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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

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

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

C Name of organization
ANMED HEALTH

Doing business as

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

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

D Employer identification number
57-0359174

E Telephone number
(864) 512-1000

G Gross receipts $ 625,899,222

F Name and address of principal officer
WILLIAM T MANSON III
800 NORTH FANT STREET
ANDERSON, SC 29621

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW ANMEDHEALTH ORG

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

L Year of formation 1906

M State of legal domicile SC

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	10
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	4,277
6	Total number of volunteers (estimate if necessary)	**6**	267
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	2,251,155
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	390,370

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	795,227	3,514,421
9	Program service revenue (Part VIII, line 2g)	575,986,721	594,732,472
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	25,035,462	22,023,357
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,182,318	3,375,121
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	603,999,728	623,645,371
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	508,014	847,819
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)	227,005,268	243,434,003
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)	333,991,207	347,391,489
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	561,504,489	591,673,311
19	Revenue less expenses Subtract line 18 from line 12	42,495,239	31,972,060
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	830,563,289	849,953,722
21	Total liabilities (Part X, line 26)	365,430,882	357,926,329
22	Net assets or fund balances Subtract line 21 from line 20	465,132,407	492,027,393

Part II Signature Block

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

Sign Here

******
Signature of officer — 2016-11-10 Date

CHRISTINE PEARSON 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

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 550,764,790 including grants of $ 847,819) (Revenue $ 592,860,370)

ANMED HEALTH IS A HEALTHCARE SYSTEM PROVIDING A FULL RANGE OF ACUTE CARE SERVICES FOR MEDICAL, SURGICAL, PEDIATRIC, OBSTETRIC, PSYCHIATRIC, AND REHABILITATION PATIENTS, AS WELL AS SPECIALIZED CARE IN THE INTENSIVE CARE AND CORONARY CARE UNITS TO SUPPORT THESE INPATIENT SERVICES, ANMED HEALTH OFFERS A NORMAL COMPLEMENT OF DIAGNOSTIC AND ANCILLARY SERVICES TWO SEPARATELY LICENSED FACILITIES ARE OPERATED BY ANMED HEALTH 1) ANMED HEALTH MEDICAL CENTER IS A 461 BED FACILITY THAT OFFERS THE LATEST IN MEDICAL AND SURGICAL SERVICES A MEDICAL STAFF OF OVER 400 PHYSICIANS PROVIDE HIGH QUALITY CARE TO THE PATIENTS AT THE MEDICAL CENTER OPEN HEART SURGERY, VASCULAR SURGERY, GENERAL SURGERY, EMERGENCY/TRAUMA MEDICINE, A NEUROLOGICAL / STROKE CENTER, THE LATEST IN DIAGNOSTIC MRI, CT, AND LABORATORY MEDICINE ARE AVAILABLE 2) ANMED HEALTH WOMEN'S AND CHILDREN'S HOSPITAL IS A 72 BED ALL PRIVATE ROOM FACILITY OFFERING INPATIENT CARE FOR LABOR/DELIVERY, WOMEN'S ELECTIVE SURGERY, ORTHOPEDICS, AND CHILDREN THIS HOSPITAL INCLUDES DEDICATED UNITS FOR LABOR/DELIVERY, MOTHER/BABY, AND PEDIATRICS ON THE FIRST FLOOR, PHYSICIAN OFFICES, A LEARNING CENTER, CAFE, COMMUNITY MEETING ROOMS, AND RETAIL SHOPS MAKE VISITORS FEEL WELCOME WITH A WEALTH OF RESOURCES TO SUPPORT THESE INPATIENT SERVICES, ANMED HEALTH OFFERS A NORMAL COMPLEMENT OF DIAGNOSTIC AND ANCILLARY SERVICES THE SYSTEM PROVIDED 100,318 INPATIENT DAYS AND 4,327 NURSERY DAYS OF SERVICE FOR 2015

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 ▶** 550,764,790

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or 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**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	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**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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	334		
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	4,277		
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**	15		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

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

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ CHRISTINE PEARSON 800 N FANT STREET ANDERSON, SC 29621 (864) 512-1000

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

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

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

(A) Name and Title	(B) Average hours per week (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			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								11,184,108	0	854,397

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 ▶ 297

			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**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**	Yes	

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ANDERSON EMERGENCY ASSOCIATION 800 N FANT ST ANDERSON, SC 29621	ER PHYSICIANS	9,519,358
ADVANCED ICU CARE INC 999 EXECUTIVE PARKWAY SUITE 210 ST LOUIS, MO 63141	INTENSIVISTS	2,018,128
INCOMPASS HEALTH INC 318 MAXWELL RD ALPHARETTA, GA 30009	HOSPITALISTS	1,548,664
HOSPITAL MEDICINE CONSULTANTS 819 N FANT ST ANDERSON, SC 29621	HOSPITALISTS	1,337,531
PIEDMONT PATHOLOGY 404 EAST CALHOUN ST ANDERSON, SC 29621	LAB SERVICES	1,218,871

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 ▶ 37

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	573,410			
	e	Government grants (contributions) 1e	174,908			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	2,766,103			
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	3,514,421			
Program Service Revenue		Business Code				
	2a	NET PATIENT SERVICE	621400	590,560,564	588,322,826	2,237,738
	b	ANCILLARY SERVICES	900099	2,957,064	2,930,918	26,146
	c	EHR MEANINGFUL USE REVENUE	900099	906,109	906,109	
	d	PLASMA RECOVERY	900099	308,735	308,735	
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	594,732,472			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	10,802,180			10,802,180
	4	Income from investment of tax-exempt bond proceeds . . ▶	680			680
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents: 1,855,545 /				
	b	Less rental expenses: 2,168,618 /				
	c	Rental income or (loss): -313,073 /				
	d	Net rental income or (loss) . . . . . ▶	-313,073			-313,073
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 10,524,990 / 780,740				
	b	Less cost or other basis and sales expenses: 0 / 85,233				
	c	Gain or (loss): 10,524,990 / 695,507				
	d	Net gain or (loss) . . . . . ▶	11,220,497			11,220,497
	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	CAFETERIA & VENDING 722210	2,672,925			2,672,925
	b	MISCELLANEOUS REVENUE 900099	623,487		13,417	610,070
	c	PURCHASE DISCOUNTS 900099	391,782	391,782		
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	3,688,194			
	12	**Total revenue.** See Instructions . . . . . ▶	623,645,371	592,860,370	2,251,155	25,019,425

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	832,819	832,819		
2 Grants and other assistance to domestic individuals See Part IV, line 22	15,000	15,000		
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	4,886,031	927,644	3,958,387	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	10,276	10,276		
7 Other salaries and wages	187,610,386	170,688,824	16,921,562	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,737,109	11,355,598	1,381,511	
9 Other employee benefits	24,863,306	22,166,545	2,696,761	
10 Payroll taxes	13,326,895	11,881,413	1,445,482	
11 Fees for services (non-employees)				
a Management				
b Legal	840,840		840,840	
c Accounting	251,160		251,160	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	1,380,423		1,380,423	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	64,129,691	55,911,609	8,218,082	
12 Advertising and promotion	755,025	122,389	632,636	
13 Office expenses	7,451,434	7,439,681	11,753	
14 Information technology	4,917,618	4,917,618		
15 Royalties				
16 Occupancy	6,735,893	6,735,893		
17 Travel	1,233,512	911,804	321,708	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	10,299,636	10,299,636		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	37,763,417	37,763,417		
23 Insurance	6,249,168	6,249,168		
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	113,056,437	113,056,437		
b MEDICAL SUPPLIES	85,996,908	85,996,908		
c MISCELLANEOUS EXPENSES	6,123,562	3,275,346	2,848,216	
d ENVIRONMENTAL CONTROL	206,765	206,765		
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	591,673,311	550,764,790	40,908,521	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		36,809,577	1	54,120,422
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		65,915,921	4	68,727,096
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		2,776,415	8	3,200,141
	9	Prepaid expenses and deferred charges		9,115,012	9	9,329,696
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 767,991,546			
	b	Less accumulated depreciation	10b 499,561,081	244,613,569	10c	268,430,465
	11	Investments—publicly traded securities		453,449,836	11	430,255,597
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		958,354	13	1,324,386
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		16,924,605	15	14,565,919
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		830,563,289	16	849,953,722
Liabilities	17	Accounts payable and accrued expenses		48,597,794	17	65,205,440
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		276,332,294	20	270,358,577
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		40,500,794	25	22,362,312
	26	**Total liabilities.** Add lines 17 through 25		365,430,882	26	357,926,329
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		462,958,972	27	489,037,344
	28	Temporarily restricted net assets		2,173,435	28	2,990,049
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		465,132,407	33	492,027,393
	34	Total liabilities and net assets/fund balances		830,563,289	34	849,953,722

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	623,645,371
2	Total expenses (must equal Part IX, column (A), line 25)	2	591,673,311
3	Revenue less expenses Subtract line 2 from line 1	3	31,972,060
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	465,132,407
5	Net unrealized gains (losses) on investments	5	-32,517,218
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	27,440,144
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	492,027,393

