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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 10-01-2015 , and ending 09-30-2016

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

C Name of organization
ANDERSON REGIONAL MEDICAL CENTER

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2124 14TH STREET

City or town, state or province, country, and ZIP or foreign postal code
MERIDIAN, MS 39301

D Employer identification number
64-0362400

E Telephone number
(601) 553-6000

G Gross receipts $ 193,560,873

F Name and address of principal officer
JOHN ANDERSON
2124 14TH STREET
MERIDIAN, MS 39301

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 ANDERSONREGIONAL ORG

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

L Year of formation 1928

M State of legal domicile MS

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
THE MISSION OF THE HOSPITAL IS TO CONTINUE OUR HERITAGE OF HEALING AND IMPROVING LIFE FOR THE PEOPLE WE SERVE

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	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	1,679
6	Total number of volunteers (estimate if necessary)	6	53
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	5,658,903
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-460,944

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	434,897	120,340
	9	Program service revenue (Part VIII, line 2g)	195,179,462	187,824,444
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	322,176	817,590
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	60,357	786,606
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	195,996,892	189,548,980
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	109,074	160,378
	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)	77,195,149	70,133,236
	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)	122,724,919	110,534,210
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	200,029,142	180,827,824
	19	Revenue less expenses Subtract line 18 from line 12	-4,032,250	8,721,156

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	225,572,945	229,717,312
	21	Total liabilities (Part X, line 26)	85,329,480	80,853,102
	22	Net assets or fund balances Subtract line 21 from line 20	140,243,465	148,864,210

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

****** 2017-08-08
Signature of officer Date

signing officer VP OF FINANCE
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	2017-08-08		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 THE HOSPITAL IS TO CONTINUE OUR HERITAGE OF HEALING AND IMPROVING LIFE FOR THE PEOPLE WE SERVE

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 $ 162,434,821 including grants of $ 160,378) (Revenue $ 182,165,541)

See Additional Data

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** ▶ 162,434,821

Part IV **Checklist of Required Schedules**

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

			Yes	No
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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 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**	218			
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**	1,679			
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 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	1a 8			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 4			
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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
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▶

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
▶STEVEN BROWN 2124 14TH STREET MERIDIAN, MS 39301 (601) 553-6647

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): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) DR JOSEPH ANDERSON DIRECTOR - CHAPLAIN	40 00	X						92,778	0	15,419
(2) NELL GAYDEN HILL DIRECTOR - COMMUNITY RELAT	4 00	X						24,091	0	0
(3) JANET G FARRINGTON DIRECTOR - EDUCATION PROGR	6 00	X						26,591	0	0
(4) SHAWN ANDERSON DO DIRECTOR	6 00 1 00	X						24,182	0	0
(5) THAD QUARLES DIRECTOR	1 00	X						14,118	0	0
(6) BILL CRAWFORD DIRECTOR	1 00	X						11,118	0	0
(7) DAVID VOWELL DIRECTOR	1 00	X						15,826	0	0
(8) JOHN CLAY DIRECTOR	2 00	X						7,250	0	0
(9) JOHN ANDERSON PRESIDENT/CEO	50 00			X				327,749	0	73,712
(10) GEORGE DENTON FARR JR VICE PRESIDENT	50 00			X				161,111	0	39,814
(11) WANDA COOPER VICE PRESIDENT (SECRETARY)	50 00 2 00			X				203,992	0	37,147
(12) MATTHEW J EDWARDS VICE PRESIDENT/CNO	50 00			X				181,788	0	43,789
(13) SCOT BELL VICE PRESIDENT	50 00 1 00			X				402,799	0	72,953
(14) JOEL WINDHAM VICE PRESIDENT	50 00			X				183,028	0	26,374

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) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(15) STEVEN BROWN VICE PRESIDENT	50 00 1 00			X				126,732	0	39,997
(16) BETTY CRYER ADMINISTRATOR	50 00			X				113,407	0	26,506
(17) ROBERT P KING JR SENIOR MEDICAL PHYSICIST	50 00					X		235,791	0	20,436
(18) MICHAEL B SHROCK PHYSICIAN	50 00					X		347,726	0	15,641
(19) MARK D MILLING PHARMACIST	50 00					X		161,245	0	21,563
(20) HOLLY R MOORE PHARMACIST	50 00					X		154,100	0	21,492
(21) DEANNA I PRICE PHYSICIAN	50 00					X		238,233	0	19,480
(22) LELAND RAY HUMPHREYS FORMER PRESIDENT/CEO	0 00						X	100,747	0	0
(23) ALPHE D WELLS FORMER VICE PRESIDENT	0 00						X	139,826	0	6,997
(24) G EDWARD TUCKER FORMER CFO (PAID AS CONSULTANT)	48 00						X	248,232	0	0

		(D)	(E)	(F)
1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . ▶	3,542,460	0	481,320

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 ▶ 46

			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**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
REHABCARE GROUP EAST INC PO BOX 502096 ST LOUIS, MO 63150	MANAGEMENT REHABILITATION	4,878,099
MORRISON HEALTH CARE INC PO BOX 102289 ATLANTA, GA 30368	FOOD SERVICES	4,505,791
HOSPITAL HOUSEKEEPING SYSTEMS LLC 216 E FOURTH STREET AUSTIN, TX 78701	ENVIROMENTAL	4,137,088
AMERICAN PROTECTION SERVICES INC 2807 HIGHWAY 11 SOUTH MERIDIAN, MS 39307	SECURITY SERVICES	1,407,727
BLOOD SYSTEM INC PO BOX 621 MERIDIAN, MS 39302	WHOLE BLOOD SERVICES	1,395,412

