions | ☐ Payments for business use of personal residence | | |
| | ☐ Tax idemnification and gross-up payments | ☐ Health or social club dues or initiation fees | | |
| | ☐ Discretionary spending account | ☐ Personal services (e g , maid, chauffeur, chef) | | |
| **b** | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | **1b** | | |
| **2** | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? | **2** | | |
| **3** | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III | | | |
| | ☑ Compensation committee | ☑ Written employment contract | | |
| | ☑ Independent compensation consultant | ☑ Compensation survey or study | | |
| | ☐ Form 990 of other organizations | ☑ Approval by the board or compensation committee | | |
| **4** | During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization | | | |
| **a** | Receive a severance payment or change-of-control payment? | **4a** | | No |
| **b** | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | **4b** | Yes | |
| **c** | Participate in, or receive payment from, an equity-based compensation arrangement? | **4c** | | No |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | | |
| | **Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.** | | | |
| **5** | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of | | | |
| **a** | The organization? | **5a** | | No |
| **b** | Any related organization? | **5b** | | No |
| | If "Yes," to line 5a or 5b, describe in Part III | | | |
| **6** | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of | | | |
| **a** | The organization? | **6a** | | No |
| **b** | Any related organization? | **6b** | | No |
| | If "Yes," to line 6a or 6b, describe in Part III | | | |
| **7** | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | **7** | | No |
| **8** | Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III | **8** | | No |
| **9** | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | **9** | | |

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

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

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

| **(A)** Name and Title | **(B)** Breakdown of W-2 and/or 1099-MISC compensation | | | **(C)** Retirement and other deferred compensation | **(D)** Nontaxable benefits | **(E)** Total of columns (B)(i)-(D) | **(F)** Compensation in column(B) reported as deferred in prior Form 990 |
|---|---|---|---|---|---|---|---|
| | **(i)** Base compensation | **(ii)** Bonus & incentive compensation | **(iii)** Other reportable compensation | | | | |
| See Additional Data Table | | | | | | | |

## Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

| Return Reference | Explanation |
|---|---|
| PART I, LINE 4B | THE FOLLOWING INDIVIDUALS PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN NAME ACCRUAL AMOUNTS PAUL K DUANE $307,700 MICHELLE E EDWARDS $101,700 JOHN J SINGERLING $362,500 JAMES BRIDGES $430,900 PALMETTO HEALTH PROVIDES A SUPPLEMENTAL RETIREMENT BENEFIT TO SENIOR EXECUTIVES THAT IS CONTINGENT ON THEM REMAINING AT PALMETTO HEALTH UNTIL RETIREMENT THE ACCRUAL AMOUNTS ABOVE REFLECT THE CHANGE IN THE ACTUARIAL VALUE DURING THE YEAR AND ARE IMPACTED BY VARIOUS FACTORS, INCLUDING THE AGE OF THE PARTICIPANT AND CHANGES IN INTEREST RATES |