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:
Software Version:
EIN: 57-0359174
Name: ANMED 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			
JANE W MUDD CHAIRMAN	1 00 2 00	X		X				0	0	0
CHARLES C THORNTON JR VICE CHAIRMAN	1 00 1 00	X		X				0	0	0
WILLIAM KIBLER JR SECRETARY/TREASURER	1 00 1 00	X		X				0	0	0
CHRIS PRZIREMBEL BOARD MEMBER	1 00 1 00	X						0	0	0
JT BOSEMAN BOARD MEMBER	1 00 1 00	X						0	0	0
ANN D HERBERT BOARD MEMBER	1 00 2 00	X						0	0	0
TERENCE ROBERTS BOARD MEMBER	1 00 1 00	X						0	0	0
EVERETTE NEWMAN BOARD MEMBER	1 00 1 00	X						0	0	0
ROBERT RAINEY BOARD MEMBER	1 00 2 00	X						0	0	0
MARY ANNE D LAKE BOARD MEMBER	1 00 2 00	X						0	0	0

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			
DR BRAD MOCK PRESIDENT OF MEDICAL AFFAIRS	1 00 1 00	X						58,212	0	40
DR JOHN R HUNT BOARD MEMBER	1 00 2 00	X						22,000	0	0
DR STEPHEN HAND BOARD MEMBER	1 00 1 00	X						541,202	0	37,55
FRED L FOSTER BOARD MEMBER	1 00 1 00	X						0	0	0
WILLIAM T MANSON III PRESIDENT/CEO	48 00 2 00	X		X				867,267	0	184,14
JERRY A PARRISH CFO (THROUGH JULY 15)	48 00 2 00			X				748,269	0	56,41
DR MICHAEL L TILLIRSON CHIEF MEDICAL OFFICER	50 00			X				573,310	0	131,00
CHRISTINE PEARSON CFO (BEGAN AUGUST 15)	48 00 2 00			X				103,031	0	23,36
GARRICK CHIDESTER EXECUTIVE VICE PRESIDENT	49 00 1 00				X			440,368	0	123,20
JAMES T DOUGLAS III FORMER VICE PRESIDENT	50 00				X			246,608	0	1,20

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			
TINA JURY CHIEF NURSING OFFICER	50 00				X			388,742	0	39,76
JOHN D GLYMPH VICE PRESIDENT	50 00				X			308,689	0	31,57
MICHAEL CUNNINGHAM VICE PRESIDENT	50 00				X			233,381	0	19,26
ABHUIT A RAVAL PHYSICIAN	50 00					X		923,802	0	42,28
BRETT C STOLL PHYSICIAN	50 00					X		779,050	0	43,42
SATISH K SURABHI PHYSICIAN	50 00					X		748,199	0	42,15
RICKY HENDERSON PHYSICIAN	50 00					X		784,776	0	40,43
AARON MACDONALD PHYSICIAN	50 00					X		750,511	0	33,48
JOHN A MILLER JR FORMER OFFICER	0 00 5 00						X	2,666,691	0	4,71

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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

2015

Open to Public Inspection

Name of the organization
ANMED HEALTH

Employer identification number
57-0359174

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

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

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

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

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box 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 (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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2015.** 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—2014.** 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—2015.** 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—2014.** 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2014 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2015.** 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—2014.** 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) ☐

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

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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

2015

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on 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
ANMED HEALTH	57-0359174

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

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

2 Political expenditures ▶ $

3 Volunteer hours

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6					

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		

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

g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a If zero or less, enter -0-		
i	Subtract line 1f from line 1c If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ 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) 2012	(b) 2013	(c) 2014	(d) 2015	(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 on 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		24,510
j	Total Add lines 1c through 1i			24,510
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	THE ORGANIZATION IS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION (AHA) AND THE SOUTH CAROLINA HOSPITAL ASSOCIATION (SCHA) EACH YEAR, A PORTION OF THE DUES PAID TO THESE ORGANIZATIONS IS ALLOCATED TOWARDS LOBBYING EFFORTS ON BEHALF OF THEIR MEMBERSHIP BODIES FOR 2015, AMOUNTS OF MEMBERSHIP DUES ALLOCATED TO THESE EXPENDITURES WERE APPROXIMATELY $ 6,900 FOR AHA AND $ 17,600 FOR SCHA

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on 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

2015

Open to Public Inspection

Name of the organization
ANMED HEALTH

Employer identification number
57-0359174

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on 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" on 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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on 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" on 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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
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	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land		22,521,013		22,521,013
b Buildings		289,196,845	187,948,904	101,247,941
c Leasehold improvements		5,770,941	4,437,757	1,333,184
d Equipment		410,078,294	307,174,420	102,903,874
e Other		40,424,453		40,424,453
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				268,430,465

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on 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		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

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

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

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

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

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

1. (a) Description of liability	(b) Book value
Federal income taxes	
ACCRUED PENSION LIABILITY	3,637,399
ESTIMATED THIRD-PARTY SETTLEMENTS	9,019,321
RABBI TRUST LIABILITY	216,817
INTEREST RATE SWAP ALLOWANCE	9,209,807
DUE TO AFFILIATE AH FOUNDATION	278,968
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	22,362,312

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' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	505,452,237
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-32,517,218		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	-84,295,493		
e	Add lines **2a** through **2d**			2e	-116,812,711
3	Subtract line **2e** from line **1**			3	622,264,948
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,380,423		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	1,380,423
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	623,645,371

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	478,557,251
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	2,168,618		
e	Add lines **2a** through **2d**			2e	2,168,618
3	Subtract line **2e** from line **1**			3	476,388,633
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,380,423		
b	Other (Describe in Part XIII)	4b	113,904,255		
c	Add lines **4a** and **4b**			4c	115,284,678
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	591,673,311

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
PART X, LINE 2	THE HOSPITAL SYSTEM IS EXEMPT FROM INCOME TAX UNDER SECTION 501(A) AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, ACCORDINGLY, THE CONSOLIDATED FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION OR LIABILITY FOR FEDERAL OR STATE INCOME TAXES THE MEDICAL CENTER HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF DECEMBER 31, 2015 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
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSE 2,168,618
PART XII, LINE 4B - OTHER ADJUSTMENTS	CASH GRANTS NET WITH REVENUES 847,819 PROVISION FOR BAD DEBT 113,056,436

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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

2015

Open to Public Inspection

Name of the organization
ANMED HEALTH

Employer identification number
57-0359174

Part I General Information on Activities Outside the United States.

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

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

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

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

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

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

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

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

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

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

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, 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

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

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

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" on 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

2015

Open to Public Inspection

Name of the organization
ANMED HEALTH

Employer identification number
57-0359174

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☐ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b		No
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the 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		No
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		
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)			17,832,014		17,832,014	3 730 %
b Medicaid (from Worksheet 3, column a)			72,988,565	83,354,467	-10,365,902	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			90,820,579	83,354,467	7,466,112	3 730 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,143,308		1,143,308	0 240 %
f Health professions education (from Worksheet 5)			10,630,230	2,951,161	7,679,069	1 600 %
g Subsidized health services (from Worksheet 6)			4,475,971	3,453,062	1,022,909	0 210 %
h Research (from Worksheet 7)			369,246	79,185	290,061	0 060 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,040,022		1,040,022	0 220 %
j **Total.** Other Benefits			17,658,777	6,483,408	11,175,369	2 330 %
k **Total.** Add lines 7d and 7j			108,479,356	89,837,875	18,641,481	6 060 %

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			453		453	0 %
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building			35,362		35,362	0 010 %
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**			35,815		35,815	0 010 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1		No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	113,056,437		
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			
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	108,151,745	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	118,894,559	
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-10,742,814	
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used			

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

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

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

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 15			
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	
6 a	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**		No
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 DISCLOSURE			
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 15			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a	If "Yes" (list url) HTTP //ANMEDHEALTH ORG/ABOUT/REPORTS-AND-PUBLICATIONS			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		No
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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c	If "Yes" on 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)*

Financial Assistance Policy (FAP)

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group

			Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance 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 _____ %			
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) HTTP //WWW ANMEDHEALTH ORG/PATIENT-INFO/FINANCIAL-ASSISTANCE ASPX			
b	☐ The FAP application form was widely available on a website (list url) HTTP //WWW ANMEDHEALTH ORG/PATIENT-INFO/FINANCIAL-ASSISTANCE ASPX			
c	☐ A plain language summary of the FAP was widely available on a website (list url) HTTP //WWW ANMEDHEALTH ORG/PATIENT-INFO/FINANCIAL-ASSISTANCE ASPX			
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 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 19 (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

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? **53**

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

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

Form and Line Reference	Explanation
PART I, LINE 3C	PROMPT PAYMENT DISCOUNT OF 50% IS AVAILABLE TO ALL UNINSURED PATIENTS FOR A PERIOD OF 30 DAYS