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 ▶ 39

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 120,340				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . ▶		120,340			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE REVENUE	621990	179,982,334	178,942,498	1,039,836	
	b	PHARMACY REVENUE	446110	5,573,676	1,348,126	4,225,550	
	c	HEALTH & FITNESS REVENUE	713940	915,898	522,381	393,517	
	d	OTHER OPERATING REVENUE	621990	871,586	871,586		
	e	TRAMA CENTER REVENUE	621990	480,950	480,950		
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . ▶		187,824,444			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . ▶		113,903			113,903
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents	(i) 2,974,861 / (ii)				
	b	Less rental expenses	(i) 4,011,893 / (ii)				
	c	Rental income or (loss)	(i) -1,037,032 / (ii)				
	d	Net rental income or (loss) . . . . ▶		-1,037,032			-1,037,032
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	(i) 230,780 / (ii) 472,907				
	b	Less cost or other basis and sales expenses	(i) 0 / (ii) 0				
	c	Gain or (loss)	(i) 230,780 / (ii) 472,907				
	d	Net gain or (loss) . . . . ▶		703,687			703,687
	8a	Gross income from fundraising events (not including $ ____ of contributions reported on line 1c) See Part IV, line 18 . .	a				
	b	Less direct expenses . . .	b				
	c	Net income or (loss) from fundraising events . . ▶					
	9a	Gross income from gaming activities See Part IV, line 19 . . .	a				
	b	Less direct expenses . . .	b				
	c	Net income or (loss) from gaming activities . . . ▶					
	10a	Gross sales of inventory, less returns and allowances .	a				
	b	Less cost of goods sold . .	b				
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS REVENUE	900099	1,430,395			1,430,395
	b	TAX CREDITS	900099	299,640			299,640
	c	VENDING REVENUE	900099	70,181			70,181
	d	All other revenue		23,422			23,422
	e	**Total.** Add lines 11a–11d . . . . . . ▶		1,823,638			
	12	**Total revenue.** See Instructions . . . . . ▶		189,548,980	182,165,541	5,658,903	1,604,196

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	160,378	160,378		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
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	2,061,540		2,061,540	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	254,625	254,625		
7	Other salaries and wages	56,422,025	49,139,261	7,282,764	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	757,959	637,429	120,530	
9	Other employee benefits	6,497,543	5,464,308	1,033,235	
10	Payroll taxes	4,139,544	3,481,276	658,268	
11	Fees for services (non-employees)				
a	Management				
b	Legal	278,862		278,862	
c	Accounting	217,412		217,412	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	27,023,892	25,764,124	1,259,768	
12	Advertising and promotion	370,188	95,504	274,684	
13	Office expenses	20,139,841	15,574,191	4,565,650	
14	Information technology				
15	Royalties . .				
16	Occupancy	4,384,466	4,384,466		
17	Travel	215,606	169,382	46,224	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	249	249		
20	Interest	1,173,115	579,049	594,066	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,835,836	10,835,836		
23	Insurance	2,601,282	2,601,282		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	MEDICAL SUPPLIES	31,521,271	31,521,271		
b	BAD DEBT EXPENSE	11,761,933	11,761,933		
c	MISCELLANEOUS EXPENSE	10,257	10,257		
d					
e	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24e	180,827,824	162,434,821	18,393,003	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		2,728,597	1	4,811,084
	2	Savings and temporary cash investments		13,810,181	2	17,050,240
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		20,434,477	4	18,917,976
	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		713,791	7	650,532
	8	Inventories for sale or use		6,002,934	8	5,441,692
	9	Prepaid expenses and deferred charges		1,865,908	9	2,414,758
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 285,533,360			
	b	Less accumulated depreciation	10b 173,803,539	120,430,287	10c	111,729,821
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		55,792	13	48,303
	14	Intangible assets		2,694,206	14	2,096,757
	15	Other assets See Part IV, line 11		56,836,772	15	66,556,149
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		225,572,945	16	229,717,312
Liabilities	17	Accounts payable and accrued expenses		42,705,652	17	38,587,608
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		39,704,859	24	38,364,239
	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		2,918,969	25	3,901,255
	26	**Total liabilities.** Add lines 17 through 25		85,329,480	26	80,853,102
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		140,243,465	27	148,864,210
	28	Temporarily restricted net assets			28	
	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		140,243,465	33	148,864,210
	34	Total liabilities and net assets/fund balances		225,572,945	34	229,717,312

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	189,548,980
2	Total expenses (must equal Part IX, column (A), line 25)	2	180,827,824
3	Revenue less expenses Subtract line 2 from line 1	3	8,721,156
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	140,243,465
5	Net unrealized gains (losses) on investments	5	
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	-100,411
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	148,864,210

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: 64-0362400
Name: ANDERSON REGIONAL MEDICAL CENTER

Form 990, Part III, Line 4a

4a	(Code	) (Expenses $	162,434,821	including grants of $	160,378)	(Revenue $	182,165,541)	
	SEE SCHEDULE O							

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493223013777

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
ANDERSON REGIONAL MEDICAL CENTER

Employer identification number
64-0362400

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

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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
ANDERSON REGIONAL MEDICAL CENTER

Employer identification number
64-0362400

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

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

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

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

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

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

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

		(a)Current year	(b)Prior year	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)	(c) Accumulated depreciation	(d) Book value
1a Land		14,540,242		14,540,242
b Buildings		140,303,933	76,766,232	63,537,701
c Leasehold improvements		353,666	237,202	116,464
d Equipment		128,428,944	95,535,726	32,893,218
e Other		1,906,575	1,264,379	642,196
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				111,729,821

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
(1) INTERCOMPANY RECEIVABLE	53,995,826
(2) SELF INSURANCE TRUST FUND	7,481,635
(3) CSV - RETIREMENT FUNDS (457B)	4,575,124
(4) OTHER LIMITED AS TO USE ASSETS	438,253
(5) DUE FROM AFFILIATE	65,311
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* . . . . ▶	66,556,149

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	
ASSET RETIREMENT OBLIGATIONS	847,612
THIRD PARTY PAYOR SETTLEMENTS	3,053,643
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	3,901,255

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	

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

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

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 64-0362400
Name: ANDERSON REGIONAL MEDICAL CENTER

Supplemental Information

Return Reference	Explanation
Part X, Line 2	THE ANDERSON REGIONAL MEDICAL CENTER IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501 (A) OF THE INTERNAL REVENUE CODE AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3), ACCORD INGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING CONSOLIDATED FINANC IAL STATEMENTS AS LIMITED LIABILITY COMPANIES, EMEC AND JARMC LEVERAGE'S TAXABLE INCOME O R LOSS IS ALLOCATED TO THE MEMBERS AND IS INCLUDED IN THE CALCULATION OF THEIR TAXABLE INC OME ACCORDINGLY, THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS DO NOT REFLECT A PROV ISION FOR INCOME TAXES THE MEDICAL CENTER HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERI AL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF SEPTEMBER 30, 2016 AND 2015

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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
ANDERSON REGIONAL MEDICAL CENTER