## Additional Data

**Software ID:**
**Software Version:**
**EIN:** 58-2296052
**Name:** PALMETTO HEALTH

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred in prior Form 990 |
|---|---|---|---|---|---|---|---|---|
| WILLIAM C GERARD MD, TRUSTEE | (I) | 168,837 | 0 | 0 | 0 | 0 | 168,837 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CHARLES D BEAMAN JR, CEO | (I) | 1,015,955 | 151,578 | 14,625 | 14,623 | 23,078 | 1,219,859 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JOHN J SINGERLING, PRESIDENT | (I) | 647,623 | 91,929 | 1,342 | 374,078 | 24,227 | 1,139,199 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| PAUL K DUANE, CHIEF FINANCIAL OFFICER | (I) | 449,289 | 73,347 | 8,453 | 321,700 | 65,211 | 918,000 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JAMES I RAYMOND, CHIEF MEDICAL & ACADEMIC O | (I) | 596,435 | 68,535 | 19,757 | 11,485 | 21,007 | 717,219 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JAMES BRIDGES, CHIEF, SYSTEM PERFORMANCE | (I) | 362,910 | 40,954 | 3,313 | 443,966 | 9,754 | 860,897 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| HOWARD P WEST, GENERAL COUNSEL | (I) | 326,125 | 51,179 | 9,510 | 22,817 | 30,005 | 439,636 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MICHELLE E EDWARDS, CHIEF INFORMATION OFFICER | (I) | 320,042 | 45,540 | 1,524 | 114,242 | 12,879 | 494,227 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| BENJAMIN M CUNNINGHAM, SYSTEM VICE PRESIDENT FINA | (I) | 206,074 | 20,264 | 688 | 9,881 | 23,234 | 260,141 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JAMES E LATHREN, CHIEF OPERATING OFFICER AC | (I) | 341,580 | 36,911 | 9,936 | 10,750 | 19,698 | 418,875 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JUDITH P BASKINS, PHYSICIAN PRACTICE, AMBULA | (I) | 195,303 | 24,286 | 2,788 | 12,121 | 13,482 | 247,980 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CHARLES P TOUSSAINT, PHYSICIAN | (I) | 534,325 | 1,178,426 | 1,084 | 10,425 | 34,618 | 1,758,878 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JEFFREY T EHRETH, PHYSICIAN | (I) | 591,549 | 525,041 | 13,583 | 7,140 | 6,140 | 1,143,453 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| HARRIS H PARKER III, PHYSICIAN | (I) | 528,785 | 432,190 | 1,140 | 10,500 | 27,182 | 999,797 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JOHN K BAUGH, PHYSICIAN | (I) | 890,394 | 34,167 | 6,966 | 21,454 | 19,196 | 972,177 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MATTHEW G CANTRELL, PHYSICIAN | (I) | 478,366 | 411,457 | 814 | 0 | 1,092 | 891,729 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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**Schedule K (Form 990)**

Department of the Treasury
Internal Revenue Service

# Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization
PALMETTO HEALTH

**Employer identification number**
58-2296052

## 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 | SOUTH CAROLINA JOBS - ECONOMIC DEVELOPMENT AUTHORITY | 57-0960018 | 83703EJCO | 12-15-2005 | 257,150,000 | REFUND OF 8-28-2003 BONDS | | X | | X | | X |
| B | SOUTH CAROLINA JOBS - ECONOMIC DEVELOPMENT AUTHORITY | 57-0960018 | 83703FAX0 | 03-15-2007 | 120,000,000 | CONSTRUCTION & EQUIPMENT FOR HEALTH FACILITY | | X | | X | | X |
| C | SOUTH CAROLINA JOBS - ECONOMIC DEVELOPMENT AUTHORITY | 57-0960018 | 83703FDG4 | 09-23-2009 | 125,300,879 | SEE PART VI | | X | | X | | X |
| D | SOUTH CAROLINA JOBS - ECONOMIC DEVELOPMENT AUTHORITY | 57-0960018 | | 12-21-2010 | 215,000,000 | CONSTRUCTION & EQUIPMENT FOR HEALTH FACILITY | | X | | X | | X |

## Part II Proceeds

| | | A | B | C | D |
|---|---|---|---|---|---|
| 1 | Amount of bonds retired | 65,225,000 | 50,890,000 | 34,910,000 | 4,120,000 |
| 2 | Amount of bonds legally defeased | | 68,523,259 | | |
| 3 | Total proceeds of issue | 257,150,000 | 120,000,000 | 125,300,879 | 215,000,000 |
| 4 | Gross proceeds in reserve funds | 17,487,246 | | 11,312,077 | |
| 5 | Capitalized interest from proceeds | | 9,572,106 | | |
| 6 | Proceeds in refunding escrows | 242,169,011 | | 77,047,618 | |
| 7 | Issuance costs from proceeds | 2,536,419 | 1,208,861 | 2,228,307 | 690,000 |
| 8 | Credit enhancement from proceeds | 12,444,570 | | | |
| 9 | Working capital expenditures from proceeds | | | | |
| 10 | Capital expenditures from proceeds | | 115,613,320 | 26,253,150 | 198,815,068 |
| 11 | Other spent proceeds | | | 8,867,576 | |
| 12 | Other unspent proceeds | | | | 15,494,932 |
| 13 | Year of substantial completion | | 2009 | 2011 | |

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

## Part III Private Business Use

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

## Part III Private Business Use *(Continued)*

| | | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|---|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a | Are there any management or service contracts that may result in private business use of bond-financed property? | X | | X | | X | | X | |
| b | If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | X | | X | | X | | X |
| 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? | X | | X | | X | | X | |
| 4 | Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶ | | | | | | | | |
| 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 ▶ | | 0 150 % | | 0 270 % | | 0 240 % | | 0 280 % |
| 6 | Total of lines 4 and 5 | | 0 150 % | | 0 270 % | | 0 240 % | | 0 280 % |
| 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, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | 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 "Yes" to 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 | MERRILL LYNCH | | MERRILL LYNCH | | | | | |
| c | Term of hedge | 7 800000000000 | | 32 500000000000 | | | | | |
| d | Was the hedge superintegrated? | | X | | X | | | | |
| e | Was the hedge terminated? | | X | | X | | | | |