Form and Line Reference	Explanation
PART I, LINE 6A	SOUTH CAROLINA DOES NOT REQUIRE HOSPITALS TO FILE A COMMUNITY BENEFIT REPORT EACH YEAR, ANMED HEALTH HAS PARTICIPATED IN THE SC HOSPITAL ASSOCIATION'S (SCHA) COMMUNITY BENEFIT SURVEY PROCESS SCHA CONTRACTS WITH THE MICHIGAN HOSPITAL ASSOCIATION FOR USE OF THE COMMUNITY BENEFIT TRACKER SOFTWARE IN EACH PARTICIPATION YEAR, ANMED HEALTH HAS REPORTED ITS COMMUNITY BENEFIT INFORMATION TO SCHA, USING THE TRACKER SURVEY INSTRUMENT

Form and Line Reference	Explanation
PART I, LINE 7	WORKSHEET 2 FROM THE 2015 SCHEDULE H INSTRUCTIONS WAS USED TO COMPUTE A COST-TO-CHARGE RATIO USED TO CALCULATE COMMUNITY BENEFIT EXPENSE AT COST FOR USE IN PART I, LINE 7

Form and Line Reference	Explanation
PART I, LINE 7G	SUBSIDIZED HEALTH SERVICES INCLUDES TWO OUTPATIENT CLINICS AND A PSYCHIATRIC INPATIENT CLINIC OPERATED BY THE ORGANIZATION ONE OF THE OUTPATIENT CLINICS IS OPERATED IN A LOW-INCOME NEIGHBORHOOD AND THE OTHER IS A PEDIATRIC CLINIC EACH CLINIC RUNS AT A FINANCIAL LOSS BUT IS NECESSARY FOR THE BENEFIT OF THE COMMUNITIES SERVED

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	THE AMOUNT OF TOTAL EXPENSE ON FORM 990, PART IX, LINE 25 CONTAINS BAD DEBT EXPENSE OF $ 113,056,437 THAT WAS REMOVED FROM THE CALCULATION OF CHARITY CARE ON PART I, LINE 7

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	LINE 2 INCLUDED IN THIS SECTION ARE 12 VOLUNTEER HOURS REPORTED BY ANMED HEALTH LEADERS IN SERVICE TO ORGANIZATIONS THAT SUPPORT THE ECONOMIC DEVELOPMENT OF ANDERSON COUNTY AND THE UPSTATE SC REGION ANMED HEALTH'S EXECUTIVE TEAM SET AN EXAMPLE FOR LEADERSHIP THROUGH KEY ROLES SERVING ON BOARDS AND KEY COMMITTEES FOR ECONOMIC DEVELOPMENT ORGANIZATIONS SUCH AS THE ANDERSON AREA CHAMBER OF COMMERCE AND TEN AT THE TOP THE COMMUNITY BENEFIT EXPENSE WAS CALCULATED BASED ON 12 VOLUNTEER HOURS AT AN ORGANIZATION-WIDE AVERAGE SALARY + BENEFIT RATE OF $37 77 PER HOUR PART II, LINE 6 INCLUDED IN THIS SECTION ARE 680 5 VOLUNTEER HOURS REPORTED BY 18 DIFFERENT ANMED HEALTH LEADERS VOLUNTEERING WITH ANDERSON-AREA ORGANIZATIONS SUCH AS THE UNITED WAY, LOCAL COMMUNITY COLLEGES AND UNIVERSITIES, CIVIC ORGANIZATIONS, IMAGINE ANDERSON, YMCA AND ANDERSON COMMUNITY COALITION THE COMMUNITY BENEFIT EXPENSE WAS CALCULATED BASED ON 680 5 VOLUNTEER HOURS AT AN ORGANIZATION-WIDE AVERAGE SALARY + BENEFIT RATE OF $37 77 PER HOUR ALSO INCLUDED IN THIS SECTION IS THE FAIR MARKET VALUE OF THE LEASE OF LAND ADJACENT TO ANMED HEALTH'S NORTH CAMPUS, PROVIDED TO THE CITY OF ANDERSON, FOR THE OPERATION OF A CITY FIRE SUBSTATION ANMED HEALTH SEEKS TO WORK WITH THESE ORGANIZATIONS IN ORDER TO ENCOURAGE COMMUNITY INVOLVEMENT, TO INCREASE SOCIAL CAPITAL, TO HIGHLIGHT THE NEEDS OF THE COMMUNITY, AND TO WORK WITH OTHER LOCAL ORGANIZATIONS TO MEET THESE NEEDS

Form and Line Reference	Explanation
PART III, LINE 4	THE ORGANIZATION'S FINANCIAL STATEMENTS INCLUDE A FOOTNOTE THAT DESCRIBES THE PROVISION FOR BAD DEBT AS AMOUNTS BILLED OR BILLABLE WHERE THE ULTIMATE COLLECTION OF THESE AMOUNTS CANNOT BE DETERMINED AT THE TIME PATIENT SERVICES ARE RENDERED

Form and Line Reference	Explanation
PART III, LINE 8	THE MEDICARE COST REPORT WAS USED TO COMPUTE MEDICARE ALLOWBLE COSTS OF CARE RELATING TO MEDICARE PAYMENTS ADDITIONAL ACTIVITIES FROM MEDICARE MANAGED CARE AND PHYSICIAN PRACTICES NOT REPORTED IN THE MEDICARE COST REPORT TOTAL REVENUE RECEIVED FROM OTHER MEDICARE PROGRAMS $ 107,840,755 COSTS OF CARE RELATED TO THE PAYMENTS ABOVE 131,205,958 SHORTFALL OF OTHER MEDICARE SERVICES (23,365,203)ANMED HEALTH TREATS MEDICARE PATIENTS AT A LOSS AND BELIEVES THIS SHOULD BE INCLUDED IN COMMUNITY BENEFIT ANMED HEALTH TREATS ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY WITHOUT THE MEDICARE PROGRAM, A PERCENTAGE OF THE POPULATION RECEIVING MEDICARE WOULD QUALIFY FOR FINANCIAL ASSISTANCE, WHILE OTHERS WOULD FAIL TO PAY AND BE WRITTEN OFF AS BAD DEBT EXPENSE ALTERNATIVELY, SOME WOULD HAVE COMMERCIAL INSURANCE AND WE WOULD RECEIVE MORE THAN WE DO FROM MEDICARE BECAUSE OF THESE FACTORS, THE ORGANIZATION TAKES THE POSITION THAT THE ENTIRETY OF THE MEDICARE SHORTFALL SHOULD BE CONSIDERED A COMMUNITY BENEFIT

Form and Line Reference	Explanation
PART III, LINE 9B	ONCE APPROVED FOR THE FINANCIAL ASSISTANCE POLICY, NO ADDITIONAL COLLECTION EFFORTS ARE MADE OR BILLS SENT BY THE ORGANIZATION, AND THE HOSPITAL SYSTEM WOULD ONLY EXPECT PAYMENT IF THE PATIENT RECEIVED MONEY FROM AN INSURANCE CLAIM

Form and Line Reference	Explanation
PART VI, LINE 2	IN THE SPRING OF 2015, ANMED HEALTH BEGAN A FORMAL PROCESS OF REASSESSING THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES USING THE GUIDELINES PUBLISHED IN THE INITIAL IRS GUIDELINE, ANMED HEALTH ENGAGED OUR LOCAL UNITED WAY TO ASSIST IN THIS ASSESSMENT THIS PROCESS CULMINATED WITH THE DEVELOPMENT OF AN ANMED HEALTH COMMUNITY HEALTH NEEDS ASSESSMENT DOCUMENT, WHICH WAS ULTIMATELY ADOPTED AND APPROVED BY ANMED HEALTH BOARD OF TRUSTEES THERE WERE FIVE PRIORITIES THAT WERE SELECTED FOR STRATEGY DEVELOPMENT AND ACTION PLANS FOR 2016 ADULT AND CHILDHOOD OBESITY, ADULT AND CHILDHOOD DIABETES, ACCESS TO BEHAVIORAL AND MENTAL HEALTH SERVICES, CANCER, AND ASTHMA IN CHILDREN