Employer identification number
64-0362400

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	Yes	
	☑ 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	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a		No
b	If "Yes," did the organization make it available to the public?	6b		
	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)			3,527,172		3,527,172	2 090 %
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			3,527,172		3,527,172	2 090 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	24	3,328	395,702		395,702	0 230 %
f Health professions education (from Worksheet 5)	5	1,019	31,569		31,569	0 020 %
g Subsidized health services (from Worksheet 6)	1		488,799		488,799	0 290 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	4		179,240		179,240	0 110 %
j **Total.** Other Benefits	34	4,347	1,095,310		1,095,310	0 650 %
k **Total.** Add lines 7d and 7j	34	4,347	4,622,482		4,622,482	2 740 %

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	2		1,102		1,102	0 %
3	Community support	7		20,472		20,472	0 010 %
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy	2		498,518		498,518	0 290 %
8	Workforce development	1		80		80	0 %
9	Other						
10	**Total**	12		520,172		520,172	0 300 %

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	3,367,450		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	3,052,501		
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	74,621,424
6	Enter Medicare allowable costs of care relating to payments on line 5	6	73,757,215
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	864,209

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

			Yes	No
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)

Name of hospital facility or letter of facility reporting group Facility Reporting Group - A

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 14			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		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		No
a	If "Yes" (list url)			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" 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)

Name of hospital facility or letter of facility reporting group Facility Reporting Group - A

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100 000000000000 % and FPG family income limit for eligibility for discounted care of 200 000000000000 %			
b	☑ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☐ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? 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)	15	Yes	
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? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a	☑ The FAP was widely available on a website (list url) http //www andersonregional org/InsuranceBilling aspx			
b	☑ The FAP application form was widely available on a website (list url) http //www andersonregional org/InsuranceBilling aspx			
c	☑ A plain language summary of the FAP was widely available on a website (list url) http //www andersonregional org/InsuranceBilling 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)*

Name of hospital facility or letter of facility reporting group Facility Reporting Group - A

			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? 1

	Name and address	Type of Facility (describe)
1	1 - EAST MISSISSIPPI ENDOSCOPIC CLINIC 1926 23RD AVENUE MERIDIAN, MS 39301	OUTPATIENT ENDOSCOPY AMBULATORY SURGICAL
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

Form and Line Reference	Explanation
Part I, Line 7	THE COST TO CHARGE RATIO WAS USED TO DETERMINE THE FINANCIAL ASSISTANCE AND MEANS-TEST GOVERNMENT PROGRAM SECTIONS THIS COST TO CHARGE RATIO WAS DERIVED FROM WORKSHEET 2 RATIO OF PATIENT CARE COST-TO-CHARGE AND USED TO DETERMINE THE AMOUNTS FOR PART I, LINE 7A

Form and Line Reference	Explanation
Part I, Line 7g	THE SUBSIDIZED SERVICE COST REPORTED AS A COMMUNITY BENEFIT RELATES TO THE HOSPITAL'S SPORTS MEDICINE PROGRAM THE MAIN FOCUS OF THE PROGRAM IS COVERING SPORTING EVENTS FOR SEVEN SCHOOLS IN LAUDERDALE COUNTY AND THE SURROUNDING AREA WITH EACH SCHOOL HAVING BETWEEN 250 TO 300 SPORTING EVENTS IN A GIVEN YEAR AT THESE EVENTS, THE TRAINERS FOCUS ON INJURY PREVENTION, EQUIPMENT MAINTENANCE, INJURY EVALUATION, FIRST AID AND REHABILITATION OF INJURIES THIS IS A FREE SERVICE TO ALL THE COVERED SCHOOLS WE ALSO HELP THE SCHOOLS WITH VARIOUS HEALTH FAIRS, FIELD DAYS, AND OTHER SCHOOL SPONSORED EVENTS ALTHLETIC TRAINERS ALSO HELP WITH SEVERAL AREAS OF TEACHING, ESPECIALLY DURING THOSE COMPETITION (HEALTH RELATED ORGANIZATION IN THE SCHOOL) THESE SAME SERVICES ARE ALSO PROVIDED AT COMMUNITY RACES SUCH AS ANDERSON CUP RUN, HEART OF DIXIE RUN, AND HOPE VILLAGE RUN

Form and Line Reference	Explanation
Part I, Ln 7 Col(f)	THE BAD DEBT EXPENSE OF $11,761,933 WAS INCLUDED ON FORM 990 PART IX, LINE 25, COLUMN (A) BUT WAS SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGES IN THIS COLUMN

Form and Line Reference	Explanation
Part II, Community Building Activities	Anderson Regional Medical Center is an acute care hospital located in Meridian, Mississipp i The hospital's primary service area is Lauderdale, Newton, Clarke, Leake, Kemper, Nesho ba, Winston and Jasper counties in Mississippi The hospital also services the areas of Ch octaw and Sumter counties in western Alabama Anderson Regional Medical Center operates th e only comprehensive cancer center, Anderson Regional Cancer Center, in East Central Missi ssippi and West Alabama The hospital provides a wide array of services including most maj or inpatient clinical services, an acute care swing bed unit, an inpatient rehabilitation unit, an inpatient geriatric psychiatric facility, outpatient services including wound car e services and pain management services, therapeutic and diagnostic services, trauma servi ces and emergency services Anderson prides itself in being the leader in cardiology and c ancer services Anderson Regional Cancer Center recently acquired the state's only TomoThe rapy Radiation system Cardiology Programs The Cardiac Support Group is a bi-monthly educa tional meeting held for the community The programs center on cardiac care such as the imp ortance of exercise and healthy food choices Anderson Regional Medical Center is a major f inancial sponsor of the American Heart Association and the local Go Red for Women event A nderson Regional Medical Center offers health fairs to the community through Anderson Phys ician Alliance (a wholly owned subsidiary) of the hospital In order to improve the genera l health of the community, the these programs offer free blood pressure checks, blood suga r screenings, weight and body mass index measurements, and distributes general health educ ational materials The health fairs are held at various companies throughout the service a reas The hospital also participates in the Main Event sponsored by East Mississippi Busin ess Development Corporation (EMBDC) This is a community wide event where we offer free bl ood pressure screenings The hospital also participates in the Neshoba County Fair each ye ar The hospital provides blood pressure screenings and fluids for those participating in this event Diabetes Programs The Diabetes Support Group is a bi-monthly educational meeti ng held for the community The programs center on diabetes care such as the importance of healthy food choices The hospital also offers a Diabetes Management Center that educates t he community on the prevention and treatment of Diabetes The Diabetes Center also partici pates in the annual Mississippi Walk for Diabetes and serves as volunteers for this event Cancer Programs Anderson Regional Cancer Center sponsors an annual fundraiser called the C hristmas Tribute All the donations in memory of or in honor of various people in our comm unity goes to the hospital's Cancer Patient Benevolence Fund which assists area cancer pat ients who are in need of transportation, medicines, payment of utility bills, etc The mon thly meetings of the CAREousel Breast Cancer Support Group are held in the Education class room of the Cancer Center The purpose of this group is to provide information and support for Breast Cancer survivors The hospital in conjunction with the American Cancer Society sponsors the "Look Good, Feel Better" program This is a community education program that supports area cancer patients and families to help them cope with cancer, cancer treatment s, and effects Obstetrical and Gynecology Programs Anderson Regional Medical Center is the largest provider of obstetrical and gynecology services in East Mississippi and West Alab ama The services include those of a neonatal intensive care unit and neonatal physician s ervices The following educational classes are offered free to area expectant mothers and their families Big Brother! Big Sister! Sibling classes introduces children, age 12 and un der, to the upcoming changes in the family dynamics Breastfeeding classes provide informat ion on the why-to and how-to of breastfeeding to expectant parents Breastfeeding support group meetings are held twice a month Childbirth Education classes is an education prepara tion class that addresses wellness, health, labor/delivery stages, coping strategies, surg ical interventions, and recovery care for expectant mothers Newborn Care classes give new parents the confidence required to care for a baby with discussions concerning normal newb orn behavior and characteristics at delivery to practical advice for daily care Educationa l Programs Anderson Regional Medical Center offers educational programs for area medical p ersonnel, schools, business and the community Advanced Cardiac Life Support Course (ACLS) is offered as an educational program for medical personnel in the area This program is of fered onsite at the hospital The hospital coordinates and offers continue medical educatio n (CME) programs to area physicians The majority of these programs are open to the genera l public For area medical personnel, Anderson Regi