## Part IV Arbitrage *(Continued)*

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

## Part V Procedures To Undertake Corrective Action

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

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

| Return Reference | Explanation |
|---|---|
| PART I, 2ND GROUP, ROW A, COLUMN F - DESCRIPTION OF PURPOSE | REFUND OF 8-28-2003 BONDS AND CONSTRUCTION AND EQUIPMENT FOR HEALTH FACILITIES |

| Return Reference | Explanation |
| --- | --- |
| PART I, 2ND GROUP, ROW D, COLUMN F - DESCRIPTION OF PURPOSE | REFUND OF 3-15-2007 BONDS AND 8-28-2003 BONDS |

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**Schedule K (Form 990)**

Department of the Treasury
Internal Revenue Service

# Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization
PALMETTO HEALTH

**Employer identification number**
58-2296052

## 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 | SOUTH CAROLINA JOBS - ECONOMIC DEVELOPMENT AUTHORITY | 57-0960018 | 83703FEL2 | 05-11-2011 | 93,905,983 | REFUND OF 6-12-2008 BONDS | X | | | X | | X |
| B | SOUTH CAROLINA JOBS - ECONOMIC DEVELOPMENT AUTHORITY | 57-0960018 | 8370303FH | 08-13-2013 | 142,615,470 | SEE PART VI | | X | | X | | X |
| C | SOUTH CAROLINA JOBS - ECONOMIC DEVELOPMENT AUTHORITY | 57-0960018 | | 12-10-2014 | 18,085,000 | REFUND OF 2009 BONDS | X | | | X | | X |

## Part II Proceeds

| | | A | B | C | D |
|---|---|---|---|---|---|
| 1 | Amount of bonds retired | 7,895,000 | 19,210,000 | | |
| 2 | Amount of bonds legally defeased | | | 18,085,000 | |
| 3 | Total proceeds of issue | 93,905,983 | 142,615,470 | 18,085,000 | |
| 4 | Gross proceeds in reserve funds | | | | |
| 5 | Capitalized interest from proceeds | | | | |
| 6 | Proceeds in refunding escrows | 90,249,504 | 139,768,096 | 18,085,000 | |
| 7 | Issuance costs from proceeds | 1,878,115 | 2,847,374 | | |
| 8 | Credit enhancement from proceeds | 1,778,365 | | | |
| 9 | Working capital expenditures from proceeds | | | | |
| 10 | Capital expenditures from proceeds | | | | |
| 11 | Other spent proceeds | | | | |
| 12 | Other unspent proceeds | | | | |
| 13 | Year of substantial completion | | | | |

| | | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|---|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a current refunding issue? | X | | | X | X | | | |
| 15 | Were the bonds issued as part of an advance refunding issue? | | X | X | | | X | | |
| 16 | Has the final allocation of proceeds been made? | X | | | X | X | | | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | 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 | | |
| 2 | Are there any lease arrangements that may result in private business use of bond-financed property? | 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 | | | |
| 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? | | X | | X | | X | | |
| c | Are there any research agreements that may result in private business use of bond-financed property? | 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? | X | | X | | X | | | |
| 4 | Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶ | | | | | | | | |
| 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 ▶ | | 0 200 % | | 0 250 % | | 0 270 % | | |
| 6 | Total of lines 4 and 5 | | 0 200 % | | 0 250 % | | 0 270 % | | |
| 7 | Does the bond issue meet the private security or payment test? | 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 | | |
| 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 | | | |

## Part IV Arbitrage

| | | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|---|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | X | | X | | X | | |
| 2 | If "No" to line 1, did the following apply? | | | | | | | | |
| a | Rebate not due yet? | | X | | X | | X | | |
| b | Exception to rebate? | | X | | X | | X | | |
| c | No rebate due? | | X | | X | | X | | |
| | If "Yes" to 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 | | |
| 4a | Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | 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)*

| | | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|---|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a | Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | X | | X | | |
| 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 | | |
| 7 | Has the organization established written procedures to monitor the requirements of section 148? | X | | X | | | X | | |