Form and Line Reference	Explanation
PART VI, LINE 3	ALL SELF PAY INPATIENTS ARE VISITED BY A FINANCIAL COUNSELOR DURING HIS OR HER STAY OR ARE CONTACTED AT HOME IF DISCHARGED PRIOR TO THEIR INTERVIEW THE FINANCIAL COUNSELOR COMPLETES A FINANCIAL ASSESSMENT TO DETERMINE IF THE PATIENT MIGHT QUALIFY FOR OUTSIDE ASSISTANCE (MEDICAID, SOCIAL SECURITY, DISABILITY, VICTIMS ASSISTANCE, MIAP, ETC) APPLICATIONS FOR THESE PROGRAMS ARE COMPLETED AN ANMED MEDICAL ASSISTANCE PROGRAM (AMAP) FORM IS COMPLETED AT THAT TIME IN THE EVENT THEY DO NOT QUALIFY FOR ANY OTHER ASSISTANCE AND ARE ELIGIBLE FOR FINANCIAL ASSISTANCE ANMED HEALTH HAS ENLISTED AN OUTSIDE VENDOR TO ASSIST WITH THE OUTPATIENT UNINSURED POPULATION THIS PARTNER PROVIDES TWO FULL TIME EMPLOYEES WHO WORK IN THE EMERGENCY DEPARTMENT TO ASSIST PATIENTS IN DETERMINING IF THEY MAY QUALIFY FOR OUTSIDE ASSISTANCE (MEDICAID, SOCIAL SECURITY, DISABILITY, VICTIMS ASSISTANCE, MIAP, ETC) APPLICATIONS FOR THESE PROGRAMS ARE COMPLETED AN AMAP FORM IS COMPLETED AT THAT TIME IN THE EVENT THEY DO NOT QUALIFY FOR ANY OTHER ASSISTANCE AND ARE ELIGIBLE FOR FINANCIAL ASSISTANCE ANMED HEALTH ALSO ELECTRONICALLY SENDS FILES TO THE VENDOR PARTNER ON OTHER OUTPATIENT ACCOUNTS WHERE PATIENTS ARE CONTACTED VIA THE PHONE TO DETERMINE IF THEY MAY QUALIFY FOR OUTSIDE ASSISTANCE ADDITIONALLY, FLYERS ARE LOCATED AT ALL ADMITTING AND REGISTRATION AREAS THAT INCLUDE INFORMATION ON AVAILABLE COVERAGE AND ASSISTANCE (SC PATIENT ATTESTATION), AND CONTACT INFORMATION (PLAIN LANGUAGE SUMMARY) FOR THE FINANCIAL COUNSELORS WHEN A PATIENT RECEIVES A BILL, OUR WEBSITE, WHICH HAS THE FINANCIAL ASSISTANCE POLICY, IS LISTED AS WELL AS A PHONE NUMBER PATIENTS CAN CALL TO REQUEST ASSISTANCE

Form and Line Reference	Explanation
PART VI, LINE 4	ANMED HEALTH INCLUDES ANDERSON COUNTY, OCONEE COUNTY, PICKENS COUNTY, AND ABBEVILLE COUNTY IN SOUTH CAROLINA, AS WELL AS HART AND ELBERT COUNTIES IN NORTHEAST GEORGIA AS SERVICE AREAS ANDERSON COUNTY, THE PRIMARY COMMUNITY SERVED BY ANMED HEALTH IS AN URBAN COMMUNITY THAN ENCOMPASSES APPROXIMATELY 192,684 RESIDENTS THE POPULATION OF ANDERSON COUNTY IS EXPECTED TO GROW AT JUST OVER 1% PER YEAR THE MEDIAN HOUSEHOLD INCOME IN THE COUNTY WAS $41,822 THE PER CAPITA INCOME FOR THE COUNTY WAS $21,463 WITH APPROXIMATELY 16 6% OF COMMUNITY RESIDENTS HAVING INCOMES BELOW THE FEDERAL POVERTY GUIDELINE THE US DEPARTMENT OF HEALTH AND HUMAN SERVICES DESIGNATED SIX MEDICALLY UNDERSERVED AREAS IN ANDERSON COUNTY FROM THE SOUTH CAROLINA PRIMARY HEALTH CARE ASSOCIATION, REGARDING MEDICALLY UNDERSERVED AREAS IN ANDERSON COUNTY, THE AREAS ARE AS FOLLOWS IN THE ASSOCIATED CENSUS TRACTS ANDERSON COUNTY 03093 - CT 0005 00, CT 0006 00, CT 0007 00 AND BELTON DIVISION SERVICE AREA 03099 - MCD (90221) BELTON CCD, MCD (91170 FORK CCD, MCD (93224) STARR CCD OVER 5 5% IS UNEMPLOYED AND APPROXIMATELY 75% OF ANDERSON COUNTY RESIDENTS WHO ARE UNINSURED OR MEDICAID RECIPIENTS COME TO ANMED HEALTH FOR THEIR INPATIENT MEDICAL CARE ANMED HEALTH MAINTAINS OVER 74% MARKET SHARE FOR ANDERSON COUNTY WITH TWO OTHER HOSPITALS CONSISTING OF SLIGHTLY OVER 20% MARKET SHARE

Form and Line Reference	Explanation
PART VI, LINE 5	A MAJORITY OF THE ORGANIZATION'S GOVERNING BODY IS COMPRISED OF PERSONS WHO RESIDE IN THE ORGANIZATION'S PRIMARY SERVICE AREA AND WHO ARE NEITHER EMPLOYEES NOR INDEPENDENT CONTRACTORS OF THE ORGANIZATION, NOR FAMILY MEMBERS THEREOF ANMED HEALTH EXTENDS MEDICAL PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY FOR MANY OF ITS DEPARTMENTS SURPLUS FUNDS ARE SPENT TO IMPROVE THE CARE WE PROVIDE OUR PATIENTS THIS IS DONE THROUGH IMPROVEMENTS TO OUR EQUIPMENT AND BUILDINGS, INVESTING IN NEW TECHNOLOGY, SUPPORTING OUR FAMILY MEDICINE RESIDENCY PROGRAM, ONCOLOGY RESEARCH, AND PROVIDING COMMUNITY BENEFITS ANMED HEALTH (AH) PROVIDES, SUPPORTS, PROMOTES, AND / OR SPONSORS A BROAD SCOPE OF COMMUNITY BENEFIT ACTIVITIES AND PROGRAMS THAT PROMOTE GOOD HEALTH, WELLNESS / PREVENTION, AND ACCESS TO HEALTH CARE SERVICES EXAMPLES OF COMMUNITY HEALTH EDUCATION PROGRAMS INCLUDE MULTIPLE COMMUNITY EDUCATION PROGRAMS FOCUSED ON CHRONIC DISEASES SUCH AS DIABETES, OBESITY AND CONGESTIVE HEART FAILURE, WITH AN EMPHASIS ON MANAGEMENT OF THESE DISEASES IN THE OUTPATIENT SETTING, BREAST HEALTH EDUCATION PROGRAMS TO PROMOTE THE PREVENTION OF BREAST CANCER THROUGH SCREENING AND EARLY DETECTION, CANCER SURVIVORS' DAY, CELEBRATING THE LIVES OF THOSE WHO HAVE SURVIVED A CANCER DIAGNOSIS, AND WHO HAVE EMBRACED HEALTHY LIFESTYLES FOR THE FUTURE, SPEAKERS FOR COMMUNITY EDUCATION ABOUT PROPER NUTRITION AND WEIGHT LOSS, ANDERSON COUNTY SAFE KIDS PROGRAMS TO TEACH BIKE AND WATERSPORTS SAFETY, FIRE SAFETY, AND PROPER CAR SEAT USE, A TEDDY BEAR CLINIC TO TEACH OVER 400 CHILDREN ABOUT SERVICES PROVIDED BY DOCTORS AND HOSPITALS, MULTIPLE HEALTH FAIRS THAT SERVED OVER 14,000 PERSONS, AND, COMMUNITY SUPPORT GROUPS FOR CARDIAC DISEASE, DIABETES, STROKE, AND WEIGHT-LOSS DURING THE YEAR, OVER 25,000 PERSONS WERE SERVED AT OVER 550 COMMUNITY HEALTH EDUCATION EVENTS AN EXAMPLE OF COMMUNITY-BASED CLINICAL SERVICES PROVIDED AT NO CHARGE DURING THE YEAR IS THAT ALMOST 2,000 PERSONS WERE SCREENED FOR SYMPTOMS SUCH AS CHRONIC ELEVATED BLOOD PRESSURE, CHOLESTEROL AND BLOOD SUGAR, THROUGH COMMUNITY OUTREACH SCREENING ALSO, REDUCED-FEE CLINICS WERE PROVIDED IN FAMILY MEDICINE AND IN PEDIATRICS, AS WELL AS PEDIATRIC REHABILITATION THERAPIES OTHER HEALTH CARE SUPPORT SERVICES PROVIDED DURING THE YEAR INCLUDE FREE GENETICS COUNSELING RELATED TO CANCER RISKS, MENTAL HEALTH AND SUBSTANCE ABUSE CRISIS INTERVENTION PHONE RESPONSE, FAMILY SUPPORT SERVICES TO ASSIST WITH MEDICATION ASSISTANCE PROGRAMS HEALTH PROFESSIONS EDUCATION PROGRAMS INCLUDES A FAMILY MEDICINE RESIDENCY PROGRAM, MEDICAL STUDENT EDUCATION PROGRAM, NURSING TRAINING AND MENTORING, A RADIOLOGY TECHNOLOGY PROGRAM, THERAPY INTERNSHIPS, AND PHARMACY STUDENT ROTATIONS AN ONCOLOGY RESEARCH PROGRAM WORKS WITH PHYSICIANS AND PATIENTS TO IDENTIFY AVAILABLE STUDIES AND TRIALS OF INVESTIGATIONAL MEDICATIONS AND REGIMENS FOR CANCER TREATMENT ANMED HEALTH SUPPORTS MANY OTHER NOT-FOR-PROFIT COMMUNITY ORGANIZATIONS THROUGH CASH AND IN-KIND DONATIONS THESE ORGANIZATIONS SHARE A SIMILAR VISION OF A HEALTHY COMMUNITY, AND INCLUDE THE ANDERSON FREE CLINIC, UNITED WAY, ANDERSON CANCER ASSOCIATION, ANDERSON YMCA, AND MANY OTHERS ANMED HEALTH'S LEADERS ARE INVOLVED IN VOLUNTEER ACTIVITIES IN THE CHAMBER OF COMMERCE, CIVIC ORGANIZATIONS, AND OTHER LOCAL, REGIONAL, AND STATEWIDE ORGANIZATIONS DURING THE YEAR, ANMED HEALTH'S LEADERS AND STAFF DOCUMENTED 267 5 VOLUNTEER HOURS TO HEALTH-RELATED COMMUNITY ORGANIZATIONS AND EVENTS, AND ANOTHER 680 5 VOLUNTEER HOURS FOR COMMUNITY-BUILDING ORGANIZATIONS AND EVENTS