Form and Line Reference	Explanation
Part II, Community Building Activities	onal Medical Center offers a Healthcare Provider Course that is designed to teach CPR skills for victims of all ages This course is designated for healthcare providers Other American Heart Association Courses that are provided upon request include Heartsaver CPR/AED and/or Heartsaver First Aid These classes are for individuals who have a duty to respond to emergencies because of job requirements or regulatory requirements However, any community person may attend the Heartsaver courses Anderson Regional Medical Center can also provide education programs that center around Pediatric care such as Heartsaver Pediatric First Aid and CPR course The Pediatric Advanced Life Support (PALS) course is also provided to the area healthcare providers The Infection Control Department of the hospital conducts free Infection Control Seminars to inform the community on the causes and preventions of infections and diseases These are taught at Meridian Community College and area schools The hospital offers Safety Seminars to area businesses through Anderson Physician Alliance These seminars center on OSHA safety instructions A blood pressure check is also performed on the employees of the business during this seminary Sports Medicine Anderson Regional Medical Center offers a Sports Medicine program that provides athletic trainers to local schools The trainers perform physicals and assess injuries on the athletes Other Programs Benefitting the Community Anderson Regional Medical Center is the hospital of choice for the Choctaw Nation The hospital provides healthcare to approximately 8,000 Native Americans A patient liaison is a full-time employee of the hospital in order to represent the Native Americans The liaison helps the patient and families with any healthcare concerns We support efforts to improve the health of the Choctaw Nation Anderson Regional Medical Center actively participates and is a sponsor of numerous blood drives throughout the year with United Blood Services Anderson Regional Medical Center's volunteer auxiliary donates money to Meridian Community College each year for the purchase of equipment to use in the learning process for nursing students Anderson Regional Medical Center is active with MIDD (Mississippi Industries for the Developmentally Disabled) We have hospital personnel who are very active on the Board of Directors of this association and attend monthly meetings Anderson Regional Medical Center is an active participant in the United Way of East Mississippi Pacesetter drive The Stroke and Alzheimer's Support Group are programs organized by Anderson Regional Medical Center-South This group gives information and provides fellowship for caregivers of stroke and Alzheimer's survivors

Form and Line Reference	Explanation
Part III, Line 4	THE COST REPORTED ON LINE 2 IS CALCULATED AS THE BAD DEBT EXPENSE FROM THE GENERAL LEDGER TIMES THE RATIO OF COST TO CHARGES AS CALCULATED ON WORKSHEET 2 DISCOUNTS ON PATIENT ACCOUNTS ARE NOT INCLUDED IN BAD DEBT EXPENSE PAYMENTS RECEIVED AFTER BAD DEBTS ARE POSTED TO A BAD DEBT RECOVERY ACCOUNT THIS ACCOUNT IS NETTED AGAINST THE BAD DEBT EXPENSE ACCOUNT THE HOSPITAL THINKS $3,052,501 SHOULD QUALITY AS CHARITY CARE THE FACILITY HAS PROCEDURES IN PLACE TO DERTMINE IF A PATIENT QUALIFIES FOR CHARITY CARE THE PER CAPITA INCOME FOR THE AREA IS APPROXIMATELY $20,688 AND THE PERCENTAGE OF PERSON BELOW THE POVERTY LEVEL FOR THE AREA IS APPROXIMATELY 28 73%

Form and Line Reference	Explanation
Part III, Line 8	THE FISCAL YEAR 2016 MEDICARE COST REPORT WAS USED TO DETERMINE THE MEDICARE ALLOWABLE COST AND THE MEDICARE REVENUE THE MEDICARE REVENUE INCLUDES MEDICARE DISPROPORTIONATE SHARE PAYMENT, REVENUE, COINSURANCE, PATIENT DEDUCTIBLES, OUTLIERS, CAPITAL AND BAD DEBT THE ELDERLY (AGE 65 AND OVER) MAKES UP 14 8% OF THE POPULATION FOR THIS AREA THE ELDERLY LIVE ON FIXED INCOMES AND FALL INTO LOW INCOME LEVELS FOR THE AREA ANDERSON REGIONAL MEDICAL CENTER'S PATIENT POPULATION FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2016 WAS MADE UP OF 50% MEDICARE