## Part V Procedures To Undertake Corrective Action

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

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

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**Schedule L** (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization
PALMETTO HEALTH

**Employer identification number**
58-2296052

## Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

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

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

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

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

## Part II Loans to and/or From Interested Persons.

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

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

| Total ▶ $ | | | |
|---|---|---|---|

## Part III Grants or Assistance Benefiting 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) LAURA L REDDICK | SEE PART V | 77,146 | EMPLOYEE SERVICES | | No |

## Part V Supplemental Information

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

| Return Reference | Explanation |
|---|---|
| PART IV BUSINESS TRANSACTIONS WITH INTERESTED PARTIES | (1)(B) LAURA L REDDICK IS THE DAUGHTER OF A KEY EMPLOYEE, JUDITH PINNER BASKINS, AND SHE IS AN EMPLOYEE AT PALMETTO HEALTH |

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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 990-EZ 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

**2014**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| PALMETTO HEALTH | 58-2296052 |

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION A, LINE 6 | PALMETTO HEALTH HAS TWO MEMBERS RICHLAND MEMORIAL HOSPITAL (CLASS R MEMBER) AND BAPTIST HEALTHCARE SYSTEM OF SC, INC (CLASS B MEMBER) |

| Return Reference | Explanation |
| --- | --- |
| FORM 990, PART VI, SECTION A, LINE 7A | THE CLASS R MEMBER AND THE CLASS B MEMBER NOMINATE AND ELECT SIX DIRECTORS EACH TO THE PALMETTO HEALTH BOARD OF DIRECTORS THOSE TWELVE DIRECTORS AND THE CEO NOMINATE AND ELECT AN ADDITIONAL THREE MEMBERS THESE 15 DIRECTORS IN ADDITION TO THE CEO MAKE UP THE 16 TOTAL VOTING MEMBERS OF THE BOARD |

| Return Reference | Explanation |
| --- | --- |
| FORM 990, PART VI, SECTION A, LINE 7B | THE CLASS R AND THE CLASS B MEMBER HAVE "RESERVED POWERS " THESE POWERS INCLUDE (QUOTED DIRECTLY FROM PALMETTO HEALTH BYLAWS) "(I) ANY CHANGE IN THE BOARD THAT WOULD RESULT IN THOSE DIRECTORS SELECTED BY THE CLASS R AND THE CLASS B MEMBERS COMPRISING, ON A COMBINED BASIS, LESS THAN A MAJORITY OF THE TOTAL NUMBER OF DIRECTORS, (II) ANY CHANGE THAT WOULD RESULT IN THE CLASS R MEMBER HAVING THE RIGHT TO ELECT A DIFFERENT NUMBER OF DIRECTORS THAN THE CLASS B MEMBER, (III) ANY CHANGE IN A MEMBER'S RIGHTS REGARDING THE ELECTION OR REMOVAL OF DIRECTORS, (IV) APPROVAL OF ANY AMENDMENT TO, OR REPEAL OF, THE ARTICLES OF INCORPORATION OF THE CORPORATION (THE "ARTICLES"), (V)APPROVAL OF ANY MERGER, CONSOLIDATION, SALE, OR LEASE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION, (VI) APPROVAL OF THE DISSOLUTION OF THE CORPORATION, (VII) APPROVAL OF THE ADDITION OF A MEMBER, (VIII) ANY CHANGE IN PROVISIONS OF THE MEMBERS' PRE-INCORPORATION AND JOINT OPERATING AGREEMENT (THE "JOINT OPERATING AGREEMENT") OR THESE BYLAWS THAT REQUIRE THAT IF THE CHAIR IS ELECTED FROM AMONG THE RICHLAND DIRECTORS, THE VICE CHAIR MUST BE ELECTED FROM AMONG THE BAPTIST DIRECTORS AND VICE VERSA, (IX) ANY CHANGE IN PROVISIONS OF THE JOINT OPERATING AGREEMENT OR THESE BYLAWS REGARDING THE DUTIES OR COMPOSITION REQUIREMENTS OF THE EXECUTIVE MANAGEMENT COMMITTEE OF THE BOARD, (X) ANY OF THE BOARD ACTIONS DESCRIBED IN SECTION 3 14 2 7, BELOW, REGARDING PALMETTO HEALTH BAPTIST EASLEY, (XI) ANY CHANGE IN THE MISSION STATEMENT, (XII) APPROVAL OF THE STRATEGIC PLAN OF THE CORPORATION OR ANY MATERIAL MODIFICATION THERETO, AND (XIII) ANY AMENDMENT OR REPEAL OF THESE BYLAWS THAT WOULD AFFECT ANY AUTHORITY OR PRIVILEGE OF A MEMBER AS DESCRIBED ABOVE" FURTHER EXPLANATION FOR ITEM (X) APPROVAL OF A MERGER, CONSOLIDATION, SALE, OR LEASE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF PALMETTO HEALTH BAPTIST EASLEY ("PHBE"), APPROVAL OF THE CONVERSION OF PHBE TO PRIMARILY AN OUTPATIENT FACILITY, OR APPROVAL OF THE DISCONTINUATION OF OPERATION OF PHBE. |

| Return Reference | Explanation |
| --- | --- |
| FORM 990, PART VI, SECTION B, LINE 11 | PALMETTO HEALTH'S FORM 990 WAS REVIEWED IN DETAIL BY THE DIRECTOR OF ACCOUNTING AND SYSTEM VICE PRESIDENT OF FINANCE. THE FORM WAS DISCUSSED AND REVIEWED IN DETAIL BY OUTSIDE TAX ADVISORS. THE CFO THEN CONDUCTED A HIGHER LEVEL REVIEW OF THE FORM WITH THE SYSTEM VICE PRESIDENT OF FINANCE. THE 990 WAS PROVIDED TO PALMETTO HEALTH'S BOARD OF DIRECTORS AND EACH MEMBER WAS ALLOWED AMPLE TIME FOR REVIEW AND TO MAKE INQUIRIES BEFORE FILING WITH THE IRS |

| Return Reference | Explanation |
| --- | --- |
| FORM 990, PART VI, SECTION B, LINE 12C | EACH MEMBER OF THE BOARD OF DIRECTORS SHALL COMPLETE AN ANNUAL ACKNOWLEDGEMENT STATEMENT THAT EACH OF THEM (A) HAS RECEIVED A COPY OF THE RULES OF CONDUCTED (CONFLICTS OF INTEREST POLICY), (B) HAS READ AND UNDERSTANDS THE POLICY, (C) AGREES TO COMPLY WITH THE POLICY, (D) UNDERSTANDS THAT THE POLICY APPLIES TO ALL COMMITTEES, AND (E) UNDERSTANDS THAT THE ORGANIZATION IS A CHARITABLE ORGANIZATION AND MUST CONTINUOUSLY ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES THESE ACKNOWLEDGEMENT STATEMENTS ARE RETURED TO THE AUDIT, COMPLIANCE, AND FINANCE COMMITTEE FOR REVIEW AND FOLLOW-UP AS APPROPRIATE THE CHAIR OF THE AUDIT COMPLIANCE AND FINANCE COMMITTEE REPORTS TO THE FULL BOARD THAT THE ABOVE-REFERENCED PROCESS HAS BEEN COMPLETED UPON HIRE, EACH EMPLOYEE IS EDUCATED ON PALMETTO HEALTH'S POTENTIAL CONFLICTS OF INTEREST POLICY AND IS ASKED TO DOCUMENT ANY RELATIONSHIPS THAT MAY CREATE A POTENTIAL CONFLICT OF INTEREST ON A FORM THAT IS REVIEWED BY CORPORATE COMPLIANCE AND RETAINED IN THE EMPLOYEE'S HUMAN RESOURCES FILE ANNUALLY, THE POLICY IS REVIEWED VIA COMPUTER-BASED TRAINING THAT IS MANDATORY FOR ALL EMPLOYEES SITUATIONS THAT ARE BELIEVED TO BE ACTUAL CONFLICTS ARE ADDRESSED BY CORPORATE COMPLIANCE, DEPARTMENT MANAGEMENT AND SENIOR LEADERSHIP AS NECESSARY |

| Return Reference | Explanation |
| --- | --- |
| FORM 990, PART VI, SECTION B, LINE 15 | PALMETTO HEALTH'S EXECUTIVE COMPENSATION COMMITTEE (THE "COMMITTEE"), COMPOSED OF MEMBERS OF THE BOARD OF DIRECTORS WHO ARE DISINTERESTED IN AND INDEPENDENT FROM THE PERSONS COMPENSATED, OVERSEES PALMETTO HEALTH'S EXECUTIVE COMPENSATION AND BENEFITS PROGRAMS THE COMMITTEE ANNUALLY RECEIVES A REPORT FROM ITS INDEPENDENT EXECUTIVE COMPENSATION CONSULTANTS ON THE EXECUTIVE COMPENSATION PROGRAM, INCLUDING THIRD-PARTY COMPARABILITY DATE FOR FUNCTIONALLY-SIMILAR POSITIONS AT SIMILARLY-SITUATED ORGANIZATIONS (THE "COMPENSATION REVIEW") LAST COMPLETED IN SEPTEMBER OF 2015, THE SALARY REVIEW INCLUDES MARKET ANALYSES FOR BASE SALARIES, TOTAL CASH COMPENSATION AND BENEFITS AND AGGREGATE TOTAL COMPENSATION VALUES FOR THE CHIEF EXECUTIVE OFFICER, PRESIDENT, EXECUTIVE VICE PRESIDENTS, SENIOR VICE PRESIDENTS AND SYSTEM VICE PRESIDENTS IN SUPPORT OF THE QUALIFICATION FOR THE REBUTTABLE PRESEUMPTION OF REASONABLENESS, THE COMMITTEE REVIEWS AND APPROVES THE CEO'S COMPENSATION AS WELL AS THE CEO'S RECOMMENDATIONS FOR COMPENSATION PAID TO THE PRESIDENT, EXECUTIVE VICE PRESIDENT, SENIOR VICE PRESIDENT AND SYSTEM VICE PRESIDENT POSITIONS, BASED ON THE BOARD-APPROVED COMPENSATION PHILOSOPHY AND THE COMPENSATION REVIEW, AND THE DECISION IS DOCUMENTED IN MEETING MINUTES IN ADDITION, THE COMMITTEE REVIEWS THE INFORMATION IN THE COMPENSATION REVIEW RELATING TO AGGREGATE TOTAL COMPENSATION PAID TO THE PRESIDENT, EXECUTIVE VICE PRESIDENT, SENIOR VICE PRESIDENT AND SYSTEM VICE PRESIDENT POSITIONS |

| Return Reference | Explanation |
| --- | --- |
| FORM 990, PART VI, SECTION C, LINE 19 | THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS ARE PUBLISHED ANNUALLY AND QUARTERLY FINANCIAL INFORMATION INFORMATION IS AVAILABLE TO THE PUBLIC AT WWW DACBOND COM |

| Return Reference | Explanation |
| --- | --- |
| FORM 990, PART XI, LINE 9 | SUBSIDIARY EQUITY TRANSACTIONS -418,900 UNREALIZED CHANGES ON DERIVATIVES -21,500,688 NET ADJUSTMENT FOR DEFINED BENEFIT 1,260,602 CHANGE IN FOUNDATION INTEREST -898,798 OTHER CHANGES IN NET ASSETS -1,534,646 |

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

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# SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

## Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization
PALMETTO HEALTH

**Employer identification number**
58-2296052

**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 |
|---|---|---|---|---|---|
| (1) PALMETTO HEALTH QUALITY COLLABORATIVE LLC<br>1301 TAYLOR STREET STE 9A<br>COLUMBIA, SC 29210<br>27-3029587 | ACO | SC | 1,498,829 | 2,313,820 | PALMETTO HEALTH |
| (2) PARKRIDGE SURGERY CENTER LLC<br>190 PARKRIDGE DRIVE STE 108<br>COLUMBIA, SC 29212<br>37-1470219 | HEALTHCARE | SC | -152,256 | 388,702 | PALMETTO HEALTH |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? Yes | (g) No |
|---|---|---|---|---|---|---|---|
| (1) PALMETTO HEALTH FOUNDATION<br>1600 MARION STREET<br><br>COLUMBIA, SC 29202<br>57-0725699 | SUPPORTS HOSPITAL | SC | 501(C)(3) | LINE 11C, III-FI | N/A | | No |
| (2) PALMETTO RICHLAND MEMORIAL AUXILIARY<br>5 RICHLAND MEDICAL PARK DRIVE<br><br>COLUMBIA, SC 29203<br>57-0645678 | SUPPORTS HOSPITAL | SC | 501(C)(3) | LINE 11B, II | N/A | | No |
| (3) RICHLAND MEMORIAL HOSPITAL RESEARCH AND EDUCATION FOUNDATION<br>293 GREYSTONE BLVD 2ND FLOOR<br><br>COLUMBIA, SC 29210<br>23-7010028 | SUPPORTS HOSPITAL | SC | 501(C)(3) | LINE 11C, III-FI | N/A | | No |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? | | (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)** RADIATION ONCOLOGY<br><br>7 RICHLAND MEDICAL PARK ROAD<br>COLUMBIA, SC 29203<br>36-4542465 | HEALTHCARE | SC | N/A | RELATED | 788,855 | 2,156,495 | | No | | | No | 51 000 % |
| **(2)** CAROLINA HOME THERAPEUTICS<br><br>1528 UNION ROAD<br>GASTONIA, NC 28054<br>57-0880120 | HEALTHCARE | CA | N/A | RELATED | 1,129,510 | 1,880,244 | | No | | Yes | | |
| **(3)** EASLEY MRI LLC<br><br>PO BOX 2129<br>EASLEY, SC 29641<br>57-1131117 | HEALTHCARE | SC | N/A | RELATED | | | | No | | Yes | | 50 000 % |

**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 |
| **(1)** HEALTHSOURCE INC<br><br>293 GREYSTONE BLVD<br>COLUMBIA, SC 29210<br>57-0938686 | HEALTHCARE | SC | PALMETTO HEALTH | C | 1,129,493 | 3,269,342 | 100 000 % | Yes | |
| **(2)** PHYSICIAN PRACTICE SERVICES INC<br><br>293 GREYSTONE BLVD<br>COLUMBIA, SC 29210<br>57-1013538 | INACTIVE | SC | HEALTHSOURCE | C | -2,161 | 635,232 | 100 000 % | Yes | |
| **(3)** HOME CARE RESOURCES INC<br><br>293 GREYSTONE BLVD<br>COLUMBIA, SC 29210<br>57-0938656 | INACTIVE | SC | HEALTHSOURCE | C | -48 | 457,964 | 100 000 % | Yes | |
| **(4)** PREMIER PRACTICE MANAGEMENT CAROLINAS<br><br>293 GREYSTONE BLVD<br>COLUMBIA, SC 29210<br>36-4366595 | HEALTHCARE | SC | PALMETTO HEALTH | S | -2,021 | 688,944 | 100 000 % | Yes | |
| **(5)** BAPTIST MEDICAL FACILITIES INC<br><br>293 GREYSTONE BLVD<br>COLUMBIA, SC 29210<br>57-0818162 | INACTIVE | SC | PALMETTO HEALTH | C | | | 100 000 % | Yes | |
| **(6)** PALMETTO HEALTH MEDICAL ASSOCIATES<br><br>1310 TAYLOR ST STE 9A<br>COLUMBIA, SC 29201<br>45-5091267 | INACTIVE | SC | PALMETTO HEALTH | C | | | 100 000 % | Yes | |

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

| | | Yes | No |
|---|---|---|---|
| **Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | | |
| **1** During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| **a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity | 1a | Yes | |
| **b** Gift, grant, or capital contribution to related organization(s) | 1b | Yes | |
| **c** Gift, grant, or capital contribution from related organization(s) | 1c | Yes | |
| **d** Loans or loan guarantees to or for related organization(s) | 1d | Yes | |
| **e** Loans or loan guarantees by related organization(s) | 1e | | No |
| **f** Dividends from related organization(s) | 1f | Yes | |
| **g** Sale of assets to related organization(s) | 1g | | No |
| **h** Purchase of assets from related organization(s) | 1h | | No |
| **i** Exchange of assets with related organization(s) | 1i | | No |
| **j** Lease of facilities, equipment, or other assets to related organization(s) | 1j | Yes | |
| **k** Lease of facilities, equipment, or other assets from related organization(s) | 1k | Yes | |
| **l** Performance of services or membership or fundraising solicitations for related organization(s) | 1l | Yes | |
| **m** Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | No |
| **n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | No |
| **o** Sharing of paid employees with related organization(s) | 1o | | No |
| **p** Reimbursement paid to related organization(s) for expenses | 1p | | No |
| **q** Reimbursement paid by related organization(s) for expenses | 1q | Yes | |
| **r** Other transfer of cash or property to related organization(s) | 1r | | No |
| **s** Other transfer of cash or property from related organization(s) | 1s | | 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 |
|---|---|---|---|
| **(1)** RADIATION ONCOLOGY | A | 250,521 | |

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

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | | |

## Part VII Supplemental Information

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

| Return Reference | Explanation |
|---|---|