Form and Line Reference	Explanation
PART VI, LINE 6	ANMED HEALTH HAS AN AFFILIATION AND SERVICES AGREEMENT WITH THE CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY D/B/A CAROLINAS HEALTHCARE SYSTEM (CHS) THE AGREEMENT APPOINTS CHS AS THE MANAGER OF THE HOSPITAL SYSTEM SEE FORM 990, PART VI, LINE 3 FOR MORE DETAILS ANMED HEALTH ALSO HAS AN AFFILIATION AND SERVICES AGREEMENT WITH CANNON MEMORIAL HOSPITAL THE AGREEMENT APPOINTS ANMED HEALTH AS THE MANAGER OF CANNON MEMORIAL HOSPITAL IN 2014 ANMED HEALTH SYSTEM BECAME THE SOLE MEMBER OF CANNON MEMORIAL HOSPITAL THERE IS NO TRANSFER OF GOVERNANCE OR OWNERSHIP BETWEEN CHS AND ANMED HEALTH

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

Additional Data

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

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

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

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

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	ANMED HEALTH MEDICAL CENTER 800 N FANT STREET ANDERSON,SC 29621	X	X		X			X		DISPROPORTIONATE SHARE HOSPITAL	A
2	ANMED HEALTH WOMEN'S & CHILDREN'S HOSPIT 2000 EAST GREENVILLE STREET ANDERSON,SC 29621	X	X	X	X					DISPROPORTIONATE SHARE HOSPITAL	A

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

	Name and address	Type of Facility (describe)
1	1 - AH CANCER CENTER 2000 E GREENVILLE STREET SUITE 2000 ANDERSON,SC 29621	OUTPATIENT FACILITY
1	2 - AH CARDIAC AND ORTHPAEDIC CENTER 100 HEALTHY WAY ANDERSON,SC 29621	OUTPATIENT FACILITY
2	3 - AH HOMEHEALTHLIFELINE AND EVOLVE THERAP 1926 MCCONNELL SPRINGS RD ANDERSON,SC 29621	OUTPATIENT FACILITY
3	4 - AH FAMILY MEDICINE CENTER 2000 E GREENVILLE STREET SUITE 3700 ANDERSON,SC 29621	PHYSICIAN OFFICE
4	5 - AH CAROLINA CARDIOLOGY 100 HEALTHY WAY SUITE 1250 ANDERSON,SC 29621	PHYSICIAN OFFICE
5	6 - AH PIEDMONT SURGICAL ASSOCIATES 2000 E GREENVILLE STREET SUITE 2500 ANDERSON,SC 29621	PHYSICIAN OFFICE
6	7 - AH OB-GYN ASSOCIATES 2000 E GREENVILLE STREET SUITE 4500 ANDERSON,SC 29621	PHYSICIAN OFFICE
7	8 - AH PULMONARY AND SLEEP MEDICINE 2000 E GREENVILLE STREET SUITE 1100 ANDERSON,SC 29621	PHYSICIAN OFFICE
8	9 - AH PEDIATRIC ASSOCIATES 2000 E GREENVILLE STREET SUITE 3000 ANDERSON,SC 29621	PHYSICIAN OFFICE
9	10 - AH CHILDREN'S HEALTH CENTER 500 N FANT STREET ANDERSON,SC 29621	PHYSICIAN OFFICE
10	11 - AH NEUROLOGY CONSULTANTS 2000 E GREENVILLE STREET SUITE 2800 ANDERSON,SC 29621	PHYSICIAN OFFICE
11	12 - AH UROLOGY 2000 E GREENVILLE STREET SUITE 5140 ANDERSON,SC 29621	PHYSICIAN OFFICE
12	13 - AH COMMUNITY ORTHOPAEDICS 2000 E GREENVILLE STREET SUITE 3950 ANDERSON,SC 29621	PHYSICIAN OFFICE
13	14 - AH MEDICUS ENT 1655 EAST GREENVILLE STREET ANDERSON,SC 29621	PHYSICIAN OFFICE
14	15 - AH SPINE AND NEUROSURGERY 109 MONTGOMERY DRIVE ANDERSON,SC 29621	PHYSICIAN OFFICE

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)
16	16 - AH CAROLINA OBGYN 160 PERPETUAL SQUARE DR ANDERSON,SC 29621	PHYSICIAN OFFICE
1	17 - AH VASCULAR MEDICINE 100 HEALTHY WAY SUITE 1240 ANDERSON,SC 29621	PHYSICIAN OFFICE
2	18 - AH GASTROENTEROLOGY SPECIALIST 2000 E GREENVILLE STREET SUITE 2900 ANDERSON,SC 29621	PHYSICIAN OFFICE
3	19 - AH ONCOLOGY AND HEMATOLOGY 2000 E GREENVILLE STREET SUITE 5130 S ANDERSON,SC 29621	PHYSICIAN OFFICE
4	20 - AH CARECONNECT CLEMSON AH CLEMSON FM 885 TIGER BLVD CLEMSON,SC 29631	OUTPATIENT FACILITY
5	21 - AH LAKESIDE FM 4120 HWY 24 ANDERSON,SC 29621	PHYSICIAN OFFICE
6	22 - AH CARECONNECT ANDERSON 600 N FANT STREET ANDERSON,SC 29621	OUTPATIENT FACILITY
7	23 - AH HONEA PATH FM 21 S SHIRLEY AVE HONEA PATH,SC 29654	PHYSICIAN OFFICE
8	24 - AH ARRHYTHMIA SPECIALIST AND CARDIOTHORA 100 HEALTHY WAY SUITE 1120 ANDERSON,SC 29621	PHYSICIAN OFFICE
9	25 - AH PEDIATRIC THERAPY WORKS 701 N FANT STREES ANDERSON,SC 29621	OUTPATIENT FACILITY
10	26 - AH WILLIAMSTON FM 16 ROBERTS RD WILLIAMSTON,SC 29667	PHYSICIAN OFFICE
11	27 - AH ANDERSON PEDIATRICS 705 N FANT STREET ANDERSON,SC 29621	PHYSICIAN OFFICE
12	28 - AH ANDERSON FM 2000 E GREENVILLE STREET SUITE 2000 ANDERSON,SC 29621	PHYSICIAN OFFICE
13	29 - AH EASTSIDE FM 400 N FANT STREET ANDERSON,SC 29621	PHYSICIAN OFFICE
14	30 - AH HARTWELL FM 28 CHANDLER CENTER HARTWELL,GA 30643	PHYSICIAN OFFICE

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)
31	31 - AH CAROLINA KIDS 10706 CLEMSON BLVD SENECA,SC 29678	PHYSICIAN OFFICE
1	32 - AH IVA FM 331 ANTREVILLE HWY IVA,SC 29655	PHYSICIAN OFFICE
2	33 - AH CENTERVILLE FM 1520 CENTERVILLE RD ANDERSON,SC 29625	PHYSICIAN OFFICE
3	34 - AH PENDLETON FM 1005 MEEHAN WAY PENDLETON,SC 29670	PHYSICIAN OFFICE
4	35 - AH WREN FM 6650 HIGHWAY 81 N PIEDMONT,SC 29673	PHYSICIAN OFFICE
5	36 - AH WESTSIDE FM 1100 WEST FRANKLIN STREET ANDERSON,SC 29624	PHYSICIAN OFFICE
6	37 - AH PSYCHIATRY 400 N FANT STREET SUITE D ANDERSON,SC 29621	PHYSICIAN OFFICE
7	38 - AH MICHEAL M RIVERA MD 1519 N FANT STREET ANDERSON,SC 29621	PHYSICIAN OFFICE
8	39 - AH SURGICAL ASSOCIATES 2000 E GREENVILLE STREET SUITE 2500 ANDERSON,SC 29621	PHYSICIAN OFFICE
9	40 - AH DANIEL A KEENAN 803 NORTH FANT STREET SUITE 3B ANDERSON,SC 29621	PHYSICIAN OFFICE
10	41 - AH PALMETTO FM 323 LEBBY STREET PELZER,SC 29669	PHYSICIAN OFFICE
11	42 - AH PLASTIC SURGERY 2000 E GREENVILLE STREET SUITE 2300 ANDERSON,SC 29621	PHYSICIAN OFFICE
12	43 - AH ENDOCRINOLOGY 2000 E GREENVILLE STREET SUITE 3100 ANDERSON,SC 29621	PHYSICIAN OFFICE
13	44 - AH FAIR PLAY FM 323 LEBBY STREET FAIR PLAY,SC 29643	PHYSICIAN OFFICE
14	45 - AH CLIFTON W STRAUGHN 105 BUFORD AVE ANDERSON,SC 29621	PHYSICIAN OFFICE