Form and Line Reference	Explanation
Part III, Line 9b	IN EMERGENCY CARE SITUATIONS, CARE IS PROVIDED TO ALL PERSON REGARDLESS OF THEIR ABILITY TO PAY NON-EMERGENT ELECTIVE PROCEDURES MAY BE DEFERRED DUE TO A PATIENTS INABILITY TO PAY ANDERSON REGIONAL MEDICAL CENTER'S COLLECTION POLICY OUTLINES THE TYPE OF COLLECTION NOTICES SUCH AS STATEMENTS, LETTERS, AND PHONE CALLS THAT WILL BE SENT TO A PATIENT, THE DETERMINATION OF FINANCIAL ASSISTANCE, AND POSSIBLE FINANCIAL ALTERNATIVES THIS FACILITY MAILS STATEMENTS EVERY 30 DAYS IF NOT PAYMENT IS RECEIVED ON AN ACCOUNT, THE COLLECTION LETTER PROCESS BEGINS AND A LETTER IS SENT EVERY 30 DAYS DURING THE PROCESS, COLLECTION PHONE CALLS ARE ALSO MADE TO THE PATIENTS WHEN FURTHER COLLECTION ACTION IS DEEMED NECESSARY, AN ACCOUNT IS ASSIGNED TO THE COLLECTION AGENCEY AS PART OF THE COLLECTION POLICY, ANDERSON REGIONAL MEDICAL CENTER OFFICER FINANCIAL ASSISTANCE TO ITS PATIENTS PATIENTS WHO ARE UNABLE TO PAY ARE SCREENED FOR ASSISTANCE UNDER MEDICAID AND/OR OTHER GOVERNMENTAL PROGRAMS PATIENTS WHO DO NOT QUALIFY UNDER THESE PROGRAMS MAY BE ELIGIBLE FOR CHARITY ADJUSTMENTS BASED UPON THE FEDERAL POVERTY GUIDELINES A CHARITY ADJUSTMENT IS BASED ON THE PATIENT'S INCOME LEVELWHEN THE PATIENT MEETS THE ESTABLISHED GUIDELINES, THE HOSPITAL WILL THEN ADJUST THE BALANCE BY THE APPLICABLE CHARITY PERCENTAGE PATIENTS WHO DO NOT QUALIFY FOR CHARITY CARE ARE ALSO ASSISTED BY THE FACILITY THE HOSPITAL WILL ASSIST THOSE PATIENTS UNABLE TO MEET THEIR OBLIGATION IN FULL BY ARRANGING PAYMENT ON A MONTHLY BASIS

Form and Line Reference	Explanation
Part VI, Line 2	THE ORGANIZATION CONDUCTS A COMMUNITY HEALTH NEEDS ASSESSMENT AT LEAST EVERY THREE YEARS TO ASSESS THE NEEDS OF THE COMMUNITY THIS ASSESSMENT TAKES INTO CONSIDERATION INPUT FROM THE COMMUNITY, COMMUNITY LEADERS, AND STATISTICAL INFORMATION

Form and Line Reference	Explanation
Part VI, Line 3	PATIENT EDUCATION OF ELEGIBILITY ASSISTANCE IS OFFERED AT THE FACILITY BY VARIOUS MEANS THE HOSPITAL HAS ON SITE THE OUTSOURCE GROUP THAT WORKS WITH THE PATIENTS WHO DO NOT HAVE INSURANCE TO DETERMINEIF THEY ARE ELIGIBLE FOR MEDICAID OR ANY GOVERNMENT ASSISTANCE IF THEY ARE NOT ELIGIBLE, THIS GROUP REFERS THE PATIENT TO THE CREDIT DEPARTMENT TO DISCUSS THE CHARITY CARE APPLICATION AND POLICY ALSO THE HOSPITAL HAS CASE MANAGERS ON SITE THAT SCREENS THE PATIENTS AND REFERS THE PATIENT TO THE CREDIT DEPARTMENT FOR FINANCIAL ASSISTANCE THE FACILITY HAS FINANCIAL COUNSELORS IN THE EMERGENCY DEPARTMENT THAT SCREENS PATIENTS AND DISTRIBUTES CHARITY CARE APPLICATIONS

Form and Line Reference	Explanation
Part VI, Line 4	THE HOSPITAL'S MAIN SERVICE AREA IS LAUDERDALE, NEWTON, CLARKE, LEAKE, KEMPER, NESHOBA, WINSTON, AND JASPER COUNTIES IN MISSISSIPPI THE HOSPITAL ALSO SERVIES THE AREAS OF CHOCTAW AND SUMER COUNTIES IN WESTERN ALABAMA THESE COUNTIESARE LOCATED IN RURAL AREAS OF THE STATES ANDERSON REGIONAL MEDICAL CENTER OPERATES THE ONLY COMPREHENSIVE CANCER CENTER IN EAST CENTRAL MISSISSIPPI AND WEST ALABAMA THE ELDERLY (AGE 65 AND OVER) MAKES UP 14 8% OF THE POPULATION FOR THIS AREA IN JANUARY OF 2012, THE UNEMPLOYMENT RATE IN LAUDERDALE COUNTY WAS 9 7%, WHICH WAS HIGHER THAN THE UNEMPLOYMENT RATE IN MISSISSIPPI STATE AND THE UNITED STATES OVERALL, WHICH HAD AN UNEMPLOYMENT RATE OF 7 9% AND 5 9%, RESPECTIVELY THE PER CAPITA INCOME FOR THE AREA IS APPROXIMATELY $21,346

Form and Line Reference	Explanation
Part VI, Line 6	ANDERSON REGIONAL MEDICAL CENTER IS NOT PART OF AN AFFILIATED HEALTH CARE SYSTEM THE HOSPITAL IS A PARTNER IN A JOINT VENTURE THAT OPERATES AN ENDOSCOPY CENTER AND THE HOSPITAL'S SHARE OF THOSE EXPENSES ARE INCLUDED IN PART I OF SCHEDULE H

Additional Data

Software ID:
Software Version:
EIN: 64-0362400
Name: ANDERSON REGIONAL MEDICAL CENTER

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	ANDERSON REGIONAL MEDICAL CENTER 2124 14TH STREET MERIDIAN, MS 39301	X	X					X			A
2	ANDERSON REGIONAL MEDICAL CENTER SOUTH 1102 CONSTITUTION AVENUE MERIDIAN, MS 39301	X	X								A

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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
ANDERSON REGIONAL MEDICAL CENTER

Employer identification number
64-0362400

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 . . . . . . ▶ 6

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

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

Return Reference	**Explanation**
Part I, Line 2	THE ORGANIZATION PROVIDED SUPPORT AS PART OF ITS EXEMPT PURPOSE THE USE OF THE FUNDS WAS MONITORED BY COMMON MANAGEMENT OVERSIGHT

Additional Data

Software ID:
Software Version:
EIN: 64-0362400
Name: ANDERSON REGIONAL MEDICAL CENTER

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
AMERICAN HEART ASSOCIATION PO BOX 50015 PRESCOTT,AZ 86304	13-5613797	501(C)(3)	10,000				OPERATIONAL SUPPORT
BOYS & GIRLS CLUB OF EAST MISSISSIPPI 1717 45TH AVE MERIDIAN,MS 39307	64-0728662	501(C)(3)	5,000				OPERATIONAL SUPPORT
EAST CENTRAL COMMUNITY COLLEGE PO BOX 129 DECATUR,MS 39327	64-0869444	501(C)(3)		45,206	COST	EXPIRED MEDICAL SUPPLIES	EXPIRED MEDICAL SUPPLIES

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
MISSISSIPPI ARTS AND ENTERTAINMENT PO BOX 148 MERIDIAN,MS 39302	35-2193471	501(C)(3)	12,000				OPERATIONAL SUPPORT
MERIDIAN COMMUNITY COLLEGE 910 HWY 19 N MERIDIAN MERIDIAN,MS 39307	64-6035781	501(C)(3)	17,500	60,672	COST	EXPIRED MEDICAL SUPPLIES	EXPIRED MEDICAL SUPPLIES
MERIDIAN SYMPHONY ASSOCIATION PO BOX 2171 MERIDIAN,MS 39302	64-6025769	501(C)(3)	10,000				OPERATIONAL SUPPORT

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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
ANDERSON REGIONAL MEDICAL CENTER

Employer identification number
64-0362400

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed 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**		
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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	**4c**		No
	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? If "Yes," on line 5a or 5b, describe in Part III	**5b**		No
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? If "Yes," on line 6a or 6b, describe in Part III	**6b**		No
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, Lines 4a-b	ALPHE WELLS (FORMER VP) RECEIVED $30,031 FROM A SEPARATION AGREEMENT DURING THE YEAR ARMC PROVIDES CERTAIN EXEUCTIVES AN IRC SEC 457(F), NON-QUALIFIED SUPPLEMENTAL RETIREMENT PLAN THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE 457(F) PLAN - JOHN ANDERSON $57,194 - GEORGE DENTON FARR, JR 20,913 - WANDA COOPER 25,489 - SCOT BELL 50,549 - STEVEN BROWN 20,283 - MATTHEW J EDWARDS 23,502 - JOEL WINDHAM 22,874 - BETTY CRYER 17,253

Additional Data

Software ID:
Software Version:
EIN: 64-0362400
Name: ANDERSON REGIONAL MEDICAL CENTER

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 JOHN ANDERSON PRESIDENT/CEO	(i)	324,786	0	2,963	62,494	11,218	401,461	0
	(ii)	0	0	0	0	0	0	0
1 GEORGE DENTON FARR JR VICE PRESIDENT	(i)	160,309	0	802	24,113	15,701	200,925	0
	(ii)	0	0	0	0	0	0	0
2 WANDA COOPER VICE PRESIDENT (SECRETARY)	(i)	199,592	0	4,400	29,389	7,758	241,139	0
	(ii)	0	0	0	0	0	0	0
3 MATTHEW J EDWARDS VICE PRESIDENT/CNO	(i)	180,383	0	1,405	27,098	16,691	225,577	0
	(ii)	0	0	0	0	0	0	0
4 SCOT BELLVICE PRESIDENT	(i)	397,316	0	5,483	55,849	17,104	475,752	0
	(ii)	0	0	0	0	0	0	0
5 JOEL WINDHAM VICE PRESIDENT	(i)	181,221	0	1,807	26,374	0	209,402	0
	(ii)	0	0	0	0	0	0	0
6 STEVEN BROWN VICE PRESIDENT	(i)	126,491	0	241	23,387	16,610	166,729	0
	(ii)	0	0	0	0	0	0	0
7 ROBERT P KING JR SENIOR MEDICAL PHYSICIST	(i)	235,306	0	485	4,735	15,701	256,227	0
	(ii)	0	0	0	0	0	0	0
8 MICHAEL B SHROCK PHYSICIAN	(i)	346,005	0	1,721	5,300	10,341	363,367	0
	(ii)	0	0	0	0	0	0	0
9 MARK D MILLING PHARMACIST	(i)	160,984	0	261	3,257	18,306	182,808	0
	(ii)	0	0	0	0	0	0	0
10 HOLLY R MOORE PHARMACIST	(i)	153,979	0	121	3,142	18,350	175,592	0
	(ii)	0	0	0	0	0	0	0
11 DEANNA I PRICE PHYSICIAN	(i)	238,075	0	158	4,797	14,683	257,713	0
	(ii)	0	0	0	0	0	0	0
12 LELAND RAY HUMPHREYS FORMER PRESIDENT/CEO	(i)	20,146	0	80,601	0	0	100,747	0
	(ii)	0	0	0	0	0	0	0
13 ALPHE D WELLS FORMER VICE PRESIDENT	(i)	139,201	0	625	0	6,997	146,823	0
	(ii)	0	0	0	0	0	0	0
14 G EDWARD TUCKER FORMER CFO (PAID AS CONSULTANT)	(i)	248,232	0	0	0	0	248,232	0
	(ii)	0	0	0	0	0	0	0

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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	Employer identification number
ANDERSON REGIONAL MEDICAL CENTER	64-0362400

Part I **Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II **Loans to and/or From Interested Persons.**
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III **Grants or Assistance Benefiting Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V Supplemental Information
Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 64-0362400
Name: ANDERSON REGIONAL MEDICAL CENTER

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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) TRINITY E FARR	FAMILY RELATIONSHIP OF A BOARD MEMBER	84,321	COMPENSATION FOR SERVICES		No
(1) WILLIAM J ANDERSON IV	FAMILY RELATIONSHIP OF A BOARD MEMBER	49,484	COMPENSATION FOR SERVICES		No
(2) STEPHEN A COVINGTON	FAMILY RELATIONSHIP OF A BOARD MEMBER	104,156	COMPENSATION FOR SERVICES		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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
(4) JENNIFER L CHESTNUTT	FAMILY RELATIONSHIP OF A BOARD MEMBER	16,664	COMPENSATION FOR SERVICES		No

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
ANDERSON REGIONAL MEDICAL CENTER

Employer identification number
64-0362400

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 1	A GENERAL EXECUTIVE COMMITTEE OF THE BOARD MAY BE NAMED BY THE BOARD OF DIRECTORS, IN ITS DISCRETION, BY RESOLUTION ADOPTED BY A MAJORITY OF THE WHOLE BOARD, APPOINTING THE MEMBERS THEREOF, AND SPECIFING ITS AUTHORITY AND RESPONSIBILITY TO THE EXTENT PROVIDED IN SUCH R ESOLUTION, OR IN THE ARTICLES OR THESE BYLAWS, SAID EXECUTIVE COMMITTEE MAY HAVE AND EXERC ISE ALL OF THE AUTHORITY OF THE BOARD OF DIRECTORS, BUT SHALL NOT HAVE THE AUTHORITY OF TH E BOARD OF DIRECTORS IN REFERENCE TO AMENDING THE ARTICLES, ADOPTING A PLAN OF MERGER OR C ONSOLIDATION, RECOMMENDING TO THE SHAREHOLDERS THE SALE, LEASE, EXCHANGE, MORTGAGE, PLEDGE OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY ALL THE PROPERTY AND ASSETS OF THE CORPORATI ON OTHERWISE THAN IN THE USUAL AND REGULAR COURSE OF ITS BUSINESS, RECOMMENDING TO THE SHA REHOLDERS A VOLUNTARY DISSOLUTION OF THE CORPORATION OR A REVOCATION THEREOF, ELECTING, AP POINTING OR REMOVING DIRECTORS OR FILLING VACANCIES ON THE BOARD OR ANY OF ITS COMMITTEES, OR AMENDING THE ARTICLES OR BYLAWS OF THE CORPORATION ANY SUCH DESIGNATION OF AUTHORITY SHALL NOT OPERATE TO RELIEVE THE BOARD OF DIRECTORS, OR ANY MEMBER THERE OF ANY RESPONSIBI LITY IMPOSED BY LAW SUCH COMMITTEE SHALL BY COMPOSED OF NOT LESS THAN THREE (3) MEMBERS O F THE BOARD OF DIRECTORS WHO SHALL SERVE AT THE PLEASURE OF THE BOARD THE EXECUTIVE COMMI TTEE SHALL BE ORGANIZED AND SHALL PERFORM ITS FUNCTIONS AS DIRECTED BY THE BOARD AND SHALL REPORT PERIODICALLY TO THE BOARD THE COMMITTEE SHALL ACT BY MAJORITY OF THE MEMBERS THER EOF, AND ANY ACTION DULY TAKEN BY THE EXECUTIVE COMMITTEE WITHIN THE COURSE AND SCOPE OF I TS AUTHORITY SHALL BE BINDING ON THE CORPORATION THE EXECUTIVE COMMITTEE MAY BE ABOLISHED AT ANY TIME BY THE VOTE OF THE WHOLE MAJORITY OF THE BOARD OF DIRECTORS, AND DURING THE C OURSE OF THE COMMITTEE'S EXISTENCE, THE MEMBERS THEREOF MAY BE INCREASED AND THE AUTHORITY AND DUTIES OF THE COMMITTEE CHANGED BY THE BOARD OF DIRECTORS AS IT MAY DEEM APPROPRIATE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 2	THE FOLLOWING BOARD MEMBERS HAVE A FAMILY RELATIONSHIP - DR JOSEPH ANDERSON - GAY WHITWO RTH - DR SHAWN ANDERSON - JANET FARRINGTON BOARD MEMBER GAY WHITWORTH AND OFFICER DENTON FARR HAVE A FAMILY RELATIONSHIP BOARD MEMBER DR JOSEPH ANDERSON AND OFFICER JOHN ANDERSON HAVE A FAMILY RELATIONSHIP

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	ANDERSON REGIONAL MEDICAL CENTER WAS ESTABLISHED IN 1928 AS A NONPROFIT CORPORATION UNDER THE LAWS OF THE STATE OF MISSISSIPPI ON THE DATE OF INCORPORATION, ANDERSON REGIONAL MEDI CAL CENTER ISSUED ONE-HUNDRED SHARE OF NONPROFIT CAPITAL STOCK TO FOUR INDIVIDUALS, EACH O F WHOM RECEIVED AN EQUAL NUMBER OF SHARES CURRENTLY, FOUR INDIVIDUALS, FAMILY MEMBERS OF THE ORIGINAL HOLDERS, HOLD THOSE ORIGINAL ONE-HUNDRED SHARE IN EQUAL PROPORTION IN ADDITI ON, THESE FOUR INDIVIDUALS, DISCLOSED BELOW, ARE CURRENTLY VOTING BOARD MEMBERS ON ANDERSO N REGIONAL MEDICAL CENTER'S BOARD OF DIRECTORS - DR. JOSEPH ANDERSON - JANET G FARRINGTO N - GAY WHITWORTH - SHAWN ANDERSON, D O NOTWITHSTANDING THE FORGOING, IT IS THE INTENT OF THE ANDERSON REGIONAL MEDICAL CENTER AND ITS STOCKHOLDERS THAT THE TERM "STOCKHOLDER" SHA LL HAVE THE MEANING OF THE TERM "MEMBER" UNDER MISSISSIPPI NONPROFIT CORPORATION ACT AND T HAT NO PART OF THE INCOME OR ASSETS OF THE CORPORATION SHALL INURE TO THE BENEFIT OF ANY S TOCKHOLDER, AND NO INCOME OR PROFITS OF THE CORPORATION SHALL BE PAID TO ANY STOCKHOLDER.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	EACH BOARD MEMBER WAS PROVIDED A COPY OF THE FORM 990 THE BOARD MEMBERS WERE ASKED TO REV IEW THE FORM AND SUBMIT QUESTIONS AND COMMENTS PROIR TO THE FORM 990 BEING FINALIZED AFTE R REVIEW, THE FINALIZED FORM 990 WAS PROVIDED TO THE BOARD PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	EVERY YEAR IN DECEMBER THE BOARD OF DIRECTORS IS EDUCATED ON CONFLICT OF INTEREST PRINCIPLES AND ASKED TO SIGN A CONFLICT OF INTEREST DISCLOSURE STATEMENT THE DISCLOSURE STATEMENT IS REVIEWED BY LEGAL COUNSEL FOR THE HOSPITAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	THE BOARD OF ARMC HAS A DESIGNATED THREE (3) PERSON COMMITTEE OF INDEPENDENT BOARD MEMBERS TO REVIEW AND APPROVE COMPENSATION THE BOARD ALSO HAD A CONTRACT FOR PROFESSIONAL SERVIC ES WITH MERCER UNTIL JULY 1, 2013 AND CURRENTLY USES SULLIVAN COTTER TO STUDY AND RECOMMEN D COMPENSATION FOR THE CEO, THE VICE PRESIDENTS, AND THE DIRECTORS OF THE HOSPITAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 18	IN ADDITION, RECENT FILINGS OF THE FORM 990 ARE MADE AVAILABLE ONLINE AT WWW GUIDESTAR.ORG

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	THE HOSPITAL'S ARTICLES OF INCORPATION ARE ON FILE AND ARE AVAILABLE TO THE PUBLIC IN THE MISSISSIPPI SECRETARY OF STATE'S OFFICE THE BYLAWS AND THE CONFLICT OF INTEREST POLICY AR E NOT PUBLICLY AVAILABLE HOWEVER, THE FINANCIAL STATEMENTS OF THE HOSPITAL ARE AVAILABLE TO THE PUBLIC BOTH THROUGH DUNN & BRADSTREET AND AS A PART OF THIS FORM 990

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, line 11g	PHYSICIAN FEES Program service expenses 2,872,768 Management and general expenses 0 Fundraising expenses 0 Total expenses 2,872,768 CONSULTANT FEES Program service expenses 0 Management and general expenses 734,303 Fundraising expenses 0 Total expenses 734,303 PURCHASED SERVICES Program service expenses 22,891,356 Management and general expenses 525,465 Fundraising expenses 0 Total expenses 23,416,821

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	ADJUSTMENT TO NET ASSETS -100,411

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2c	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
ANDERSON REGIONAL MEDICAL CENTER

Employer identification number
64-0362400

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1) MEDICAL SUPPORT AND DEVELOPMENT ORGANIATION 122 WOODMONT WAY RIDGELAND, MS 39157 64-0722433	SUPPORTING ORGANIZATION	MS	501(c)(3)	Line 11c, III-FI	ANDERSON REGIONAL MEDICAL CENTER	Yes	
(2) ANDERSON SUPPORT AND DEVELOPMENT FOUNDATION 7651 POPLAR SPRINGS DR MERIDIAN, MS 39305 64-0730109	SUPPORTING ORGANIZATION	MS	501(c)(3)	Line 11d, III-O	ANDERSON REGIONAL MEDICAL CENTER	Yes	
(3) MIRACLES OF GRACE FOUNDATION 1827 SUNRISE LANE TOOMSUBA, MS 39364 64-0730366	SUPPORTING ORGANIZATION	MS	501(c)(3)	Line 11c, III-FI	ANDERSON REGIONAL MEDICAL CENTER	Yes	
(4) CARE CONSISTENCY FOUNDATION INC 7761 MEADOW CIRCLE MERIDIAN, MS 39305 64-0730846	SUPPORTING ORGANIZATION	MS	501(c)(3)	Line 11d, III-O	ANDERSON REGIONAL MEDICAL CENTER	Yes	
(5) ANDERSON PHYSICIAN ALLIANCE INC 2124 14TH STREET MERIDIAN, MS 39301 27-3274203	SUPPORTING ORGANIZATION	MS	501(c)(3)	Line 3	ANDERSON REGIONAL MEDICAL CENTER	Yes	
(6) ANDERSON HOSPITAL PROVIDERS INC 2124 14TH STREET MERIDIAN, MS 39301 46-1305481	SUPPORTING ORGANIZATION	MS	501(c)(3)	Line 3	ANDERSON REGIONAL MEDICAL CENTER	Yes	
(7) ANDERSON ANESTHESIA PROVIDERS 2124 14TH STREET MERIDIAN, MS 39301 46-4069816	SUPPORTING ORGANIZATION	MS	501(c)(3)	Line 3	ANDERSON REGIONAL MEDICAL CENTER	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	
(1) EAST MISSISSIPPI ENDOSCOPY CENTER 1926 23RD AVENUE MERIDIAN, MS 39301 44-0884792	HEALTHCARE	MS	ANDERSON REGIONAL MEDICAL CENTER	RELATED	183,218	103,833		No		Yes		63 430 %
(2) JARMC LEVERAGE LLC 2124 14TH STREET MERIDIAN, MS 39301 27-2284311	INVESTMENTS	MS	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) ARMC HOSPITAL PROF & GEN LLFT 512 22ND AVENUE MERIDIAN, MS 39301 20-6131090	TRUST	MS	ANDERSON REGIONAL MEDICAL CENTER	T	242,796	10,381,813	100 000 %	Yes	

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

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	Yes	
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		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		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ANDERSON PHYSICIAN ALLIANCE INC	P	1,834,831	

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

Additional Data

Software ID:
Software Version:
EIN: 64-0362400
Name: ANDERSON REGIONAL MEDICAL CENTER

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity? Yes	No
MEDICAL SUPPORT AND DEVELOPMENT ORGANIATION 122 WOODMONT WAY RIDGELAND, MS 39157 64-0722433	SUPPORTING ORGANIZATION	MS	501(c)(3)	Line 11c, III-FI	ANDERSON REGIONAL MEDICAL CENTER	Yes	
ANDERSON SUPPORT AND DEVELOPMENT FOUNDATION 7651 POPLAR SPRINGS DR MERIDIAN, MS 39305 64-0730109	SUPPORTING ORGANIZATION	MS	501(c)(3)	Line 11d, III-O	ANDERSON REGIONAL MEDICAL CENTER	Yes	
MIRACLES OF GRACE FOUNDATION 1827 SUNRISE LANE TOOMSUBA, MS 39364 64-0730366	SUPPORTING ORGANIZATION	MS	501(c)(3)	Line 11c, III-FI	ANDERSON REGIONAL MEDICAL CENTER	Yes	
CARE CONSISTENCY FOUNDATION INC 7761 MEADOW CIRCLE MERIDIAN, MS 39305 64-0730846	SUPPORTING ORGANIZATION	MS	501(c)(3)	Line 11d, III-O	ANDERSON REGIONAL MEDICAL CENTER	Yes	
ANDERSON PHYSICIAN ALLIANCE INC 2124 14TH STREET MERIDIAN, MS 39301 27-3274203	SUPPORTING ORGANIZATION	MS	501(c)(3)	Line 3	ANDERSON REGIONAL MEDICAL CENTER	Yes	
ANDERSON HOSPITAL PROVIDERS INC 2124 14TH STREET MERIDIAN, MS 39301 46-1305481	SUPPORTING ORGANIZATION	MS	501(c)(3)	Line 3	ANDERSON REGIONAL MEDICAL CENTER	Yes	
ANDERSON ANESTHESIA PROVIDERS 2124 14TH STREET MERIDIAN, MS 39301 46-4069816	SUPPORTING ORGANIZATION	MS	501(c)(3)	Line 3	ANDERSON REGIONAL MEDICAL CENTER	Yes	