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)
46	46 - AH ANDERSON BONE & JOINT 112 MONTGOMERY DRIVE ANDERSON,SC 29621	PHYSICIAN OFFICE
1	47 - AH ANDERSON GYN-OB 2000 E GREENVILLE STREET SUITE 2200 ANDERSON,SC 29621	PHYSICIAN OFFICE
2	48 - AH RHEUMATOLOGY 2000 E GREENVILLE STREET SUITE 1300 ANDERSON,SC 29621	PHYSICIAN OFFICE
3	49 - AH INTERNAL MEDICINE 105 BUFORD AVE ANDERSON,SC 29621	PHYSICIAN OFFICE
4	50 - AH INFECTION MANAGEMENT 703 N FANT STREET ANDERSON,SC 29621	PHYSICIAN OFFICE
5	51 - AH QUINN PHYSICAL THERAPY 127 WALMART DRIVE HARTWELL,GA 30643	OUTPATIENT REHAB
6	52 - AH SLEEP LAB ELBERTON 5 MEDICAL DRIVE ELBERTON,GA 30635	OUTPATIENT FACILITY
7	53 - AH SLEEP LAB CANNON MEMORIAL HOSPITAL 123 WG ACKER DRIVE PICKENS,SC 29671	OUTPATIENT FACILITY

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on 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

2015

Open to Public Inspection

Name of the organization
ANMED HEALTH

Employer identification number
57-0359174

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on 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 . . . . . ▶ 15

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) NURSING SCHOLARSHIPS	8	15,000			

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

Return Reference	Explanation
PART I, LINE 2	SCHOLARSHIPS TRI COUNTY TECHNICAL COLLEGE SCHOLARSHIP RECIPIENTS MUST LIVE IN ANDERSON COUNTY, SC, MUST BE A NURSING MAJOR WITH AT LEAST A 3 0 GPA, AND MUST BE WILLING TO ACCEPT EMPLOYMENT AT ANMED HEALTH OR BE RESPONSIBLE FOR PAYING BACK THE AMOUNT OF THE SCHOLARSHIP CLEMSON UNIVERSITY SCHOLARSHIP RECIPIENT MUST LIVE IN ANDERSON, PICKENS, OR OCONEE COUNTIES, SC, MUST BE A NURSING MAJOR WITH AT LEAST A 2 5 GPA, AND MUST BE WILING TO ACCEPT EMPLOYMENT AT ANMED HEALTH OR BE RESPONSIBLE FOR PAYING BACK THE AMOUNT OF THE SCHOLARSHIP THE CHIEF NURSING OFFICER OF ANMED HEALTH APPROVES ALL SELECTIONS FOR THIS SCHOLARSHIP GREENVILLE TECHNICAL COLLEGE RECIPIENT MUST LIVE IN ANDERSON, PICKENS, OR OCONEE COUNTY, MUST BE A NURSING MAJOR AND WILLING TO ACCEPT EMPLOYMENT AT ANMED HEALTH OR BE RESPONSIBLE FOR PAYING BACK THE AMOUNT OF THE SCHOLARSHIP THE CHIEF NURSING OFFICER OF ANMED HEALTH APPROVES ALL SELECTIONS FOR THIS SCHOLARSHIP

Additional Data

Software ID:
Software Version:
EIN: 57-0359174
Name: ANMED 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 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
UNITED WAY OF ANDERSON PO BOX 2067 604 N MURRAY AVE ANDERSON,SC 29622	57-0510602	501(C)(3)	322,675				SPONSORSHIP
YOUNG MEN'S CHRISTIAN ASSOCIATION OF ANDERSON 201 E REED RD ANDERSON,SC 29621	57-0314465	501(C)(3)	7,000				MIDNIGHT FLIGHT / KIDS DAY SPONSORS
CANCER ASSOCIATION OF ANDERSON 215 E CALHOUN ST ANDERSON,SC 29621	54-2098883	501(C)(3)	10,000				ANNUAL SPONSOR

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 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
ANDERSON ARTS CENTER 110 FEDERAL ST ANDERSON,SC 29625	23-7242823	501(C)(3)	10,500				YOUTH ART MONTH / CORPORATE TABLE /NAME ON BUSINESS TIE WALL SPONSORS
ANDERSON FREE CLINIC PO BOX 728 ANDERSON,SC 29622	57-0787584	501(C)(3)	25,000				WALK WITH THE DOCS SPONSOR
THE JOURNAL - OCONEE PUBLISHING PO BOX 547 SENECA,SC 29679	57-0889143	501(C)(3)	9,000				SPONSOR

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 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
FIRST FLIGHT ALLIANCE 113 METRO DRIVE ANDERSON,SC 29625	45-5324894	501(C)(3)	6,000				SPONSOR
GAMAC (GREATER ANDERSON MUSICAL ARTS CONSORTIUM) PO BOX 2365 ANDERSON,SC 29622	57-0942964	501(C)(3)	5,996				BENEFACTOR & CELEBRATE OF YOUTH CONCERT SPONSOR
ANDERSON INDEPENDENT MAIL 1000 WILLIAMSTON RD ANDERSON,SC 29621	47-2390983	501(C)(3)	5,000				SPONSOR

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 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
BELTON TENNIS ASSOCIATION PO BOX 843 BELTON,SC 29627	57-6028470	501(C)(3)	5,000				SPONSOR
PLAY SAFE 100 HEALTHY WAY SUITE 1200 ANDERSON,SC 29621	45-1806143	501(C)(3)	337,500				SPONSORSHIP
INNOVATE ANDERSON 126 N MCDUFFIE ST ANDERSON,SC 29621	57-0981427	501(C)(3)	20,000				2015 INVEST COMM SPONSOR

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 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
SALVATION ARMY PO BOX 43 112 TOLLY ST ANDERSON,SC 296220043	58-0660607	501(C)(3)	7,500				TRIPLE PLAY SUMMER PROGRAM SPONSOR
TEN AT THE TOP (OUR UPSTATE SC) 124 VERDAE BLVD SUITE 202 GREENVILLE,SC 29607	45-1842000	501(C)(3)	10,000				SPONSORSHIP
WESTSIDE COMMUNITY CENTER 110 WEST FRANKLIN ST ANDERSON,SC 29624	57-0962032	501(C)(3)	30,000				5TH GALA SPONSOR

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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" on 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

2015

Open to Public Inspection

Name of the organization
ANMED HEALTH

Employer identification number
57-0359174

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on 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**	Yes	
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 on 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," on line 5a or 5b, describe in Part III			
6	For persons listed on 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," on line 6a or 6b, describe in Part III			
7	For persons listed on 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 on 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" on 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 on 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 on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	EXECUTIVE OFFICERS OF THE ORGANIZATION INCLUDING VICE PRESIDENTS ARE PROVIDED WITH TRAVEL FOR SPOUSES AND RECEIVE TAX INDEMNIFICATION AND GROSS UP PAYMENTS THE BENEFITS RECEIVED BY THE OFFICERS WERE INCLUDED IN TAXABLE COMPENSATION FOR THE YEAR
PART I, LINES 4A-B	THE FOLLOWING OFFICERS RECEIVED DEFERRED COMPENSATION ALLOCATIONS BY THE FILING ORGANIZATION FROM A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) WILLIAM T MANSON - $ 262,320 TINA JURY - 14,690 THE FOLLOWING OFFICERS RECEIVED DEFERRED COMPENSATION ALLOCATIONS BY CAROLINAS HEALTHCARE SYSTEM, AN UNRELATED ORGANIZATION FROM A NON-QUALIFIED PLAN WILLIAM T MANSON - $144,336 GARRICK CHIDESTER - 77,933 JERRY A PARRISH - 23,190 CHRISTINE PEARSON - 14,280 DR MICHAEL L TILLIRSON - 101,412 THE PURPOSE OF THE SERP FOR WILLIAM T MANSON IS TO PROVIDE SUPPLEMENTAL RETIREMENT BENEFITS TO THE PARTICIPANT TO ENCOURAGE HIS CONTINUED INTEREST IN THE SUCCESS OF THE COMPANY, AND TO PROVIDE REASONABLE RETIREMENT BENEFITS THE PLAN COMMENCED ON MARCH 1, 2005 THE PURPOSE OF THE SERP FOR TINA JURY IS TO PROVIDE SUPPLEMENTAL RETIREMENT BENEFITS TO THE PARTICIPANT TO ENCOURAGE HER CONTINUED INTEREST IN THE SUCCESS OF THE COMPANY, AND TO PROVIDE REASONABLE RETIREMENT BENEFITS THE PLAN COMMENCED ON MAY 1, 2012 THE COMPANY SHALL CREDIT TO THE PARTICIPANT'S SERP ACCOUNT AN AMOUNT PROJECTED TO PROVIDE ANNUAL RETIREMENT BENEFITS EQUAL TO 50% OF THE PARTICIPANT'S FINAL FIVE-YEAR AVERAGE CASH COMPENSATION AT AGE 65 THE PROJECTION TAKES INTO ACCOUNT THAT THE TOTAL TARGETED RETIREMENT BENEFIT CONSISTS OF THE QUALIFIED DEFINED BENEFIT PENSION PLAN, 403(B) PLAN MATCHING CONTRIBUTIONS EARNED THEREON, 50% OF THE PROJECTED SOCIAL SECURITY PRIMARY RETIREMENT BENEFITS, AND BENEFITS UNDER THIS PLAN THE COMPANY DOES NOT GUARANTEE THAT THE CREDITS WILL ACTUALLY PROVIDE THE TARGETED BENEFIT, RATHER, THE PARTICIPANT'S BENEFIT IS LIMITED TO THE AMOUNT ACCRUED IN HIS ACCOUNT THE PARTICIPANT'S ENTITLEMENT TO THE BENEFITS DEPENDS ON THE PARTICIPANT'S FUTURE PERFORMANCE OF SUBSTANTIAL SERVICES
PART II	COMPENSATION FROM AN UNRELATED ORGANIZATION ON OCTOBER 1, 2009, THE HOSPITAL SYSTEM ENTERED INTO A SERVICES AND AFFILIATION AGREEMENT WITH THE CHARLOTTE MECKLENBURG HOSPITAL AUTHORITY D/B/A CAROLINAS HEALTHCARE SYSTEM THE AGREEMENT APPOINTS CAROLINAS HEALTHCARE SYSTEM AS THE MANAGER OF THE HOSPITAL SYSTEM THE FOLLOWING OFFICERS AND KEY EMPLOYEES WERE COMPENSATED ACCORDING TO THIS AGREEMENT FOR SERIVCES PROVIDED TO ANMED HEALTH, ANMED HEALTH SYSTEM, AND THE ANMED HEALTH FOUNDATION JOHN A MILLER JR - $1,057,622 TAXABLE, 3,818 DEFRD, 900 N/T WILLIAM T MANSON, III - 856,170 TAXABLE, 160,236 DEFRD, 23,907 N/T JERRY A PARRISH - 611,421 TAXABLE, 39,090 DEFRD, 17,324 N/T DR MICHAEL L TILLIRSON - 567,725 TAXABLE, 112,983 DEFRD, 18,026 N/T GARRICK CHIDESTER - 437,550 TAXABLE, 93,361 DEFRD, 29,844 N/T CHRISTINE PEARSON - 103,032 TAXABLE, 16,305 DEFRD, 7,060 N/T THE ABOVE AMOUNTS ARE REPRESENTED IN THE TOTALS SHOWN IN PART II THE REMAINDER OF THE AMOUNTS SHOWN IN PART II WERE PAID DIRECTLY BY THE ORGANIZATION
PART II, COLUMN (B)(III)	THE FOLLOWING OFFICER RECEIVED A ONE TIME CASH PAYOUT FROM A DEFERRED COMPENSATION PLAN BY THE FILING ORGANIZATION THAT IS TAXABLE IN THE CURRENT PERIOD THIS PAYMENT COINCIDED WITH HIS RETIREMENT THESE AMOUNTS WERE REPORTED ON PRIOR 990'S AS INDICATED ON SCHEDULE J, PART II, COLUMN F JOHN A MILLER - $ 1,684,927

Additional Data

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

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

(A) Name 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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1DR STEPHEN HAND BOARD MEMBER	(I)	371,823	167,036	2,343	10,600	26,959	578,761	0
	(II)	0	0	0	0	0	0	0
1WILLIAM T MANSON III PRESIDENT/CEO	(I)	557,218	192,295	117,754	160,236	23,907	1,051,410	132,947
	(II)	0	0	0	0	0	0	0
2JERRY A PARRISH CFO (THROUGH JULY 15)	(I)	249,067	288,135	211,067	39,090	17,324	804,683	153,588
	(II)	0	0	0	0	0	0	0
3DR MICHAEL L TILLIRSON CHIEF MEDICAL OFFICER	(I)	335,863	153,920	83,527	112,983	18,026	704,319	93,995
	(II)	0	0	0	0	0	0	0
4GARRICK CHIDESTER EXECUTIVE VICE PRESIDENT	(I)	271,674	123,236	45,458	93,361	29,844	563,573	43,140
	(II)	0	0	0	0	0	0	0
5JAMES T DOUGLAS III FORMER VICE PRESIDENT	(I)	46,665	155,247	44,696	861	341	247,810	0
	(II)	0	0	0	0	0	0	0
6TINA JURY CHIEF NURSING OFFICER	(I)	276,154	106,172	6,416	10,600	29,160	428,502	0
	(II)	0	0	0	0	0	0	0
7JOHN D GLYMPH VICE PRESIDENT	(I)	214,371	93,862	456	8,800	22,772	340,261	0
	(II)	0	0	0	0	0	0	0
8MICHAEL CUNNINGHAM VICE PRESIDENT	(I)	164,819	67,464	1,098	5,920	13,340	252,641	0
	(II)	0	0	0	0	0	0	0
9ABHUIT A RAVALPHYSICIAN	(I)	337,613	514,751	71,438	10,600	31,684	966,086	0
	(II)	0	0	0	0	0	0	0
10BRETT C STOLLPHYSICIAN	(I)	639,128	135,980	3,942	10,600	32,824	822,474	0
	(II)	0	0	0	0	0	0	0
11SATISH K SURABHI PHYSICIAN	(I)	607,600	135,980	4,619	10,600	31,555	790,354	0
	(II)	0	0	0	0	0	0	0
12RICKY HENDERSON PHYSICIAN	(I)	576,661	202,500	5,615	7,950	32,489	825,215	0
	(II)	0	0	0	0	0	0	0
13AARON MACDONALD PHYSICIAN	(I)	596,401	152,969	1,141	10,600	22,887	783,998	0
	(II)	0	0	0	0	0	0	0
14JOHN A MILLER JR FORMER OFFICER	(I)	38,629	2,378,998	249,064	3,818	900	2,671,409	1,738,110
	(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

2015

Open to Public Inspection

Name of the organization
ANMED HEALTH

Employer identification number
57-0359174

Part I Bond Issues

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired		678,860	885,000	26,254,675
2	Amount of bonds legally defeased				
3	Total proceeds of issue	34,585,000	109,370,590	75,605,030	43,753,349
4	Gross proceeds in reserve funds		3,069,007	110,003	5,290,668
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	398,936	1,255,460	653,394	351,656
8	Credit enhancement from proceeds	124,368	2,721,883	701,606	
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds		51,142,629		
11	Other spent proceeds	34,061,696	54,250,000	74,250,000	43,400,691
12	Other unspent proceeds				
13	Year of substantial completion	2007	2010	2010	1999

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, 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					CITIGROUP			
c	Term of hedge					2958 0000000000 %			
d	Was the hedge superintegrated?						X		
e	Was the hedge terminated?						X		

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SCHEDULE K, PART II, LINE 11, OTHER SPENT PROCEEDS	THE AMOUNTS PRESENTED ON LINE 11 AS OTHER SPENT PROCEEDS WERE USED TO CURRENTLY REFUND PRIOR BONDS ISSUED ON THE DATES AS FOLLOWS BOND (A) - 04/18/2007 BOND (B) - 07/02/2003 BOND (C) - 07/02/2003 BOND (D) - 07/28/1999 BOND (E) - 06/30/2014

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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

2015

Open to Public Inspection

Name of the organization
ANMED HEALTH

Employer identification number
57-0359174

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	SC JOBS-ECONOMIC DEVELOPMENT AUTHORITY	57-6000286		06-30-2014	35,000,000	CAPITAL ACQUISITION		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	35,000,823			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	145,067			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	34,854,933			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2015			

		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						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		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						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %						
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 %						
6	Total of lines 4 and 5		0 %						
7	Does the bond issue meet the private security or payment test?		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						
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						

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						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?	X							
c	No rebate due?		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							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		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						
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						
7	Has the organization established written procedures to monitor the requirements of section 148? . . .		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						

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

2015

Open to Public Inspection

Name of the organization
ANMED HEALTH

Employer identification number
57-0359174

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	(d) Corrected? 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	(d) Loan to or from the organization? From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) In default? No	(h) Approved by board or committee? Yes	(h) Approved by board or committee? No	(i) Written agreement? Yes	(i) Written agreement? 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) DR JAMES HERBERT	FAMILY RELATIONSHIP TO BOARD MEMBER ANN HERBERT	10,276	MEDICAL DOCTOR EMPLOYED BY THE HOSPITAL SYSTEM, COMPENSATION FOR MEDICAL SERVICES PERFORMED		No

Part V Supplemental Information

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

Return Reference	Explanation

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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

2015

Open to Public Inspection

Name of the organization
ANMED HEALTH

Employer identification number
57-0359174

Return Reference	Explanation
FORM 990, PART V, LINE 4A	FINANCIAL ACCOUNTS IN A FOREIGN COUNTRY THE ORGANIZATION WAS A 2 16% PARTNER IN PROFESSIONAL MONEY MANAGEMENT PARTNERSHIP WITH A HEDGE FUND BASED IN THE CAYMAN ISLANDS THE PARTNERSHIP IS HELD FOR INVESTMENT PURPOSES ONLY

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	ON OCTOBER 1, 2009, THE HOSPITAL SYSTEM ENTERED INTO A SERVICES AND AFFILIATION AGREEMENT WITH THE CHARLOTTE MECKLENBURG HOSPITAL AUTHORITY D/B/A CAROLINAS HEALTHCARE SYSTEM (CHS) THE AGREEMENT APPOINTS CAROLINAS HEALTHCARE SYSTEM AS THE MANAGER OF THE HOSPITAL SYSTEM THE BOARD OF ANMED HEALTH CONTINUES TO OVERSEE THE OPERATIONS OF THE HEALTHCARE FACILITY AND RELATED TAX EXEMPT ACTIVITIES AS PART OF THE AGREEMENT, ANMED HEALTH GRANTS CHS THE RESPONSIBILITY FOR MANAGEMENT OF THE HEALTH SYSTEM, SUBJECT TO THE GENERAL APPROVAL OF THE BOARD OF DIRECTORS OF ANMED HEALTH BOARD APPROVAL IS REQUIRED FOR LARGE CAPITAL EXPENDITURES, SALE OR DISPOSAL OF SYSTEM ASSETS, AND BORROWING IN EXCESS OF IMMATERIAL AMOUNTS CHS IS REQUIRED TO PROVIDE KEY MANAGEMENT PERSONNEL UNDER THE TERMS OF THE ARRANGEMENT THE KEY MANAGEMENT PERSONNEL RECEIVE A PORTION OF THEIR COMPENSATION FROM CHS AS WELL AS A PORTION FROM ANMED HEALTH THE ORGANIZATION IS UTILIZING FORM 990 PARTS VII AND SCHEDULE J TO REPORT COMPENSATION RECEIVED BY THESE INDIVIDUALS FOR SERVICES PROVIDED TO ANMED HEALTH SYSTEM AND ITS RELATED ORGANIZATIONS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE SOLE MEMBER OF THE ORGANIZATION IS ANMED HEALTH SYSTEM, A SOUTH CAROLINA 501(C)(3) ORGANIZATION

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE BOARD OF TRUSTEES OF ANMED HEALTH AS PROVIDED FOR IN ITS BYLAWS SHALL AUTOMATICALLY BECOME THE BOARD OF TRUSTEES OF THE ORGANIZATION UPON BEING ELECTED AS TRUSTEES OF ANMED HEALTH SYSTEM ACCORDINGLY, WHEN ANY BOARD MEMBER FOR ANY REASON CEASES BEING A BOARD MEMBER OF ANMEND HEALTH SYSTEM, HE OR SHE SHALL ALSO AUTOMATICALLY CEASE BEING A BOARD MEMBER OF THE ORGANIZATION

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE RETURN WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM WITH ASSISTANCE AND OVERSIGHT BY MANAGEMENT UPON COMPLETION AND REVIEW BY MANAGEMENT, THE RETURN WAS PLACED ON A SECURE WEBSITE FOR BOARD MEMBERS TO REVIEW PRIOR TO THE SEPTEMBER 2016 BOARD MEETING AT THE MEETING, BOARD MEMBERS HAD AN OPPORTUNITY TO DISCUSS THE RETURN AND ASK QUESTIONS OF THE CFO AND A REPRESENTATIVE OF THE ACCOUNTING FIRM

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	A COPY OF THE DISCLOSURE OF THE CONFLICT OF INTEREST POLICY, ALONG WITH AN EXPLANATION AND QUESTIONNIARE IS SENT TO ALL TRUSTEES, DIRECTORS, EXECUTIVE STAFF, MEDICAL STAFF WITH ADMINISTRATIVE RESPONSIBILITY, SELECTED OTHER EMPLOYEES, AND VOLUNTEERS ANNUALLY THE QUESTIONNAIRE MUST BE COMPLETED AND RETURNED TO THE CHAIR OF THE BOARD A REPORT IS SUBMITTED TO THE BOARD CONCERNING ANY POTENTIAL CONFLICTS THAT ARE DISCLOSED IN SITUATIONS WHERE A POTENTIAL CONFLICT IS FOUND, THE BOARD REVIEWS THE CIRCUMSTANCES BEFORE A VOTE OR DISCUSSION OF MATTERS INVOLVING INTERESTED PARTIES

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	PERIODIC COMPENSATION SURVEYS ARE PERFORMED BY INTEGRATED HEALTHCARE STRATEGIES, AN OUTSIDE CONSULTING SERVICE. ANMED HEALTH TARGETS THE 65TH PERCENTILE OF THE GIVEN RANGE FOR ITS COMPENSATION PACKAGES. THE COMPENSATION COMMITTEE OF THE BOARD APPROVES COMPENSATION FOR ALL OFFICERS, EXECUTIVES, AND DEPARTMENT DIRECTORS

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	PHOTOCOPIES OF THE FORM 990 ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S EXECUTIVE OFFICES

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	PHOTOCOPIES OF THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S EXECUTIVE OFFICES COPIES OF THE FINANCIAL STATEMENTS ARE AVAILABLE ON A SECURE WEBSITE FOR BONDHOLDERS PLEASE CONTACT THE EXECUTIVE OFFICE FOR DETAILS

Return Reference	Explanation
FORM 990, PART VII, LINE 1, BOARD MEMBER COMPENSATION	DR STEPHEN HAND IS COMPENSATED BY THE ORGANIZATION FOR SERVICES RENDERED TO THE HOSPITAL SYSTEM ALL PAYMENTS TO HIM ON PART VII OF THE FORM 990 ARE FOR MEDICAL SERVICES DR BRAD MOCK IS COMPENSATED BY THE ORGANIZATION FOR SERVICES RENDERED TO THE HOSPITAL SYSTEM ALL PAYMENTS TO HIM ON PART VII OF THE FORM 990 ARE FOR MEDICAL SERVICES DR JOHN R HUNT IS COMPENSATED BY THE ORGANIZATION FOR SERVICES RENDERED TO THE HOSPITAL SYSTEM ALL PAYMENTS TO HIM ON PART VII OF THE FORM 990 ARE FOR MEDICAL SERVICES

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PURCHASED SERVICES PROGRAM SERVICE EXPENSES 27,939,753 MANAGEMENT AND GENERAL EXPENSES 4,949,764 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 32,889,517 PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 27,971,856 MANAGEMENT AND GENERAL EXPENSES 3,268,318 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 31,240,174

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN FAIR VALUE OF INTEREST RATE SWAP CONTRACT -754 CHANGE IN UNFUNDED PENSION LOSSES 21,093,812 INTERCOMPANY TRANSFER 6,347,086

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

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SCHEDULE R (Form 990)

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

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ANMED HEALTH

Employer identification number
57-0359174

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity? Yes	(g) Section 512 (b)(13) controlled entity? No
(1) ANMED HEALTH SYSTEM 800 N FANT STREET ANDERSON, SC 29621 57-0817544	SUPPORT	SC	501(C)(3)	LINE 7	N/A		No
(2) THE ANMED HEALTH FOUNDATION 800 N FANT STREET ANDERSON, SC 29621 38-3886017	FUNDRAISING/SUPPORT	SC	501(C)(3)	LINE 11A, I	ANMED HEALTH SYSTEM		No
(3) CANNON MEMORIAL HOSPITAL 123 WG ACKER DRIVE PICKENS, SC 29671 57-0342027	HEALTHCARE	SC	501(C)(3)	LINE 3	ANMED HEALTH SYSTEM		No
(4) CANNON MEMORIAL HOSPITAL FOUNDATION PO BOX 188 PICKENS, SC 29671 57-0943822	FUNDRAISING/SUPPORT	SC	501(C)(3)	LINE 7	CANNON MEMORIAL HOSPITAL		No
(5) CLEMSON HEALTH CENTER 885 TIGER BLVD CLEMSON, SC 29631 57-0988736	HEALTHCARE	SC	501(C)(3)	LINE 11A, I	ANMED HEALTH	Yes	

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	

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) ANMED HEALTH ENTERPRISES INC 800 N FANT STREET ANDERSON, SC 29621 57-0815011	HOLDING CORPORATION	SC	N/A	C					No
(2) ANMED HEALTH PLAN INC 800 N FANT STREET ANDERSON, SC 29621 57-0811053	MANAGEMENT SERVICES ORGANIZATION	SC	N/A	C					No
(3) ANMED HEALTH SERVICES INC 800 N FANT STREET ANDERSON, SC 29621 57-0741536	HEALTHCARE	SC	N/A	C					No

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

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

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

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

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation