

Form **990**

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2017
Open to Public
Inspection

A For the 2017 calendar year, or tax year beginning OCT 1, 2017 and ending SEP 30, 2018



B Check if applicable <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PRISMA HEALTH-UPSTATE		D Employer identification number 81-1723202
	Doing business as		E Telephone number 864-797-7611
	Number and street (or P.O. box if mail is not delivered to street address) 300 EAST MCBEE AVENUE	Room/suite 302	G Gross receipts \$ 2,033,623,350.
	City or town, state or province, country, and ZIP or foreign postal code GREENVILLE, SC 29601		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	F Name and address of principal officer SPENCE TAYLOR, MD SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(c) Group exemption number ▶
J Website: ▶ WWW.GHS.ORG			L Year of formation: 2016
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			M State of legal domicile: SC

Part I	Summary
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Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1 Briefly describe the organization's mission or most significant activities COMPASSION. BE THE DIFFERENCE.							
2 Check this box <input type="checkbox"/> 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	17				
4 Number of independent voting members of the governing body (Part VI, line 1b)		4	17				
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	13568				
6 Total number of volunteers (estimate if necessary)		6	0				
7a Total unrelated business revenue from Part VIII, column (C), line 12		7a	1,125,460.				
b Net unrelated business taxable income from Form 990-T, line 34		7b	-243,213.				
				Prior Year	Current Year		
8 Contributions and grants (Part VIII, line 1h)				12,799,893.	10,618,761.		
9 Program service revenue (Part VIII, line 2g)				2037536249.	2007036942.		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)				115,716.	12,341,646.		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				2,846,556.	3,626,001.		
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)				2053298414.	2033623350.		
13 Grants and similar amounts paid (Part IX, column (A), lines 13)				73,429,466.	72,496,162.		
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 9-10)				775,101,765.	806,910,153.		
16a Professional fundraising fees (Part IX, column (A), line 11e)				0.	0.		
b Total fundraising expenses (Part IX, column (D), line 25)							
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				1096320750.	999,110,733.		
18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)				1944851981.	1878517048.		
19 Revenue less expenses - Subtract line 18 from line 12				108,446,433.	155,106,302.		
				Beginning of Current Year	End of Year		
20 Total assets (Part X, line 16)				1287348264.	2187104766.		
21 Total liabilities (Part X, line 26)				1257123322.	1245838395.		
22 Net assets or fund balances - Subtract line 21 from line 20				30,224,942.	941,266,371.		

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

Sign Here	 Signature of officer		Date 8/15/19	
	TERRI T. NEWSOM Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name AMY BIBBY		Preparer's signature  AMY BIBBY	
	Date 08/09/19		Check <input type="checkbox"/> if self-employed PTIN 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

SCANNED OCT 09 2019

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐

1 Briefly describe the organization's mission

INSPIRE HEALTH. SERVE WITH COMPASSION. BE THE DIFFERENCE.2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code _____) (Expenses \$ 1,576,797,507. including grants of \$ 72,496,162.) (Revenue \$ 2,009,537,483.)
FISCAL YEAR 2018 (OCTOBER 1, 2017 - SEPTEMBER 30, 2018) WAS A TIME OF
TRANSITION AND OPPORTUNITY FOR PRISMA HEALTH-UPSTATE. THROUGHOUT THE
YEAR, PRISMA HEALTH-UPSTATE WELCOMED NEW OR EXPANDED SERVICES,
ANNOUNCED INNOVATIVE COLLABORATIONS, AND ACCOMPLISHED MAJOR MILESTONES
AND DISTINCTIVE ADVANCES THAT HELP FULFILL THE SYSTEM'S MISSION.

PLEASE READ THE ANNUAL REPORT FOR MORE DETAIL ABOUT NEW AND EXPANDED
SERVICES AND INNOVATIVE COLLABORATIONS AT THIS WEBSITE:
HTTP://WWW.GHS.ORG/ANNUAL-REPORT/2018/

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

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

4d Other program services (Describe in Schedule O.)

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

4e Total program service expenses **▶ 1,576,797,507.**

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>	X	
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
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	X	
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		X
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	X	
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	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
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?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
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		X
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		X
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	X	
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		X
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		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	X	
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		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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	X	
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	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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		X
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		X
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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2017)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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 981		
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	X	
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 13568		
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	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
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	X	
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		X
b If "Yes," enter the name of the foreign country <input type="text"/> 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		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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		X
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		X
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		X
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		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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		
9 Sponsoring organizations maintaining donor advised funds.			
a 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		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2017)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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.	17	
1b Enter the number of voting members included in line 1a, above, who are independent	17	
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?		X
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?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?	X	
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?	X	
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
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		X

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?		X
10b 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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
11b 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	X	
12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
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	X	
b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	X	
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?		X
16b 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?		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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 **▶**
KEVIN HODGE - 864-797-7611
300 EAST MCBEE AVE, STE 302, GREENVILLE, SC 29601

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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, and 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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARGARET L. JENKINS CHAIR	1.00	X						0.	0.	0.
(2) ROBERT T. NITTO VICE CHAIR	1.00	X						0.	0.	0.
(3) ANDY WHITE, JR. BOARD MEMBER	1.00	X						0.	0.	0.
(4) ANNA KATE HIPP BOARD MEMBER	1.00	X						0.	0.	0.
(5) ANNMARIE HIGGINS BOARD MEMBER	1.00	X						0.	0.	0.
(6) BILLY WEBSTER IV BOARD MEMBER	1.00	X						0.	0.	0.
(7) BUDDY WATERS III BOARD MEMBER	1.00	X						0.	0.	0.
(8) CHARLES E. DALTON BOARD MEMBER	1.00	X						0.	0.	0.
(9) DAVID M. LOMINACK BOARD MEMBER	1.00	X						0.	0.	0.
(10) MARGUERITE R. WYCHE BOARD MEMBER	1.00	X						0.	0.	0.
(11) MIKE CUMBY BOARD MEMBER	1.00	X						0.	0.	0.
(12) MIKE SMITH BOARD MEMBER	1.00	X						0.	0.	0.
(13) MIKE ELLISON BOARD MEMBER	1.00	X						0.	0.	0.
(14) PRASHANT PRABHU BOARD MEMBER	1.00	X						0.	0.	0.
(15) RICK PHILLIPS BOARD MEMBER	1.00	X						0.	0.	0.
(16) RUTH M. RICHBURG BOARD MEMBER	1.00	X						0.	0.	0.
(17) TIM REED BOARD MEMBER	1.00	X						0.	0.	0.

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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SPENCE M. TAYLOR, M.D. PRESIDENT	40.00 1.00			X				1,011,853.	0.	159,576.
(19) T. CHAD MOSES VP AND CHIEF FINANCIAL EXECUTIVE	40.00			X				79,014.	0.	13,387.
(20) JOSEPH J. BLAKE, JR. SECRETARY	1.00 40.00			X				620,964.	0.	82,439.
(21) MALCOLM W. ISLEY CHIEF STRATEGY OFFICER	1.00 40.00				X			3,326,807.	0.	147,755.
(22) TERRI T. NEWSOM CHIEF FINANCIAL OFFICER	1.00 40.00				X			734,291.	0.	153,301.
(23) GREGORY J. RUSNAK CHIEF ADMINISTRATIVE OFFICER	1.00 40.00				X			887,337.	0.	74,614.
(24) ANGELO SINOPOLI, M.D. CHIEF CLINICAL OFFICER	1.00 40.00				X			1,044,079.	0.	176,896.
(25) HOWARD WEST GENERAL COUNSEL	1.00 40.00				X			0.	587,628.	87,872.
(26) CHARLES D. BEAMAN, JR. CO-CEO OF PRISMA HEALTH	1.00 40.00				X			0.	1,492,403.	92,163.
1b Sub-total								7,704,345.	2,080,031.	988,003.
c Total from continuation sheets to Part VII, Section A								4,731,489.	108,629.	565,568.
d Total (add lines 1b and 1c)								12,435,834.	2,188,660.	1553571.

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 **735**

- 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
- 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
- 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

	Yes	No
3		X
4	X	
5		X

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
HEALTHCARE STAFFING SERVICES 1000 CENTER POINT ROAD, COLUMBIA, SC 29210	STAFFING SERVICES	25,991,576.
INTERNAL MEDICINE ASSOCIATES, 1025 VERDAE BLVD, STE A, GREENVILLE, SC 29607	MANAGEMENT CONTRACT FEES	16,963,580.
EPIC SYSTEMS CORPORATION 1979 MILKY WAY, VERONA, WI 53593	EPIC SERVICES	12,720,460.
AMERICAN SECURITY OF GREENVILLE LLC PO BOX 486, GREENVILLE, SC 29602	SECURITY SERVICES	6,228,026.
CERNER HEALTH SERVICES INC. PO BOX 959167, ST. LOUIS, MO 63195	HEALTH INFORMATION TECHNOLOGY SERVICES	5,339,128.

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 **163**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2017)

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 line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MICHAEL C. RIORDAN CO-CEO OF PRISMA HEALTH	1.00 40.00				X			1,753,473.	108,629.	81,210.
(28) JAMES M. ELLIS, M.D. VP, CLINICAL AFFAIRS	40.00				X			565,028.	0.	150,354.
(29) CHRISTOPHER C. WRIGHT, M.D. CHIEF MEDICAL STAFF	40.00				X			627,011.	0.	67,916.
(30) JERRY R. YOUKEY, M.D. EVP, MEDICAL & ACADEMIC AFFAIRS	40.00				X			701,291.	0.	69,754.
(31) PAUL F. JOHNSON VP OF GHC AFFILIATE	40.00				X			547,538.	0.	154,654.
(32) DOUG DORMAN VP OF HUMAN RESOURCES	40.00				X			537,148.	0.	41,680.
Total to Part VII, Section A, line 1c								4,731,489.	108,629.	565,568.

Part VIII Statement of RevenueCheck 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	1 a Federated campaigns	1a	67,813.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	684,224.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	9,866,724.				
	g Noncash contributions included in lines 1a-1f \$		129,864.				
	h Total. Add lines 1a-1f			10,618,761.			
Program Service Revenue		Business Code					
	2 a PATIENT SERVICE REVENUE	621400		1904737881.	1903831365.	906,516.	
	b OTHER OPERATING REVENUE	900099		42,096,821.	41,877,877.	218,944.	
	c PHARMACY	446110		29,009,963.	29,009,963.		
	d BAD DEBT RECOVERIES	900099		22,057,192.	22,057,192.		
	e MEDICARE SHARED SAVINGS PROGRAM	900099		9,135,085.	9,135,085.		
	f All other program service revenue						
g Total. Add lines 2a-2f			2007036943.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			4,195,754.			4,195,754.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6 a Gross rents	3,626,001.					
	b Less rental expenses	0.					
	c Rental income or (loss)	3,626,001.					
	d Net rental income or (loss)			3,626,001.	3,626,001.		
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7,648,147.	497,745.				
	b Less cost or other basis and sales expenses	0.	0.				
	c Gain or (loss)	7,648,147.	497,745.				
	d Net gain or (loss)			8,145,892.			8,145,892.
	8 a 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						
	9 a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b						
c Net income or (loss) from gaming activities							
10 a 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				
11 a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.				2033623350.	2009537483.	1,125,460.	12,341,646.

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

☒ X

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	72,496,162.	72,496,162.		
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	9,457,819.		9,457,819.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	95,938.	95,938.		
7 Other salaries and wages	614,323,391.	393,565,541.	220,757,850.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	26,726,746.	16,864,362.	9,862,384.	
9 Other employee benefits	111,906,381.	70,612,029.	41,294,352.	
10 Payroll taxes	44,399,878.	28,015,967.	16,383,911.	
11 Fees for services (non-employees)				
a Management				
b Legal	3,669,127.		3,669,127.	
c Accounting	293,760.		293,760.	
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 Sch O.)	218,557,135.	218,557,135.		
12 Advertising and promotion	338.		338.	
13 Office expenses	37,917,755.	37,917,755.		
14 Information technology	33,043,215.	33,043,215.		
15 Royalties				
16 Occupancy	53,969,658.	53,969,658.		
17 Travel	3,457,940.	3,457,940.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	587,083.	587,083.		
20 Interest	20,218,578.	20,218,578.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	105,613,563.	105,613,563.		
23 Insurance	9,363,686.	9,363,686.		
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 SUPPLIES	349,297,624.	349,297,624.		
b BAD DEBT EXPENSE	116,631,713.	116,631,713.		
c MEDICAID TAX	28,595,335.	28,595,335.		
d MISCELLANEOUS	8,843,711.	8,843,711.		
e All other expenses	9,050,512.	9,050,512.		
25 Total functional expenses. Add lines 1 through 24e	1878517048.	1576797507.	301,719,541.	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 SheetCheck 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	-5,955,319.	1	84,176,530.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	2,505,430.	3	1,816,857.
	4 Accounts receivable, net	233,249,367.	4	229,457,742.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	6,414,867.	5	6,148,771.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(D), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	248,466.	7	148,375.
	8 Inventories for sale or use	29,464,949.	8	35,474,823.
	9 Prepaid expenses and deferred charges	10,086,151.	9	6,818,019.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 2131002428.		
	b Less accumulated depreciation	10b 1294145999.	10c	836,856,429.
	11 Investments - publicly traded securities	836,196,753.	11	835,474,672.
	12 Investments - other securities. See Part IV, line 11	236,032.	12	
	13 Investments - program-related. See Part IV, line 11		13	13,037,724.
	14 Intangible assets	11,137,077.	14	10,962,309.
	15 Other assets. See Part IV, line 11	163,764,491.	15	126,732,515.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1287348264.	16	2187104766.	
Liabilities	17 Accounts payable and accrued expenses	233,331,182.	17	227,342,809.
	18 Grants payable	46,758,283.	18	98,015,615.
	19 Deferred revenue	41,442,614.	19	35,874,283.
	20 Tax-exempt bond liabilities	612,716,297.	20	593,562,728.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	322,874,946.	25	291,042,960.
	26 Total liabilities. Add lines 17 through 25	1257123322.	26	1245838395.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	11,350,625.	27	912,369,468.
	28 Temporarily restricted net assets	18,874,317.	28	28,896,903.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	30,224,942.	33	941,266,371.
	34 Total liabilities and net assets/fund balances	1287348264.	34	2187104766.

Form 990 (2017)

Part XI Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,033,623,350.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,878,517,048.
3	Revenue less expenses Subtract line 2 from line 1	3	155,106,302.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	30,224,942.
5	Net unrealized gains (losses) on investments	5	29,460,468.
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	726,474,659.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	941,266,371.

Part XII Financial Statements and Reporting

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

☒

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
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?	X	
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	X	

Form 990 (2017)

Department of the Treasury
Internal Revenue Service

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

PRISMA HEALTH-UPSTATE

Employer identification number
81-1723202

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 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - 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)

g Provide the following information about the supported organization(s)						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2017. 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 ► <input type="checkbox"/>		
b 33 1/3% support test - 2016. 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 ► <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2017. 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 ► <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2016. 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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2017

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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		
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)		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below		
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		
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		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below		
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		
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		
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)		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)		
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 I of Schedule L (Form 990 or 990-EZ).		
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 .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) 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 .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below		
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.)		

Part IV Supporting Organizations *(continued)*

	Yes	No
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		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
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 (explain in Part VI). 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)		
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).

Schedule A (Form 990 or 990-EZ) 2017

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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Supplemental Information.

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.)

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2017

**Open to Public
Inspection**

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

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

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

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

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

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

Name of organization PRISMA HEALTH-UPSTATE	Employer identification number 81-1723202
--	---

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2017

LHA

732041 11-09-17

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount Enter the amount from the following table in both columns			
If the amount on line 1e, column (a) or (b) is	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			

☐ Yes ☐ No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		141,551.
j Total: Add lines 1c through 1i			141,551.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

PRISMA HEALTH-UPSTATE PAYS ANNUAL MEMBERSHIP DUES AS PART OF ITS

MEMBERSHIP WITH THE SC HOSPITAL ASSOCIATION AND 4.24% (\$16,465) OF

THESE DUES ARE USED FOR LOBBYING ACTIVITIES. A PORTION OF ANNUAL

MEMBERSHIP DUES PAID TO AMERICAN HOSPITAL ASSOCIATION ARE ALSO USED FOR

LOBBYING ACTIVITIES. THIS PERCENTAGE IS 22.73% (\$44,468). THE

Part IV Supplemental Information *(continued)*

ORGANIZATION ALSO PAID LOBBYING COSTS OF \$80,618 TO PUBLIC STRATEGY.

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017Open to Public
Inspection

Name of the organization

PRISMA HEALTH-UPSTATE

Employer identification number

81-1723202

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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax 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 7/25/06, 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	▶ \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2017

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
1c	
1d	
1e	
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 on Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ► _____ %
 b Permanent endowment ► _____ %
 c Temporarily restricted endowment ► _____ %

The percentages 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

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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" on 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		47,271,551.		47,271,551.
b Buildings		795,424,479.	361,246,337.	434,178,142.
c Leasehold improvements				
d Equipment		122,774,119.	897,770,385.	329,970,813.
e Other		60,565,200.	35,129,277.	25,435,923.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c.)				836,856,429.

Schedule D (Form 990) 2017

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		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (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) OTHER RECEIVABLES	13,333,851.
(2) DUE FROM RELATED ORGANIZATION	48,236,986.
(3) ESTIMATED THIRD PARTY PAYOR SETTLEMENT	65,161,678.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	126,732,515.

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
(1)	Federal income taxes	
(2)	STUDIES	1,525,467.
(3)	NET PENSION OBLIGATION	217,656,951.
(4)	OTHER LIABILITIES	71,860,542.
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		291,042,960.

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 ☒

Schedule D (Form 990) 2017

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.

PART X, LINE 2:

PRISMA HEALTH-UPSTATE, GHC, PRISMA HEALTH-UNIVERSITY MEDICAL GROUP, AND THE AUXILIARY ARE EXEMPT FROM FEDERAL INCOME TAX AS ORGANIZATIONS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED. HEALTH RESOURCES IS NOT EXEMPT FROM FEDERAL INCOME TAXES. PRISMA HEALTH UPSTATE NETWORK IS CLASSIFIED AS A PARTNERSHIP FOR TAX PURPOSES.

PRISMA HEALTH-UPSTATE AND SUBSIDIARIES RECOGNIZES THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON THE TECHNICAL MERITS OF THE POSITION. PRISMA HEALTH-UPSTATE AND SUBSIDIARIES HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL

UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS.

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ **Attach to Form 990.**

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

Employer identification number

PRISMA HEALTH-UPSTATE

81-1723202

Part I

General Information on Activities Outside the United States.

Complete if the organization answered "Yes" on

Form 990, Part IV, line 14b

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA/CARIBBEAN	0	0	INVESTMENTS		206106936.
3 a Sub-total	0	0			206,106,936.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			206,106,936.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2017

Part IV Foreign Forms

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

Schedule F (Form 990) 2017

Part V Supplemental Information

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

Supplemental information area with multiple horizontal lines for text entry.

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

OMB No 1545-0047

2017

Open to Public
Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

PRISMA HEALTH-UPSTATE

Employer identification number

81-1723202

Part I Financial Assistance and Certain Other Community Benefits at Cost

- 1a** Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a
- b** If "Yes," was it a written policy?
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
☐ 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
☐ 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"?
- 5a** Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?
- b** If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?
- c** If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?
- 6a** Did the organization prepare a community benefit report during the tax year?
- b** If "Yes," did the organization make it available to the public?

	Yes	No
1a	X	
1b	X	
3a	X	
3b	X	
4	X	
5a	X	
5b	X	
5c		X
6a	X	
6b	X	

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

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			99226319.	21965711.	77260608.	5.14%
b Medicaid (from Worksheet 3, column a)			261426822	314416040	0.	.00%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			360653141	336381751	77260608.	5.14%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			6235239.	331,552.	5903687.	.39%
f Health professions education (from Worksheet 5)			66937635.	15298325.	51639310.	3.44%
g Subsidized health services (from Worksheet 6)			60033423.	47163470.	12869953.	.86%
h Research (from Worksheet 7)			634,769.		634,769.	.04%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			8803931.		8803931.	.59%
j Total. Other Benefits			142644997	62793347.	79851650.	5.32%
k Total. Add lines 7d and 7j			503298138	399175098	157112258	10.46%

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

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

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

Section A. Bad Debt Expense

- | | | |
|---|---|--------|
| 1 | Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? | |
| 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 33,7 |
| 3 | Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. | 3 4,8 |
| 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. | |

2	33,714,363.
3	4,828,571.

Section B. Medicare

- | | | | |
|---|--|---|-----|
| 5 | Enter total revenue received from Medicare (including DSH and IME) | 5 | 292 |
| 6 | Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 415 |
| 7 | Subtract line 6 from line 5. This is the surplus (or shortfall) | 7 | -1 |
| 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. | | |

5	292,972,046.
6	415,599,538.
7	-122627492.

☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

Section C. Collection Practices

- 9a** Did the organization have a written debt collection policy during the tax year?
- 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 _____

	9a	X	
5 year contain provisions on the Part VI	9b	X	

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

[illegible]

Part V	Facility Information
---------------	-----------------------------

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? **7**

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)

[illegible]

Part V Facility Information (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group FACILITY REPORTING GROUP A

	Yes	No
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 <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
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? If "Yes," explain in Section C.		X
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? If "Yes," explain in Section C		X

Schedule H (Form 990) 2017

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3i, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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

PART V, SECTION B, LINE 16A

[HTTPS://D1NRFQT2FVLJR.CLOUDFRONT.NET/DOCS/GREENVILLE-HEALTH-SYSTEM-FINANCIAL-ASSISTANCE-POLICY--GHS-FORMAL.PDF](https://d1nrfqt2fvljr.cloudfront.net/docs/greenville-health-system-financial-assistance-policy--ghs-formal.pdf)

PART V, SECTION B, LINE 16B

[HTTPS://D1NRFQT2FVLJR.CLOUDFRONT.NET/DOCS/GREENVILLE-HEALTH-SYSTEM-FINANCIAL-ASSISTANCE-APPLICATION--ENGLISH.PDF](https://d1nrfqt2fvljr.cloudfront.net/docs/greenville-health-system-financial-assistance-application--english.pdf)

PART V, SECTION B, LINE 16C

[HTTPS://D1NRFQT2FVLJR.CLOUDFRONT.NET/DOCS/GREENVILLE-HEALTH-SYSTEM-FINANCIAL-ASSISTANCE-POLICY--PLAIN-LANGUAGE.PDF](https://d1nrfqt2fvljr.cloudfront.net/docs/greenville-health-system-financial-assistance-policy--plain-language.pdf)

SCHEDULE H, PART V, SECTION B. FACILITY REPORTING GROUP A

FACILITY REPORTING GROUP A CONSISTS OF:

- FACILITY 1: GREENVILLE MEMORIAL HOSPITAL
- FACILITY 2: GREER MEMORIAL HOSPITAL
- FACILITY 3: HILLCREST MEMORIAL HOSPITAL
- FACILITY 4: LAURENS COUNTY MEMORIAL HOSPITAL
- FACILITY 5: NORTH GREENVILLE HOSPITAL
- FACILITY 6: OCONEE MEMORIAL HOSPITAL
- FACILITY 7: PATEWOOD MEMORIAL HOSPITAL

FACILITY REPORTING GROUP A

PART V, SECTION B, LINE 5: PRISMA HEALTH-UPSTATE CONTRACTED WITH THE JOHNSON GROUP TO PERFORM MARKETING RESEARCH AND COLLECT THE QUALITATIVE DATA BY CONDUCTING PHONE AND ONLINE SURVEYS, FOCUS GROUPS, AND TOWN HALL

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

MEETINGS. INPUT WAS SOLICITED FROM KEY COMMUNITY STAKEHOLDERS AND OTHERS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY, INCLUDING EXPERTS IN PUBLIC HEALTH, AND REPRESENTATIVES OF THE MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. QUALITATIVE DATA COLLECTION METHODS INCLUDED A TOTAL OF 469 COMPLETED PHONE AND ONLINE SURVEYS (COLLECTED BETWEEN NOVEMBER 2015 AND JANUARY 2016) AND FOUR FOCUS GROUPS CONDUCTED IN EARLY SPRING 2016. THE FOCUS GROUPS INCLUDED MANY REPRESENTATIVES OF COMMUNITY AGENCIES THAT PROVIDE SUPPORT SERVICES TO AT-RISK CITIZENS SUCH AS THE ELDERLY, LOW-INCOME FAMILIES, THE UNINSURED, HOMELESS, AND OTHER VULNERABLE CITIZENS. THE FOCUS GROUPS WERE PRESENTED WITH THE FINDINGS FROM THE SURVEYS AND PARTICIPANTS WERE ASKED TO RESPOND TO, ADD INPUT TO, AND PRIORITIZE THE RESULTS. IT SHOULD BE NOTED THAT PRISMA HEALTH-UPSTATE DID NOT RECEIVE ANY WRITTEN COMMENTS OR FEEDBACK FROM THE COMMUNITY REGARDING ITS PREVIOUS CHNA.

FACILITY REPORTING GROUP A

PART V, SECTION B, LINE 6A: THE FOLLOWING HOSPITAL FACILITIES CONDUCTED THE CHNA TOGETHER; GREENVILLE MEMORIAL HOSPITAL, GREER MEMORIAL HOSPITAL, HILLCREST MEMORIAL HOSPITAL, LAURENS COUNTY MEMORIAL HOSPITAL, NORTH GREENVILLE HOSPITAL, OCONEE MEMORIAL HOSPITAL, PATEWOOD MEMORIAL HOSPITAL

ALSO, PRISMA HEALTH-UPSTATE COLLABORATED WITH BON SECOURS ST. FRANCIS HEALTH SYSTEM IN GREENVILLE TO CONDUCT FOCUS GROUPS IN OUR SHARED COMMUNITIES.

FACILITY REPORTING GROUP A

PART V, SECTION B, LINE 11: THE STEERING COMMITTEE, WITH EXECUTIVE

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, 16j, 18e, 19e, 20e, 21c, 21d, 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

LEADERSHIP'S SUPPORT, CONCLUDED THAT PRISMA HEALTH-UPSTATE COULD HAVE THE MOST SIGNIFICANT IMPACT ON ACCESS TO HEALTH CARE, SOCIAL DETERMINANTS OF HEALTH, OBESITY/NUTRITIONAL HEALTH, AND MENTAL/BEHAVIORAL HEALTH. PRISMA HEALTH-UPSTATE HAS RESOURCES AND PROGRAMS ALREADY IN PLACE THAT THROUGH EXPANSION AND ENHANCEMENT COULD SUPPORT AND POSITIVELY INFLUENCE THESE ISSUES. HEART DISEASE MORTALITY, DIABETES, AND CANCER MORTALITY WERE NOT SELECTED AS FOCUS AREAS BUT PRISMA HEALTH-UPSTATE HAS THE OPPORTUNITY TO AFFECT THESE ISSUES INDIRECTLY BY FOCUSING ON OBESITY/NUTRITIONAL HEALTH. THERE IS A SUBSTANTIAL AMOUNT OF RESEARCH INDICATING THAT OBESITY AND POOR NUTRITION NEGATIVELY INFLUENCE ALL THREE OF THESE HEALTH ISSUES. BY FOCUSING EFFORTS ON INCREASING HEALTHY EATING AND ACTIVE LIVING AND BY ADDRESSING FOOD INSECURITY, RISKS FOR CHRONIC DISEASES WILL BE REDUCED. ALCOHOL AND DRUG ABUSE AND SUICIDE MORTALITY WERE NOT SELECTED AS FOCUS AREAS BECAUSE SIMILAR TO THE CONNECTION BETWEEN OBESITY AND CHRONIC DISEASE; THERE IS ALSO A CONNECTION BETWEEN MENTAL/BEHAVIORAL HEALTH AND SUBSTANCE ABUSE AND SUICIDE. ACTIVITIES CONCENTRATING ON IMPROVING MENTAL/BEHAVIORAL HEALTH SERVICES SHOULD ALSO POSITIVELY IMPACT SUBSTANCE ABUSE AND SUICIDE RISKS. UNINTENTIONAL INJURY WAS NOT SELECTED AS A FOCUS AREA BECAUSE THE SYSTEM FEELS IT HAS THE RESOURCES AND EXPERTISE TO HAVE A GREATER IMPACT ON THE FOUR SELECTED PRIORITY AREAS. PRISMA HEALTH-UPSTATE'S CHILDREN'S HOSPITAL HAS BEEN AND WILL CONTINUE LEADING THE SAFE KIDS UPSTATE COALITION, WHICH TEAMS WITH COMMUNITY PARTNERS TO PREVENT UNINTENTIONAL CHILDHOOD INJURY, A LEADING CAUSE OF DEATH OF CHILDREN 19 AND UNDER.

THE CHNA POSTED ON THE WEBSITE WITH EACH IMPLEMENTATION STRATEGY:

[HTTPS://WWW.GHS.ORG/NEWSROOM/CHNA/](https://www.ghs.org/newsroom/chna/)

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

FACILITY REPORTING GROUP A

PART V, SECTION B, LINE 13H: FPL GUIDELINES

FACILITY REPORTING GROUP A

PART V, SECTION B, LINE 16J: COMMUNITY CLINICS ARE AWARE OF AND HAVE ACCESS TO THE HOSPITAL'S FINANCIAL ASSISTANCE APPLICATIONS.

FACILITY REPORTING GROUP A

PART V, SECTION B, LINE 20E: THE ORGANIZATION WIDELY PUBLICIZES THE FINANCIAL ASSISTANCE POLICY.

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): 1, 2, 3, 4, 5, 6, 7

	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?		X
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		X
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 If "Yes," indicate what the CHNA report describes (check all that apply)	X	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA		20 <u>15</u>
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	X	
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	X	
6b 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		X
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	X	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>HTTPS://WWW.GHS.ORG/NEWSROOM/CHNA/</u>		
b <input type="checkbox"/> Other website (list url)		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> 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	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy		20 <u>15</u>
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url) <u>HTTPS://WWW.GHS.ORG/NEWSROOM/CHNA/</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

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?	X	
If "Yes," indicate the eligibility criteria explained in the FAP		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input type="checkbox"/> Medical indigency		
e <input type="checkbox"/> Insurance status		
f <input type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE DISCLOSURE</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE DISCLOSURE</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE DISCLOSURE</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j <input checked="" type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group **FACILITY REPORTING GROUP A**

- 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 nonpayment?
- 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 ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP
 - d ☐ Actions that require a legal or judicial process
 - e ☐ Other similar actions (describe in Section C)
 - f ☒ None of these actions or other similar actions were permitted
- 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?
- 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 ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP
 - d ☐ Actions that require a legal or judicial process
 - e ☐ 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 ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs
 - b ☐ Made a reasonable effort to orally notify individuals about the FAP and FAP application process
 - c ☒ Processed incomplete and complete FAP applications
 - d ☐ Made presumptive eligibility determinations
 - e ☒ Other (describe in Section C)
 - f ☐ None of these efforts were made

	Yes	No
17	X	
18		
19		X
20		

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?
- 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)

	Yes	No
21	X	

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Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 58

Name and address	Type of Facility (describe)
1 PRISMA HEALTH CANCER INSTITUTE - FARI 900 W. FARIS ROAD GREENVILLE, SC 29605	OUTPATIENT CANCER TREATMENT
2 PRISMA HEALTH PATEWOOD OUTPATIENT CEN 200 PATEWOOD DRIVE, BLDG. A GREENVILLE, SC 29615-3593	OUTPATIENT SURGERY AND DIAGNOSTIC
3 PRISMA HEALTH CANCER INSTITUTE - SENE 132 LILA DOYLE DRIVE SENECA, SC 29672	OUTPATIENT CANCER TREATMENT
4 PRISMA HEALTH CANCER INSTITUTE - GROV 3 BUTTERNUT DRIVE, SUITE B GREENVILLE, SC 29605	OUTPATIENT CANCER TREATMENT
5 PRISMA HEALTH CANCER INSTITUTE - SPAR 120 DILLON DRIVE SPARTANBURG, SC 29307	OUTPATIENT CANCER TREATMENT
6 PRISMA HEALTH OUTPATIENT RADIOLOGY 701 GROVE ROAD GREENVILLE, SC 29605-4210	OUTPATIENT IMAGING
7 PRISMA HEALTH CROSS CREEK SURGERY CEN 9 DOCTORS DRIVE GREENVILLE, SC 29605-4266	AMBULATORY SURGERY
8 PRISMA HEALTH CANCER INSTITUTE - GREE 340 MEDICAL PARKWAY, SUITE 100 GREER, SC 29650	OUTPATIENT CANCER TREATMENT
9 PRISMA HEALTH MARSHALL I. PICKENS HOS 701 GROVE ROAD GREENVILLE, SC 29605-4210	INPATIENT PSYCHIATRIC
10 PRISMA HEALTH ROGER C. PEACE REHABILI 701 GROVE ROAD GREENVILLE, SC 29605-4210	INPATIENT REHABILITATION

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Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 58

Name and address	Type of Facility (describe)
11 PRISMA HEALTH CARDIOVASCULAR SERVICES 3 BUTTERNUT DRIVE GREENVILLE, SC 29605	CARDIOVASCULAR DIAGNOSTIC
12 PRISMA HEALTH VASCULAR HEALTH ALLIANC 200 PATEWOOD ROAD, SUITE 300-C GREENVILLE, SC 29615-3593	OUTPATIENT DIAGNOSTIC SERVICES; WOUND CARE; VENOUS
13 PRISMA HEALTH KIDNETICS 29 NORTH ACADEMY ST. GREENVILLE, SC 29601-2629	PEDIATRIC OCCUPATIONAL, PHYSICAL AND SPEECH THERAPIES
14 PRISMA HEALTH LILA DOYLE 101 LILA DOYLE DRIVE SENECA, SC 29672-9495	SKILLED NURSING
15 PRISMA HEALTH CENTER FOR PEDIATRIC ME 20 MEDICAL RIDGE DRIVE GREENVILLE, SC 29605	PEDIATRIC PRIMARY CARE
16 PRISMA HEALTH GREENVILLE MEMORIAL SUB 701 GROVE ROAD GREENVILLE, SC 29605-4210	SKILLED NURSING
17 PRISMA HEALTH OB/GYN CLINIC 1120 GROVE ROAD GREENVILLE, SC 29605-4652	PRIMARY CARE - OB/GYN
18 PRISMA HEALTH MOBILE CARE AMBULANCE S 1315 GROVE ROAD GREENVILLE, SC 29605-4717	AMBULANCE SERVICE
19 PRISMA HEALTH OCONEE MEMORIAL HOSPITA 298 MEMORIAL DRIVE SENECA, SC 29672-9443	EMERGENCY SERVICES AND TRANSPORTATION
20 PRISMA HEALTH HOME HEALTH UPSTATE 440 ROPER MOUNTAIN ROAD, SUITE C GREENVILLE, SC 29615-4235	HOME HEALTH AGENCY

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Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 58

Name and address	Type of Facility (describe)
21 PRISMA HEALTH PEDIATRIC HEMATOLOGY/ON 900 W. FARIS ROAD GREENVILLE, SC 29605-4255	DIAGNOSTIC SERVICES AND TREATMENTS FOR CHILDREN
22 PRISMA HEALTH ROGER C. PEACE OUTPATIE 701 GROVE ROAD GREENVILLE, SC 29605-4210	OUTPATIENT REHABILITATION
23 PRISMA HEALTH CANCER INSTITUTE - EASL 109 FLEETWOOD DRIVE, SUITE A EASLEY, SC 29640	OUTPATIENT CANCER TREATMENT
24 PRISMA HEALTH LAURENS FAMILY MEDICINE 106 PARKVIEW DRIVE LAURENS, SC 29360-2652	PRIMARY CARE
25 PRISMA HEALTH LAURENS COUNTY MEMORIAL 22725 HWY.76 EAST CLINTON, SC 29325	SKILLED NURSING
26 PRISMA HEALTH ROGER C. PEACE TBI 100 AUGUSTA STREET GREENVILLE, SC 29601-3504	OUTPATIENT BRAIN INJURY REHABILITATION
27 PRISMA HEALTH SURGERY/ORTHOPEDICS CL 13 EDGEWOOD DRIVE GREENVILLE, SC 29605-4235	OUTPATIENT ORTHOPEDIC/SURGERY DIAGNOSTIC, REFERRAL
28 PRISMA HEALTH SURGERY CENTER - SPARTA 1413 JOHN B. WHITE SR. BLVD., SUITE D SPARTANBURG, SC 29306-3995	AMBULATORY SURGERY
29 PRISMA HEALTH OCONEE PAIN MANAGEMENT 102 B OMNI DRIVE SENECA, SC 29672-9448	PAIN MANAGEMENT
30 PRISMA HEALTH SENIOR CARE 32 CENTENNIAL DRIVE GREENVILLE, SC 29605	GERIATRIC OUTPATIENT PRIMARY AND SPECIALTY CARE

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Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 58

Name and address	Type of Facility (describe)
31 PRISMA HEALTH INTERNAL MEDICINE/SUBSP 876 W. FARIS ROAD GREENVILLE, SC 29605-4210	PRIMARY CARE
32 PRISMA HEALTH ADVANCED FAMILY MEDICIN 210 SOUTH BROAD STREET CLINTON, SC 29325	PRIMARY CARE
33 PRISMA HEALTH CENTER FOR FAMILY MEDIC 701 GROVE ROAD GREENVILLE, SC 29605-4210	PRIMARY CARE
34 PRISMA HEALTH HOSPICE OF THE FOOTHILL 390 KEOWEE SCHOOL ROAD SENECA, SC 29672-6743	HOSPICE - OUTPATIENT
35 PRISMA HEALTH CLEMSON/SENECA PEDS - C 450 OLD GREENVILLE HIGHWAY CLEMSON, SC 29631-1671	PRIMARY CARE PEDIATRIC
36 PRISMA HEALTH MARSHALL I. PICKENS CHI 701 GROVE ROAD GREENVILLE, SC 29605-4210	CHILD AND ADOLESCENT RESIDENTIAL TREATMENT CENTER
37 PRISMA HEALTH CLEMSON/SENECA PEDS - S 109 OMNI DRIVE B SENECA, SC 29672-9448	PRIMARY CARE PEDIATRIC
38 PRISMA HEALTH LAURENS FAMILY MEDICINE 9100 HWY.14 GRAY COURT, SC 29645-4152	PRIMARY CARE
39 PRISMA HEALTH COTTINGHAM HOSPICE HOUS 390 KEOWEE SCHOOL ROAD SENECA, SC 29672	HOSPICE - INPATIENT
40 PRISMA HEALTH SLEEP DISORDERS CENTER 1025 VERDAE BLVD., SUITE D GREENVILLE, SC 29607-4032	SLEEP STUDIES/DIAGNOSTIC

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Part V. Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 58

Name and address	Type of Facility (describe)
41 PRISMA HEALTH MARSHALL I. PICKENS OUT 701 GROVE ROAD GREENVILLE, SC 29605-4210	OUTPATIENT PSYCHIATRIC
42 PRISMA HEALTH DIABETES SELF-CARE MGMT 875 WEST FARIS ROAD GREENVILLE, SC 29605-4254	OUTPATIENT DIABETES CARE
43 PRISMA HEALTH CARDIOVASCULAR SERVICES 719 S.E. MAIN STREET SIMPSONVILLE, SC 29681	CARDIOVASCULAR DIAGNOSTIC
44 PRISMA HEALTH CANCER INSTITUTE - LAUR 22725 HWY 76 EAST, THIRD FLOOR CLINTON, SC 29325-7527	OUTPATIENT CANCER TREATMENT
45 PRISMA HEALTH SLEEP DISORDERS CENTER 741 SOUTHEAST MAIN ST. SIMPSONVILLE, SC 29681-3237	SLEEP STUDIES/DIAGNOSTIC
46 PRISMA HEALTH CANCER INSTITUTE - EAST 65 INTERNATIONAL DRIVE GREENVILLE, SC 29615	OUTPATIENT CANCER TREATMENT
47 PRISMA HEALTH SLEEP DISORDERS CENTER 890 WEST FARIS ROAD, SUITE 560 GREENVILLE, SC 29605-4253	SLEEP STUDIES/DIAGNOSTIC
48 PRISMA HEALTH WONDER CENTER 29 NORTH ACADEMY STREET GREENVILLE, SC 29601-2629	DAY TREATMENT CENTER FOR MEDICALLY FRAGILE CHILDREN
49 PRISMA HEALTH CENTER FOR PEDIATRIC ME 5 WEST MAIN STREET GREENVILLE, SC 29611	PRIMARY CARE PEDIATRIC
50 PRISMA HEALTH OCONEE HOME HEALTH 298 MEMORIAL DRIVE SENECA, SC 29672	HOME HEALTH AGENCY

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Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 58

Name and address	Type of Facility (describe)
51 PRISMA HEALTH INFUSION CENTER 701 GROVE ROAD GREENVILLE, SC 29605-4210	OUTPATIENT CANCER TREATMENT
52 PRISMA HEALTH GREENVILLE MIDWIFERY AN 35 MEDICAL RIDGE DRIVE GREENVILLE, SC 29605-4268	BIRTHING CENTER
53 PRISMA HEALTH WOMEN'S AND CHILDREN'S 701 GROVE ROAD GREENVILLE, SC 29605-4210	CHILDBIRTH EDUCATION
54 PRISMA HEALTH CENTER FOR FAMILY MEDIC 109 PHYSICIANS DRIVE, SUITE A GREER, SC 29650-4450	PRIMARY CARE
55 PRISMA HEALTH CENTER FOR FAMILY MEDIC 139 LILA DOYLE DRIVE SENECA, SC 29672	PRIMARY CARE
56 PRISMA HEALTH CENTER FOR PERIOPERATIV 905 VERDAE BLVD., SUITE 102 GREENVILLE, SC 29607-4029	SURGICAL PREASSESSMENT
57 PRISMA HEALTH KIDNETICS - MEDICAID 29 NORTH ACADEMY STREET GREENVILLE, SC 29601-2629	PEDIATRIC OCCUPATIONAL, PHYSICAL AND SPEECH THERAPIES
58 PRISMA HEALTH WONDER CENTER - NON MED 29 NORTH ACADEMY STREET GREENVILLE, SC 29601-2629	DAY TREATMENT CENTER FOR MEDICALLY FRAGILE CHILDREN

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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.

PART I, LINE 3C:

FPG IS USED BUT IN ADDITION, THERE IS CONSIDERATION FOR CATASTROPHIC
EVENTS:

WHEN THE PATIENT'S HOSPITAL ACCOUNT(S) EXCEED TWO (2) TIMES THE HOUSEHOLD
ANNUAL GROSS INCOME THE FOLLOWING CRITERIA WILL BE CONSIDERED WHEN
DETERMINING SPONSORSHIP ELIGIBILITY:

THE TAX APPRAISED VALUE OF THE PRIMARY PLACE OF RESIDENCE MAY EXCEED THE
TWO HUNDRED THOUSAND DOLLARS (\$200,000).

EQUITY VALUE OF THE PRIMARY PLACE OF RESIDENCE MAY EXCEED THIRTY-FIVE
THOUSAND (\$35,000) DOLLARS.

LIQUID ASSETS MAY BE CONSIDERED WHEN DETERMINING SPONSORSHIP.

SPONSORSHIP FOR A CATASTROPHIC EVENT MAY BE APPROVED FOR OUTSTANDING
ACCOUNTS FOR DATES OF SERVICE WITHIN EIGHT (8) MONTHS FROM THE DATE OF
APPLICATION. CHARITY/SPONSORSHIP WILL NOT BE ADDED TO THE PATIENT'S
RECORD FOR FUTURE DATES OF SERVICE BUT MAY REAPPLY WHEN ADDITIONAL

Part VI Supplemental Information (Continuation)

SERVICES ARE RECEIVED.

PART I, LINE 7G:

THE SUBSIDIZED HEALTH SERVICES INCLUDE:

1. CENTER FOR FAMILY MEDICINE
2. MEDICAL CENTER CLINICS
3. COTTINGHAM HOSPICE HOUSE
4. HOSPICE OF THE FOOTHILLS
5. MARSHALL I. PICKENS HOSPITAL
6. GREENVILLE HOME HEALTH
7. LILA DOYLE NURSING CARE
8. GMMC SUBACUTE
9. ROGER C. PEACE REHABILITATION
10. MOBILE CARE AMBULANCE SERVICE
11. DIABETES SELF MANAGEMENT PROGRAM
12. WONDER CENTER
13. LAURENS SKILLED NURSING
14. PALLATIVE CARE

PART I, LINE 7, COLUMN (F):

THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25(A),
BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN
THIS COLUMN IS \$ 184,630,431.

PART III, LINE 2:

BAD DEBT EXPENSE IS CALCULATED BY APPLYING THE ORGANIZATION'S
COST-TO-CHARGE RATIO TO THE BAD DEBT WRITE-OFFS AS PRESENTED IN THE
FINANCIAL STATEMENTS.

Part VI Supplemental Information (Continuation)

PART III, LINE 3:

OF THE ACCOUNTS IN BAD DEBT, AN INTERNAL REVIEW SHOWED THAT 20.5% WERE SELF-PAY WITH LOW PROPENSITY TO PAY SCORES. OF THESE, OUR ESTIMATE IS THAT 70% OF THESE (14.3%) WOULD QUALIFY FOR CHARITY.

PART III, LINE 4:

SEE THE FY2018 FINANCIALS, NOTE 9 - NET PATIENT SERVICE REVENUE AND PATIENT ACCOUNTS RECEIVABLE.

PART III, LINE 8:

ONE CRITERION FOR QUALIFYING AS A COMMUNITY BENEFIT IS THAT THE SERVICE, IF NOT PROVIDED BY THE HOSPITAL, WOULD OTHERWISE BE PROVIDED BY THE GOVERNMENT. PRISMA HEALTH-UPSTATE IS REQUIRED TO PROVIDE CARE TO ALL, REGARDLESS OF ABILITY TO PAY. A FOR-PROFIT ENTITY WOULD NOT KNOWINGLY OFFER A PROGRAM THAT GENERATES A LOSS OF THIS MAGNITUDE.

PART III, LINE 9B:

IF IT IS DETERMINED THAT A PATIENT HAS NO AVAILABLE MEANS TO PAY FOR SERVICES AND IS DECLARED ELIGIBLE FOR HOSPITAL CHARITY OR HOSPITAL SPONSORSHIP, CHARGES WILL BE ADJUSTED ACCORDING TO THE LEVEL OF CHARITY OR SPONSORSHIP DOCUMENTED ON THE PATIENT'S ACCOUNT. SPECIFIC TO PATIENTS SEEN AT COMPONENTS OF THE GREENVILLE MEMORIAL HOSPITAL PROVIDER, AND FOR PURPOSES OF THE 340B DRUG PROGRAM, THE CONTRACT PHARMACIES WILL EXTEND DISCOUNTS TO PATIENTS UNDER THE HOSPITAL SPONSORSHIP PROGRAM. HOSPITAL CHARITY AND HOSPITAL SPONSORSHIP CONSTITUTES A SATISFACTORY FINANCIAL ARRANGEMENT.

Part VI Supplemental Information (Continuation)

PART VI, LINE 2:

THE CHNA ENCOMPASSES THE USE OF BOTH QUALITATIVE AND QUANTITATIVE DATA ANALYSIS. THE QUALITATIVE DATA WERE OBTAINED THROUGH INTERVIEWS, SURVEYS, AND FOCUS GROUP SESSIONS IN 3 OF THE 4 COUNTIES COMPRISING THE PRISMA HEALTH-UPSTATE PRIMARY SERVICE AREA, AS WELL AS PHONE AND ON-LINE SURVEYS. STAKEHOLDERS PROVIDING FOCUS GROUP INPUT INCLUDED LOCAL BUSINESS LEADERS AND ORGANIZATIONS DEDICATED TO IMPROVING THE HEALTH AND WELL-BEING OF THEIR INDIVIDUAL COMMUNITIES. THE FOCUS GROUPS FOCUSED ON STAKEHOLDER PERCEPTIONS OF HEALTH AND HEALTH SERVICES IN THEIR COMMUNITIES. QUANTITATIVE DATA INCLUDES THE MOST RECENT INDICATORS OF HEALTH FROM A VARIETY OF LOCAL AND NATIONAL RESOURCES. DATA WERE ANALYZED FROM A PERSPECTIVE OF CHANGES OVER TIME, AND IN SOME INSTANCES, COMPARED TO BENCHMARKS, STATEWIDE AND NATIONAL DATA SETS.

PART VI, LINE 3:

THE ORGANIZATION INFORMS AND EDUCATES PATIENTS ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER THE FINANCIAL ASSISTANCE POLICY BY:

- POSTING THE HOSPITALS FINANCIAL ASSISTANCE POLICY ON THEIR WEBSITE
- POSTING AN APPLICATION FOR FINANCIAL ASSISTANCE ON THEIR WEBSITE
- POSTING A PLAIN LANGUAGE SUMMARY ON THEIR WEBSITE
- THE FINANCIAL ASSISTANCE IS MADE AVAILABLE UPON REQUEST AND WITHOUT CHARGE
- THE FINANCIAL ASSISTANCE APPLICATION IS MADE AVAILABLE UPON REQUEST AND WITHOUT CHARGE
- THE PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS MADE AVAILABLE UPON REQUEST AND WITHOUT CHARGE
- THE ORGANIZATION NOTIFIES MEMBERS OF THE COMMUNITY WHO ARE MOST LIKELY TO REQUIRE FINANCIAL ASSISTANCE OF THE FINANCIAL ASSISTANCE POLICY

Part VI Supplemental Information (Continuation)

- THE FINANCIAL ASSISTANCE POLICY, APPLICATION, AND PLAIN LANGUAGE SUMMARY
WERE TRANSLATED INTO THE PRIMARY LANGUAGES SPOKEN BY LEP POPULATION

PART VI, LINE 4:

ALTHOUGH PRISMA HEALTH-UPSTATE SERVES PATIENTS FROM THE ENTIRE 10-COUNTY
UPSTATE AREA OF SOUTH CAROLINA, FOR THE PURPOSE OF THIS COMMUNITY HEALTH
NEEDS ASSESSMENT, WE CHOSE THE COMMUNITIES WITH THE CLOSEST PROXIMITY TO A
PRISMA HEALTH-UPSTATE FACILITY. THESE COMMUNITIES LIE WITHIN FOUR
COUNTIES: GREENVILLE COUNTY, LAURENS COUNTY, OCONEE COUNTY, AND PICKENS
COUNTY. THE RESIDENTS FROM THESE COUNTIES ACCOUNTED FOR 84% OF PRISMA
HEALTH-UPSTATE INPATIENT AND OUTPATIENT FACILITY-BASED BUSINESS IN 2015,
SO PRISMA HEALTH-UPSTATE FEELS IT CAN HAVE THE GREATEST IMPACT ON
IMPROVING THE HEALTH WITHIN THESE COMMUNITIES.

**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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Open to Public
Inspection

Name of the organization

PRISMA HEALTH-UPSTATE

Employer identification number
81-1723202

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.

1 (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
A CHILD'S HAVEN 20 MARTIN DRIVE GREENVILLE, SC 29617	57-0893712	509(A)(1)	5,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
AMERICAN CANCER SOCIETY 154 MILESTONE WAY GREENVILLE, SC 29615	13-1788491	501(C)(3)	38,400.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
AMERICAN DIABETES ASSOCIATION 107 WESTPARK BLVD #220 COLUMBIA, SC 29210	13-1623888	509(A)(1)	20,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
AMERICAN HEART ASSOCIATION 3535 PELHAM ROAD GREENVILLE, SC 29615	13-5613797	501(C)(3)	60,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
AMERICAN RED CROSS 940 GROVE ROAD GREENVILLE, SC 29605	53-0196605	509(A)(1)	7,500.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
ARTISPHERE 101B AUGUSTA STREET GREENVILLE, SC 29601	58-2676608	509(A)(1)	20,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT

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

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

95.
16.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2017)

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

(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
BAPTIST EASLEY HOSPITAL FOUNDATION 200 FLEETWOOD DR. EASLEY, SC 29640	57-0880538	501(C)(3)	5,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
BELL FEDERATION CENTER 1103 NORTH HARPER STREET LAURENS, SC 29360	57-0958254	501(C)(3)	7,500.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
BLUE RIDGE COUNCIL 1 PARK PLAZA GREENVILLE, SC 29607	57-0314427	501(C)(3)	10,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
BRAIN INJURY ASSOCIATION OF SC 121 EXECUTIVE CENTER DRIVE STE 135 COLUMBIA, SC 29210	57-1068415	509(A)(1)	15,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
BRIDGING THE GAP PO BOX 535 LAURENS, SC 29360	30-0840207	501(C)(3)	5,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
CANCER SOCIETY OF GREENVILLE 113 MILLS AVENUE GREENVILLE, SC 29605	57-0471686	501(C)(3)	20,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
CANCER SURVIVOR'S PARK ALLIANCE 24 CLEVELAND STREET GREENVILLE, SC 29601	57-1085380	509(A)(1)	35,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
CAROLINA KARATE 2015 LAURENS ROAD GREENVILLE, SC 29607	51-0575891		8,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
CENTRE STAGE 501 RIVER STREET GREENVILLE, SC 29601	57-0788169	509(A)(2)	22,500.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CHILDREN'S MUSEUM OF UPSTATE 300 COLLEGE STREET GREENVILLE, SC 29601	57-1025453	501(C)(3)	20,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
CITY OF FOUNTAIN INN 200 N. MAIN STREET FOUNTAIN INN, SC 29644			5,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
CITY OF GREENVILLE 206 SOUTH MAIN STREET GREENVILLE, SC 29601	57-6000236	509(A)(1)	10,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
CITY OF SIMPSONVILLE 118 NE MAIN STREET SIMPSONVILLE, SC 29681	57-6001106	509(A)(1)	5,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
CLEMSON SCHOOL OF NURSING 605 GROVE ROAD GREENVILLE, SC 29605	57-6000254	GOVERNMENTAL	760,975.	0.			ANNUAL CONTRIBUTION AND FINANCIAL SUPPORT FOR CERTAIN SALARY AND FRINGE BENEFITS TO EXPAND THE
CLEMSON UNIVERSITY CLEMSON UNIVERSITY CLEMSON, SC 29634	57-6000254	GOVERNMENTAL	100,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
CLEMSON UNIVERSITY FOUNDATION PO BOX 1889 CLEMSON, SC 29631	57-0426335	509(A)(1)	5,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
COMMUNITIES IN SCHOOLS PO BOX 10308 GREENVILLE, SC 29603	57-0931840	501(C)(3)	5,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
COMMUNITY FOUNDATION OF GREENVILLE 630 E. WASHINGTON STREET, SUITE A GREENVILLE, SC 29601	57-6019318	509(A)(1)	15,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT

Schedule I (Form 990)

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

(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
FAVOR GREENVILLE 355 WOODRUFF ROAD, SUITE 303 GREENVILLE, SC 29607	20-1724061	509(A)(1)	20,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
FURMAN UNIVERSITY 3300 POINSETT HIGHWAY GREENVILLE, SC 29613	57-0314395	509(A)(1)	508,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
GEORGE THEISEN YMCA 100 INSPIRATIONAL WAY TRAVELERS REST, SC 29690	57-0314424	509(A)(2)	5,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
GHS EVERY WOMAN CYCLING TEAM 208 WEST COOSAW COURT ROEBUCK, SC 29376	26-3793362	501(C)(3)	20,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
GOOD SHEPARD FREE MEDICAL CLINIC P.O. BOX 1535 CLINTON, SC 29325	57-0996466	501(C)(3)	20,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
GOVERNOR'S SCHOOL FOR THE ARTS P.O. BOX 8458 GREENVILLE, SC 29604	57-0794878	509(A)(1)	10,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
GREATER GREENVILLE SCOTTISH GAMES AND HIGHLAND FESTIVAL (GSGHF) - 225 SOUTH PLEASANTBURG DRIVE, STE B12-1 - GREENVILLE, SC 29607	20-2419016	509(A)(1)	15,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
GREATER GREER CHAMBER OF COMMERCE 111 TRADE STREET GREER, SC 29651	57-0174128	501(C)(6)	30,900.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
GREATER GREER EDUCATION FOUNDATION 111 TRADE STREET GREER, SC 29651	57-1120836	509(A)(1)	5,380.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT

Schedule I (Form 990)

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

(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
GREENVILLE AREA DEVELOPMENT CORP 223 N. MAIN STREET, SUITE 250 GREENVILLE, SC 29601	57-1125289	509(A)(3)	5,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
GREENVILLE AREA PARKINSON 2501 WADE HAMPTON BLVD, STE 115-204 TAYLORS, SC 29687	26-4732316	509(A)(1)	7,500.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
GREENVILLE CHAMBER OF COMMERCE 24 CLEVELAND STREET GREENVILLE, SC 29601	57-0173240	501(C)(6)	138,650.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
GREENVILLE COUNTY REC 4806 OLD SPARTANBURG ROAD TAYLORS, SC 29687	57-6000356	501(C)(3)	125,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
GREENVILLE CYCLING AND MULTI-SPORT (GREENVILLE CYCLING CENTER) - PO BOX 1632 - GREENVILLE, SC 29602	26-3677952		75,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
GREENVILLE DRIVE LLC 935 S. MAIN STREET, SUITE 202 GREENVILLE, SC 29601	04-3672609		140,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
GREENVILLE EVENING ROTARY 38 SYCAMORE RIDGE DRIVE SIMPSONVILLE, SC 29681	20-3973930	509(A)(1)	5,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
GREENVILLE FAMILY PARTNERSHIP PO BOX 10203 GREENVILLE, SC 29603	57-0783373	509(A)(1)	8,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
GREENVILLE FREE MEDICAL CLINIC P.O. BOX 8993 GREENVILLE, SC 29604	57-0855205	509(A)(1)	10,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT

Schedule I (Form 990)

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

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GREENVILLE HEALTH AUTHORITY 300 EAST MCBEE AVENUE GREENVILLE, SC 29601	57-6007863	501(C)(3)	57,257,332.	0.			PRISMA HEALTH-UPSTATE INCREASED ITS OVERALL COMMITMENT TO THE HEALTHY GREENVILLE COMMUNITY
GREENVILLE SYMPHONY ASSOCIATION 200 SOUTH MAIN STREET GREENVILLE, SC 29601	57-0447452	509(A)(1)	15,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
GREENVILLE TECH FOUNDATION MAIL STOP 6002 PO BOX 5616 GREENVILLE, SC 29606	57-0565961	509(A)(1)	50,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
GREENVILLE WOMEN GIVING (UNDER COMMUNITY FOUNDATION OF GREENVILLE) - 630 E. WASHINGTON STREET, SUITE A - GREENVILLE, SC	57-6019318	501(C)(3)	10,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
GREER COMMUNITY MINISTRIES P.O. BOX 1373 GREER, SC 29652	23-7279894	509(A)(1)	5,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
GREER RELIEF PO BOX 1303 GREER, SC 29652	57-0370331	509(A)(1)	5,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
HABITAT FOR HUMANITY P.O. BOX 1206 GREENVILLE, SC 29602	57-0827063	509(A)(1)	53,700.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
HOSPICE OF LAURENS COUNTY 1304 SPRINGDALE DRIVE CLINTON, SC 29325	57-0843527	509(A)(1)	14,500.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
JDRF 5 CENTURY DRIVE, SUITE 240 GREENVILLE, SC 29607	23-1907729	509(A)(1)	15,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT

Schedule I (Form 990)

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

(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
JULIE VALENTINE CENTER 2905 WHITE HORSE ROAD GREENVILLE, SC 29611	57-0655611	509(A)(1)	20,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
JUNIOR LEAGUE OF GREENVILLE 118 GREENACRE ROAD GREENVILLE, SC 29607	57-0293874	509(A)(2)	15,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
JUNIOR LEAGUE OF SPARTANBURG 615 EAST MAIN STREET GREENVILLE, SC 29302	57-0442620	509(A)(2)	5,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
LAURENS CO COMMUNITY FOUNDATION PO BOX 1836 LAURENS, SC 29360	58-2670170	509(A)(1)	10,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
LAURENS CO HEALTHCARE FOUNDATION 211 N. BROAD STREET LAURENS, SC 29325	58-2670170	501(C)(3)	5,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
LAURENS COUNTY CANCER ASSOCIATION P.O. BOX 299 CLINTON, SC 29325	45-4525599	501(C)(3)	15,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
LAURENS COUNTY CHAMBER OF COMMERCE PO BOX 248 LAURENS, SC 29360	57-0667072	501(C)(6)	10,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
LAURENS COUNTY MEMORIAL HOME FOR THE AGED - 3744 TORRINGTON ROAD - LAURENS, SC 29360	57-0531246	501(C)(3)	25,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
LET THERE BE MOM 1200 WOODRUFF ROAD SUITE H13 GREENVILLE, SC 29607	20-8191685	509(A)(1)	6,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT

Schedule I (Form 990)

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

(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
LIVEWELL GREENVILLE 225 S. PLEASANTBURG DRIVE, SUITE A7 GREENVILLE, SC 29607	81-1376760	509(A)(1)	25,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
LOAVES AND FISHES 25 WOODS LAKE ROAD, SUITE 810 GREENVILLE, SC 29607	57-0931804	501(C)(3)	5,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
MAIN STREET LAURENS USA INC PO BOX 1736 LAURENS, SC 29360	57-1055101	509(A)(1)	12,500.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
MARCH OF DIMES 37 VILLA ROAD, B-123 GREENVILLE, SC 29615	13-1846366	501(C)(3)	60,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
MEALS ON WHEELS 15 OREGON STREET GREENVILLE, SC 29605	57-0531378	509(A)(1)	7,500.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
METROPOLITAN ARTS COUNCIL 16 AUGUSTA STREET GREENVILLE, SC 29601	57-0560186	501(C)(3)	50,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
MIDDLE TYGER YMCA 720 SHOALS RD DUNCAN, SC 29334	57-0314425	501(C)(3)	100,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
MILITARY HISTORY CENTER 100 TOWER DRIVE, UNIT 6 GREENVILLE, SC 29607	27-0822751	509(A)(2)	10,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
MIRACLE HILL MINISTRIES PO BOX 2546 GREENVILLE, SC 29602	57-0425826	501(C)(3)	302,500.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT

Schedule I (Form 990)

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

(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
NAMI 2320 EAST NORTH STREET GREENVILLE, SC 29607	57-0810748 501(C)(3)		15,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
NATIONAL KIDNEY FOUNDATION OF SOUTH CAROLINA, INC. - 508 HAMPTON STREET; STE 200 - COLUMBIA, SC 29201	57-0549065 509(A)(1)		8,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
OCONEE COUNTY CHAMBER OF COMMERCE 135 C EAGLES NEST DRIVE, P.O. BOX 8 SENECA, SC 29678	57-0286871 501(C)(6)		10,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
PARTNERSHIP FOR TOMORROW 111B SOUTH MAIN STREET GREER, SC 29650	57-1073851 501(C)(6)		20,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
PENDLETON PLACE 1133 PENDLETON STREET GREENVILLE, SC 29601	57-0624421 509(A)(1)		5,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
PHILLIS WHEATLEY ASSOCIATION 40 JOHN MCCARROLL WAY GREENVILLE, SC 29607	57-0327895 509(A)(1)		10,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
PUBLIC EDUCATION PARTNERS 225 S. PLEASANTBURG DRIVE, SUITE E6 GREENVILLE, SC 29607	57-0769637 501(C)(3)		20,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
RAINBOW PUSH COALITION AKA CITIZENSHIP EDUCATION FUND - 110 SOUTH CALHOUN STREET - GREENVILLE, SC 29601	34-1447977 509(A)(1)		11,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
ROPER MOUNTAIN SCIENCE CENTER 402 ROPER MOUNTAIN ROAD GREENVILLE, SC 29615	57-0762287 509(A)(1)		5,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
ROSA CLARK MEDICAL CLINIC 301 MEMORIAL DRIVE GREENVILLE, SC 29672	58-6076010	501(C)(3)	150,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
SAFE HARBOR INC P.O. BOX 174 GREENVILLE, SC 29609	57-1014137	509(A)(1)	20,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
SC CHAMBER OF COMMERCE 1301 GERVAIS STREET, SUITE 1100 COLUMBIA, SC 29201	57-0219655	501(C)(6)	5,500.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
SC CHILDREN'S THEATRE PO BOX 9340 GREENVILLE, SC 29604	57-0856956	501(C)(3)	100,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
SC HISPANIC CHAMBER OF COMMERCE 101 MOUNTAINSIDE WAY GREENVILLE, SC 29609	26-0874585	501(C)(6)	5,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
SC SCHOOL FOR THE DEAF AND BLIND FOUNDATION - 355 CEDAR SPRINGS ROAD - SPARTANBURG, SC 29302	57-0693592	509(A)(1)	10,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
SCBIO 411 UNIVERSITY RIDGE GREENVILLE, SC 29601	20-0613951	509(A)(1)	10,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
SENIOR ACTION 50 DIRECTORS DRIVE GREENVILLE, SC 29615	57-0507961	509(A)(1)	5,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
SOUTH CAROLINA CHARITIES INC 135 SOUTH MAIN STREET, SUITE 600 GREENVILLE, SC 29601	57-1110542	509(A)(2)	20,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
SOUTHEAST MEDICAL DEVICE ASSOCIATION - 4651 WOODSTOCK ROAD, SUITE 208 #356 - ROSWELL, GA 30075	20-1556655	501(C)(6)	5,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
SPARTANBURG AREA CHAMBER OF COMMERCE - 105 N. PINE STREET - SPARTANBURG, SC 29302	57-0251910	501(C)(6)	8,810.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
SPARTANBURG COUNTY FOUNDATION 424 E. KENNEDY STREET SPARTANBURG, SC 29302	57-0351398	501(C)(3)	20,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
SUSAN G KOMEN 531 SOUTH MAIN STREET S MAIN ST. ML GREENVILLE, SC 29601	75-1835298	501(C)(3)	5,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
SYNNEX SHARE THE MAGIC 104 S MAIN ST #110 GREENVILLE, SC 29601		501(C)(3)	35,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
TEDX GREENVILLE DBA CONNEXGREENVILLE - 17 RIVERSIDE DRIVE - GREENVILLE, SC 29605	47-4874858	509(A)(2)	12,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
TEN AT THE TOP 124 VERDAE BOULEVARD GREENVILLE, SC 29607	27-0503928		25,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
THE ASPEN INSTITUTE 1 DUPONT CIRCLE NW WASHINGTON, DC 20036	84-0399006	501(C)(3)	1,209,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
THE TRI GUYS INC PO BOX 6591 GREENVILLE, SC 29606			10,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT

Schedule I (Form 990)

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

(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
TRAVELERS REST FARMERS MARKET P.O. BOX 608 104 N. POINSETT HIGHWAY TRAVELERS REST, SC 29690	46-4822158	501(C)(3)	5,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
TREESGREENVILLE PO BOX 9232 GREENVILLE, SC 29604	16-1718587	509(A)(1)	20,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
UNCF UPSTATE P.O. BOX 5283 GREENVILLE, SC 29606	13-1624241	509(A)(1)	5,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
UNITED WAY OF GREENVILLE COUNTY 105 EDINBURGH COURT GREENVILLE, SC 29607	57-0362066	509(A)(1)	5,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
UPCOUNTRY HISTORY MUSEUM 540 BUNCOMBE STREET GREENVILLE, SC 29601	57-0833796	509(A)(1)	20,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
UPSTATE FOREVER BIKE SHARE 507 PETTIGRU GREENVILLE, SC 29601	57-1070433	501(C)(3)	80,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
UPSTATE INTERNATIONAL 9 SOUTH MEMMINGER STREET GREENVILLE, SC 29601	57-1064857	509(A)(1)	2,500.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
UPSTATE PROSTATE CANCER 412 PERRY HILL ROAD EASLEY, SC 29640	26-2289453	509(A)(1)	5,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
UPSTATE SC ALLIANCE INC 124 VERDAE BOULEVARD #202 GREENVILLE, SC 29607	57-1095229	501(C)(6)	25,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
UPSTATE WARRIOR SOLUTION 3 CALEDON COURT GREENVILLE, SC 29615	46-1699670	501(C)(3)	15,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
URBAN LEAGUE OF THE UPSTATE 15 REGENCY HILL DRIVE GREENVILLE, SC 29607	57-0541039	509(A)(1)	30,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
USC SCHOOL OF MEDICINE GREENVILLE 607 GROVE ROAD GREENVILLE, SC 29605	57-6001153	GOVERNMENTAL	4,091,569.	0.			TO EXPAND THE USC SCHOOL OF MEDICINE TO GREENVILLE
YMCA OF CLINTON PO BOX 492 CLINTON, SC 29325	57-0506273	509(A)(2)	5,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
YMCA OF GREENVILLE 723 CLEVELAND STREET GREENVILLE, SC 29601	57-0314424	501(C)(3)	225,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT
YMCA OF LAURENS 410 ANDERSON DR. LAURENS, SC 29360	57-0517776	509(A)(1)	5,000.	0.			OPERATIONAL/COMMUNITY ENGAGEMENT

Schedule I (Form 990)

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 noncash assistance

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: CLEMSON SCHOOL OF NURSING

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL CONTRIBUTION AND FINANCIAL

SUPPORT FOR CERTAIN SALARY AND FRINGE BENEFITS TO EXPAND THE CLEMSON

UNIVERSITY SCHOOL OF NURSING

NAME OF ORGANIZATION OR GOVERNMENT: GREENVILLE HEALTH AUTHORITY

(H) PURPOSE OF GRANT OR ASSISTANCE: PRISMA HEALTH-UPSTATE INCREASED ITS

OVERALL COMMITMENT TO THE HEALTHY GREENVILLE COMMUNITY FUND. PRISMA

Part IV Supplemental Information

HEALTH-UPSTATE WILL PAY \$6 MILLION A YEAR FOR 34 YEARS TO ESTABLISH THIS FUND.

PART I, LINE 1

ALL ASSISTANCE PROVIDED FITS WITH OUR MISSION OF IMPROVING THE HEALTH OF OUR COMMUNITY AND/OR SUPPORT ECONOMIC GROWTH OF OUR COMMUNITY.

PRISMA HEALTH-UPSTATE HAS A FORMAL ONLINE SUBMISSION PROCESS. VARIOUS LEADERS IN THE ORGANIZATION PROVIDE INPUT AND DECISIONS ARE MADE BASED ON ALL INFORMATION RECEIVED.

**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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

PRISMA HEALTH-UPSTATE

Employer identification number

81-1723202

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- 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

Only section 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?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

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 aren't 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				
(1) SPENCE M. TAYLOR, M.D. PRESIDENT	(i) 679,044. (ii) 0.	292,981. 0.	39,828. 0.	115,335. 0.	44,241. 0.	1,171,429. 0.	0. 0.
(2) JOSEPH J. BLAKE, JR. SECRETARY	(i) 397,051. (ii) 0.	188,395. 0.	35,518. 0.	47,550. 0.	34,889. 0.	703,403. 0.	0. 0.
(3) MALCOLM W. ISLEY CHIEF STRATEGY OFFICER	(i) 451,534. (ii) 0.	307,232. 0.	2,568,041. 0.	104,560. 0.	43,195. 0.	3,474,562. 0.	0. 0.
(4) TERRI T. NEWSOM CHIEF FINANCIAL OFFICER	(i) 513,563. (ii) 0.	206,374. 0.	14,354. 0.	112,613. 0.	40,688. 0.	887,592. 0.	0. 0.
(5) GREGORY J. RUSNAK CHIEF ADMINISTRATIVE OFFICER	(i) 594,834. (ii) 0.	255,309. 0.	37,194. 0.	31,950. 0.	42,664. 0.	961,951. 0.	0. 0.
(6) ANGELO SINOPOLI, M.D. CHIEF CLINICAL OFFICER	(i) 703,962. (ii) 0.	316,371. 0.	23,746. 0.	145,029. 0.	31,867. 0.	1,220,975. 0.	0. 0.
(7) HOWARD WEST GENERAL COUNSEL	(i) 366,756. (ii) 0.	161,966. 0.	58,906. 0.	52,467. 0.	35,405. 0.	675,500. 0.	0. 0.
(8) CHARLES D. BEAMAN, JR. CO-CEO OF PRISMA HEALTH	(i) 1,143,654. (ii) 1,117,944.	347,476. 446,823.	1,273. 188,706.	66,671. 24,000.	25,492. 49,260.	1,584,566. 1,826,733.	0. 0.
(9) MICHAEL C. RIORDAN CO-CEO OF PRISMA HEALTH	(i) 107,693. (ii) 390,436.	0. 168,000.	936. 6,592.	7,950. 109,951.	0. 40,403.	116,579. 715,382.	0. 0.
(10) JAMES M. ELLIS, M.D. VP, CLINICAL AFFAIRS	(i) 587,529. (ii) 0.	36,082. 0.	3,400. 0.	31,950. 0.	35,966. 0.	694,927. 0.	0. 0.
(11) CHRISTOPHER C. WRIGHT, M.D. CHIEF MEDICAL STAFF	(i) 364,022. (ii) 0.	308,877. 0.	28,392. 0.	35,135. 0.	34,619. 0.	771,045. 0.	0. 0.
(12) JERRY R. YOUKEY, M.D. EVP, MEDICAL & ACADEMIC AFFAIRS	(i) 373,330. (ii) 0.	158,665. 0.	15,543. 0.	112,927. 0.	41,727. 0.	702,192. 0.	0. 0.
(13) PAUL F. JOHNSON VP OF GHC AFFILIATE	(i) 358,521. (ii) 0.	141,400. 0.	37,227. 0.	10,600. 0.	31,080. 0.	578,828. 0.	0. 0.
(14) DOUG DORMAN VP OF HUMAN RESOURCES	(i) 0. (ii) 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.
	(i) 0. (ii) 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.
	(i) 0. (ii) 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.
	(i) 0. (ii) 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.

Part III Supplemental Information

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

PART I, LINE 4B:

IN 2016, PRISMA HEALTH-UPSTATE LEASED THE ASSETS AND ASSUMED THE LIABILITIES OF GREENVILLE HEALTH AUTHORITY, A GOVERNMENTAL BODY (GHA). IN 1997, GHA ENTERED INTO DEFINED BENEFIT BASED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN AGREEMENTS (SERP) WITH CERTAIN KEY EMPLOYEES, ALL OF WHOM WERE HIRED PRIOR TO 2008. EFFECTIVE OCTOBER 1, 2016, PRISMA HEALTH-UPSTATE ASSUMED ALL OUTSTANDING LIABILITIES UNDER THESE PLAN AGREEMENTS. THE PLAN CALLED FOR CLIFF VESTING AND PAYMENTS AFTER THE COMPLETION OF A NUMBER OF YEARS OF SERVICE (TYPICALLY 10 TO 20) OR REACHING RETIREMENT. ONE INDIVIDUAL PARTICIPATED IN THE PLAN WHO, IN 2017, VESTED AND WAS PAID IN FULL THE BENEFITS OWED UNDER THE PLAN. VALUES ARE REFLECTED IN B (III).

THE 457(F) PLAN IS PROVIDED TO A SELECT GROUP OF MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES (WITHIN THE MEANING OF SECTIONS 201(2), 301(A)(3) AND 401(A)(1) OF ERISA OF PRISMA HEALTH AND SUBSIDIARIES WHO CONTRIBUTE SIGNIFICANTLY TO THE FUTURE BUSINESS SUCCESS OF THE COMPANY WITH SUPPLEMENTAL RETIREMENT INCOME THROUGH COMPANY CONTRIBUTIONS. EMPLOYEES ELIGIBLE FOR THE PROGRAM ARE APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD. THOSE ELIGIBLE RECEIVE A 10 OR 15 PERCENT ON AN

Part III	Supplemental Information
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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

ANNUAL BASIS BASED ON PRIOR FISCAL YEAR BASE COMPENSATION.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017
Open to Public Inspection

Name of the organization

PRISMA HEALTH-UPSTATE

Employer identification number
81-1723202

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeated		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A SEE PART VI	57-6007863396481AA1		10/01/16	601263556.	SEE PART VI		X		X		X
B											
C											
D											

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		30,100,000.						
2 Amount of bonds legally defeated								
3 Total proceeds of issue		601,263,556.						
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds		601,263,556.						
12 Other unspent proceeds								
13 Year of substantial completion								

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		.00		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		.00		%		%		%
6 Total of lines 4 and 5		.00		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of				%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

5a	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
		X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions**PART I, LINE A, COLUMN F**

ON 10/1/2016, PRISMA HEALTH - UPSTATE, F/K/A UPSTATE AFFILIATE ORGANIZATION, ("PHU") ENTERED INTO A LEASE AND CONTRIBUTION AGREEMENT WITH GREENVILLE HEALTH SYSTEM F/K/A GREENVILLE HOSPITAL SYSTEM BOARD OF TRUSTEES (THE "ISSUER"), PURSUANT TO WHICH PHU WOULD UNDERTAKE THE OPERATIONS OF ISSUER'S HOSPITAL FACILITIES. AT THE TIME OF THE AGREEMENT, THE ISSUER TIMELY UNDERTOOK REMEDIAL ACTION UNDER SECTION 1.141-12(F) OF THE TREASURY REGULATIONS TO CAUSE THE ISSUER BONDS TO BE RE-ISSUED ON 10/01/2016 AS QUALIFIED 501(C)3 BONDS. THE BOND BEING REPORTED ON THIS SCHEDULE K IS THAT RE-ISSUANCE BOND. AS FILED ON FORM 8038, THE RE-ISSUANCE WAS CONSIDERED A CURRENT REFUNDING OF THE ISSUER'S PREVIOUS BONDS WHICH WERE ISSUED ON:

6/1/1990 (SERIES 1990);
7/1/2008 (SERIES 2008A);
8/19/2008 (SERIES 2008B);
8/9/2012 (SERIES 2008C);
4/20/2015 (SERIES 2008D);
4/20/2015 (SERIES 2008E);
6/7/2012 (SERIES 2012);
4/1/2014 (SERIES 2014A);
9/23/2014 (SERIES 2014B);
5/7/2015 (SERIES 2015).

PART II, COLUMN A, LINE 11

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

THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS OF THE ISSUE THAT ARE NO LONGER IN ESCROW

PART III, COLUMN A, LINE 3A

ALL OF THESE CONTRACTS MEET SAFE HARBOR PROVISIONS

PART IV, LINE 2C

THIS ISSUE WAS CONSIDERED A RE-ISSUANCE FOR SECTION 141 PURPOSES, BUT NOT FOR SECTION 148, THEREFORE THE DATE OF THE LAST REBATE CALCULATION FOR THE ORIGINAL ISSUANCES ARE AS FOLLOWS;

SERIES 1990: 7/1/2015;

SERIES 2008A: 6/30/2015;

SERIES 2008B: 5/1/2018;

SERIES 2008C: 5/1/2018;

SERIES 2008D: 5/1/2018;

SERIES 2008E: 5/1/2018;

SERIES 2012: EXEMPT;

SERIES 2014A: FIRST COMPUTATION DATE 3/31/2019;

SERIES 2014B: FIRST COMPUTATION DATE 8/31/2019;

SERIES 2015: FIRST COMPUTATION DATE 4/30/2020.

(Form 990 or 990-EZ)

OMB No. 1545-0047

2017

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

PRISMA HEALTH-UPSTATE

Employer identification number
81-1723202

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

[illegible]

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

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

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

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
MICHAEL RIORDAN	OFFICER	SEE PART		X	6,063,000.	6,148,771.		X	X		X	
Total						\$ 6,148,771.						

Total

Part III	Grants or Assistance Benefiting Interested Persons.
-----------------	--

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

[illegible]

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2017

SEE PART V FOR CONTINUATIONS

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
FRANCES M. TAYLOR	FAMILY MEMBER OF DR	18,588.	COMPENSATED		X
LAURA T. WARMAN	FAMILY MEMBER OF DR	77,350.	COMPENSATED		X

Part V Supplemental Information

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

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: MICHAEL RIORDAN

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

(C) PURPOSE OF LOAN: SEE PART V

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 6,063,000. (F) BALANCE DUE \$ 6,148,771.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: FRANCES M. TAYLOR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF DR. SPENCE TAYLOR

(D) DESCRIPTION OF TRANSACTION: COMPENSATED AS EMPLOYEE

(A) NAME OF PERSON: LAURA T. WARMAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF DR. SPENCE TAYLOR

(D) DESCRIPTION OF TRANSACTION: COMPENSATED AS EMPLOYEE

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

PART II

THE ORGANIZATION PROVIDES SUPPLEMENTAL RETIREMENT BENEFITS THROUGH AN ALTERNATIVE FUNDING ARRANGEMENT THE IRS CALLS "COLLATERAL ASSIGNMENT SPLIT DOLLAR" (CASD). ALTHOUGH THE IRS REQUIRES REPORTING IN THE LOAN SECTION OF SCHEDULE L, CASD IS NOT AN ACTUAL LOAN. RATHER THE "LOAN" TREATMENT APPLIES BECAUSE ON THE DEATH OF THE EXECUTIVE AND HIS SURVIVING SPOUSE, THE LOAN IS DUE AND THE ORGANIZATION RECOVERS ITS OUTLAYS. THE \$6.1 MILLION THAT SHOWS AS AMOUNT DUE IS THE CASH SURRENDER VALUE.

CASD WORKS AS FOLLOWS: IN 2011, THE ORGANIZATION PURCHASED INSURANCE WHICH IS OWNED BY THE EXECUTIVE. THE EXECUTIVE COLLATERALLY ASSIGNED A PORTION OF THE DEATH BENEFITS PAYABLE UNDER THE POLICY(S) TO THE ORGANIZATION IN AN AMOUNT EQUAL TO THE COST OF THE INSURANCE PAID BY THE ORGANIZATION. ONCE THE EXECUTIVE FULFILLED THE SERVICE REQUIREMENTS SET FORTH IN THE AGREEMENT BETWEEN THE EXECUTIVE AND THE ORGANIZATION, THE EXECUTIVE CAN BORROW AGAINST THE POLICY UNDER THE TERMS AND CONDITIONS SET FORTH IN THE AGREEMENT. THESE BORROWINGS BY THE EXECUTIVE UNDER THE POLICY ARE DESIGNED TO SUPPLEMENT THE EXECUTIVE'S RETIREMENT BENEFITS PAYABLE BY THE ORGANIZATION.

AT DEATH, THE LOANS OUTSTANDING TO THE INSURANCE COMPANY ARE PAID, AND THE ORGANIZATION RECEIVES THE COLLATERALLY ASSIGNED DEATH BENEFITS WHICH ARE EQUAL TO THE COST OF THE INSURANCE. TO THE EXTENT THAT THE DEATH BENEFITS ARE GREATER THAN THE LOAN REPAYMENT AND PAYMENT OF PREMIUM COST TO THE ORGANIZATION, THE EXCESS DEATH BENEFITS ARE DIVIDED AMONG THE EXECUTIVE'S ESTATE AND THE ORGANIZATION AS PROVIDED BY THE

Part V. Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

AGREEMENT.

THIS CASD AGREEMENT WAS ENTERED INTO IN 2011. IT CANCELLED ANY RIGHT
THE EXECUTIVE HAD TO RECEIVE BENEFITS UNDER THE SUPPLEMENTAL RETIREMENT
AGREEMENT THAT HE AND THE ORGANIZATION ENTERED INTO IN 2006. THE
EXECUTIVE SERVICE REQUIREMENTS UNDER THE AGREEMENT WERE COMPLETED IN
2015, AND NO ADDITIONAL INSURANCE HAS BEEN PURCHASED BY THE
ORGANIZATION SINCE THEN.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2017

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- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

PRISMA HEALTH-UPSTATE

Employer identification number

81-1723202

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	6	129,864.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		X
31		X
32a		X
33		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2017

Supplemental Information.

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Open to Public
Inspection

Name of the organization

PRISMA HEALTH-UPSTATE

Employer identification number
81-1723202

FORM 990, PART VI, SECTION A, LINE 6:

THE SOLE MEMBER IS PRISMA HEALTH.

FORM 990, PART VI, SECTION A, LINE 7A:

THE SOLE MEMBER, PRISMA HEALTH, SELECTS THE BOARD MEMBERS AND HAS THE POWER
TO REMOVE ANY DIRECTOR AT ANY TIME.

FORM 990, PART VI, SECTION A, LINE 7B:

THE SOLE MEMBER, PRISMA HEALTH, HAS THE AUTHORITY WITH RESPECT TO THE
FOLLOWING MATTERS:

1. APPROVE ANY AMENDMENT OR CHANGE TO THE ARTICLES OF INCORPORATION OR ANY
CORRELATIVE DOCUMENT OF THE CORPORATION AS TO WHICH THE APPROVAL OF THE
CORPORATION IS REQUIRED IN CONNECTION WITH SUCH AMENDMENT OR CHANGE, IN
EACH CASE ABOVE TO THE EXTENT SUCH AMENDMENT OR CHANGE IS INTENDED TO OR
WOULD ABROGATE OR DIMINISH IN ANY WAY OR OTHERWISE ELIMINATE THE RIGHTS AND
PRIVILEGES OF PRISMA HEALTH;

2. APPROVE ANY AMENDMENT OR CHANGE TO, OR THE REPEAL OF, THE BYLAWS OF THE
CORPORATION IS REQUIRED IN CONNECTION WITH SUCH AMENDMENT, CHANGE, OR
REPEAL, IN EACH CASE ABOVE TO THE EXTENT SUCH AMENDMENT OR CHANGE IS
INTENDED TO OR WOULD ABROGATE OR DIMINISH IN ANY WAY OR OTHERWISE ELIMINATE
THE RIGHTS AND PRIVILEGES OF PRISMA HEALTH

3. INITIATE ANY MERGER OR CONSOLIDATION, OR THE DISSOLUTION, CONVERSION, OR
LIQUIDATION OF (INCLUDING ANY BANKRUPTCY FILING OR INSOLVENCY PROCEEDING

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization

PRISMA HEALTH-UPSTATE

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81-1723202

BY) THE CORPORATION;

4. INITIATE THE DISSOLUTION, CONVERSION, OR LIQUIDATION OF (INCLUDING ANY BANKRUPTCY FILING OR INSOLVENCY PROCEEDING BY) THE CORPORATION;

5. SUBJECT TO ARTICLE III BELOW, APPOINT OR REMOVE THE POST-CLOSING CORPORATION DIRECTORS, WITH OR WITHOUT CAUSE;

6. INITIATE THE ESTABLISHMENT OF ANY NEW MATERIAL ACADEMIC AFFILIATION BY THE CORPORATION;

7. INITIATE THE PARTICIPATION, DIRECTLY OR INDIRECTLY, IN ANY JOINT VENTURE OR JOINT ENTERPRISE WITH ONE OR MORE THIRD PARTIES, OR APPROVE THE PARTICIPATION, DIRECTLY OR INDIRECTLY, IN SUCH A TRANSACTION TO THE EXTENT IT MAY FALL OUTSIDE THE PARAMETERS FOR ENTRY INTO SUCH TRANSACTIONS ESTABLISHED BY PRISMA HEALTH;

8. ON CONSULTATION WITH THE CORPORATION, DEVELOP THE OPERATING AND CAPITAL BUDGETS AND FORECASTS APPLICABLE TO THE CORPORATION, AND MONITOR THE STATUS OF, AND HOLD IT ACCOUNTABLE FOR ITS PERFORMANCE RELATIVE TO, ITS BUDGET OR FORECAST, AS APPLICABLE;

9. ON CONSULTATION WITH THE CORPORATION, DEVELOP THE STRATEGIC, FINANCIAL, CAPITAL, AND OPERATING PLANS APPLICABLE TO THE CORPORATION AND MONITOR THE STATUS OF, AND HOLD IT ACCOUNTABLE FOR ITS PERFORMANCE RELATIVE TO, ITS STRATEGIC, FINANCIAL, CAPITAL, AND OPERATING PLANS;

10. EXERCISE OVERSIGHT OVER MANAGEMENT OF AND POLICIES WITH RESPECT TO, AND

Name of the organization

PRISMA HEALTH-UPSTATE

Employer identification number

81-1723202

INITIATE THE SALE OF OR ANY LIEN ON, THE REAL OR PERSONAL PROPERTY ASSETS
(OR ANY INTEREST THEREIN) OF THE CORPORATION;

11. APPROVE THE PARTICIPATION, DIRECTLY OR INDIRECTLY, BY THE CORPORATION
IN A SALE OR LIEN TRANSACTION, TO THE EXTENT SUCH TRANSACTION MAY FALL
OUTSIDE THE PARAMETERS FOR ENTRY INTO SUCH TRANSACTIONS WITHOUT THE PRIOR
APPROVAL PRISMA HEALTH;

12. INITIATE THE INCURRENCE OF ANY INDEBTEDNESS, ANY OPERATING OR CAPITAL
EXPENDITURE, OR ANY INVESTMENT IN (INCLUDING ANY LOAN TO) ANY THIRD PARTY,
BY THE CORPORATION, IN EACH CASE TO THE EXTENT THE SAME IS NOT INCLUDED IN
AN APPROVED BUDGET OR FORECAST OR OTHER ACTION TAKEN BY PRISMA HEALTH
APPLICABLE TO THE CORPORATION;

13. CAUSE OR DIRECT THE PAYMENT, LOAN OR TRANSFER TO PRISMA HEALTH OF SUCH
FUNDS, AND IN SUCH AMOUNTS, AS PRISMA HEALTH SHALL DETERMINE FROM TIME TO
TIME, FROM THE CORPORATION; AND

14. TO THE EXTENT NOT EXPRESSLY SET FORTH ABOVE, DIRECT OR REQUIRE THAT THE
CORPORATION TAKE ANY OTHER LAWFUL ACTS OR ACTIONS WITH RESPECT TO SUCH
ENTITY'S BUSINESS, AFFAIRS, MANAGEMENT, PROPERTIES, OR ACTIVITIES AS PRISMA
HEALTH SHALL DETERMINE FROM TIME TO TIME.

FORM 990, PART VI, SECTION B, LINE 11B:

THE RETURN WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM WITH ASSISTANCE
AND OVERSIGHT BY MANAGEMENT. THE RETURN WAS REVIEWED BY MANAGEMENT AND
IN-HOUSE LEGAL COUNSEL PRIOR TO FILING WITH THE IRS. IN ADDITION, A COPY OF
THE RETURN WAS PROVIDED TO THE PRISMA HEALTH FINANCE AUDIT AND COMPLIANCE

Name of the organization

PRISMA HEALTH-UPSTATE

Employer identification number

81-1723202

COMMITTEE PRIOR TO FILING.FORM 990, PART VI, SECTION B, LINE 12C:

THE DIRECTORS AND OFFICERS ARE REQUIRED TO DISCLOSE ON AN ANNUAL BASIS ANY CONFLICTS OF INTEREST. THESE ARE REVIEWED BY THE CORPORATE COMPLIANCE AND LEGAL DEPARTMENTS OF PRISMA HEALTH-UPSTATE. ADDITIONALLY, CORPORATE COMPLIANCE COMPARES ANNUAL DISCLOSURES BY EMPLOYED PHYSICIANS TO THOSE DISCLOSED BY VENDORS THROUGH THE OPEN PAYMENTS SYSTEM. ANY EXCEPTIONS ARE REVIEWED AND COMMUNICATED TO THE CONFLICT OF INTEREST COMMITTEE AND THE DEPARTMENT CHAIRPERSON.

FORM 990, PART VI, SECTION B, LINE 15:

PRISMA HEALTH IS RESPONSIBLE FOR ESTABLISHING THE COMPENSATION PHILOSOPHY. AS PART OF THIS UNDERTAKING, THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OF PRISMA HEALTH, WHICH IS COMPOSED SOLELY OF INDEPENDENT DIRECTORS OF PRISMA HEALTH, SETS THE COMPENSATION PAYABLE TO THE EXECUTIVES AND MANAGEMENT LEADERS EMPLOYED BY PRISMA HEALTH AND ITS RELATED ORGANIZATIONS WHO ARE CONSIDERED AS DISQUALIFIED PERSONS IN ACCORDANCE WITH SECTION 4958 OF THE CODE AND THE APPLICABLE COMPENSATION PHILOSOPHY TO MANAGERS, DIRECTORS, AND EMPLOYEES. THIS PROCESS OF INDEPENDENT ESTABLISHMENT AND REVIEW OF COMPENSATION BY THE PARENT ORGANIZATION OR THE SYSTEM IS CONSISTENT WITH THAT UTILIZED BY THE MAJORITY OF LARGE, MULTI-INSTITUTIONAL HEALTHCARE SYSTEMS. THE EXECUTIVE COMPENSATION COMMITTEE UTILIZES AN EXPERT INDEPENDENT COMPENSATION CONSULTANT RETAINED BY THE COMMITTEE TO PROVIDE AND EVALUATE COMPENSATION BASED ON COMPARABILITY DATA, MARKET CONDITIONS, COMPETITION FOR TALENT, AND OTHER SIGNIFICANT FACTORS. BASE COMPENSATION, VARIABLE INCENTIVE COMPENSATION, AND BENEFITS ARE ALL ESTABLISHED AND SET AFTER REVIEW BY THE

Name of the organization

PRISMA HEALTH-UPSTATE

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81-1723202

COMMITTEE OF THIS DATA AND THE PERFORMANCE OF THE ORGANIZATION, AND REPORTS FROM THE INDEPENDENT CONSULTANT ARE INCLUDED IN THE MINUTES OF THE DELIBERATION BY THE COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION MAKES ITS FORM 990 AND FORM 1023 AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

MEDICAL SERVICES:

PROGRAM SERVICE EXPENSES	75,642,842.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	75,642,842.

TEACHING SERVICES:

PROGRAM SERVICE EXPENSES	24,392,268.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	24,392,268.

OTHER PROFESSIONAL SERVICES:

PROGRAM SERVICE EXPENSES	1,536,959.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.

Name of the organization

PRISMA HEALTH-UPSTATE

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81-1723202

TOTAL EXPENSES 1,536,959.

PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES 116,985,066.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 116,985,066.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 218,557,135.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

EQUITY TRANSFERS 726,474,659.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

FORM 990, PART VII, SECTION B:

THE IMAG MANAGEMENT SERVICE AGREEMENT (MSO) IS AN INDEPENDENT CONTRACTOR RELATIONSHIP WHERE PRISMA HEALTH-UNIVERSITY MEDICAL GROUP PURCHASES ALL NON-MD STAFFING THAT SUPPORTS IMA PROVIDERS. BECAUSE IMA DOES HAVE MD SPECIALISTS AS WELL, IT ALSO HAS BEEN ALLOWED TO PURCHASE ITS PRACTICE PLAN SUPPLIES NEEDED FOR ITS RHEUMATOLOGY PATIENTS. THERE IS ALSO AN ADMINISTRATIVE DOLLAR AMOUNT PER YEAR THAT IS PROVIDED TO IMAG AS THE MANAGEMENT FEE TO OVERSEE ITS NON-MD PORTION OF PRACTICE. PRISMA HEALTH-UNIVERSITY MEDICAL GROUP DOES NOT HAVE ITS OWN DISBURSEMENT CASH ACCOUNT; THEREFORE, ALL PAYMENTS TO IMA ARE MADE BY PRISMA HEALTH-UPSTATE.

**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.

OMB No. 1545-0047

2017

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▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

PRISMA HEALTH-UPSTATE

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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
PRISMA HEALTH UPSTATE NETWORK - 46-5600615					
300 E MCBEE AVE #502					
GREENVILLE, SC 29601	HEALTHCARE PROVIDERS	SOUTH CAROLINA	14,534,924.	6,276,989.	PRISMA HEALTH-UPSTATE
HEALTH SCIENCES CENTER, LLC - 81-3261019					
300 E MCBEE AVE #502					
GREENVILLE, SC 29601	HEALTHCARE PROVIDERS	SOUTH CAROLINA	0.	0.	PRISMA HEALTH-UPSTATE

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
PRISMA HEALTH - 82-2595551							
300 EAST MCBEE AVENUE, SUITE 302				LINE 12C,			
GREENVILLE, SC 29601	HEALTHCARE	SOUTH CAROLINA	501(C)(3)	III-FI	N/A		X
PRISMA HEALTH-MIDLANDS - 58-2296052							
PO BOX 2266							
COLUMBIA, SC 29202	HOSPITAL	SOUTH CAROLINA	501(C)(3)	LINE 3	PRISMA HEALTH		X
PRISMA HEALTH TUOMEY - 47-4914917							
129 NORTH WASHINGTON STREET							
SUMTER, SC 29150	HOSPITAL	SOUTH CAROLINA	501(C)(3)	LINE 3	PRISMA HEALTH-MIDLANDS		X
PRISMA HEALTH-UNIVERSITY MEDICAL GROUP -							
57-1004971, 300 EAST MCBEE AVENUE, SUITE							
302, GREENVILLE, SC 29601	PHYSICIAN PRACTICES	SOUTH CAROLINA	501(C)(3)	LINE 12B, II	PRISMA HEALTH-UPSTATE		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
RADIATION ONCOLOGY - 36-4542465, 7 RICHLAND MEDICAL PARK ROAD, COLUMBIA, SC 29203	HEALTHCARE	SC	N/A	N/A	N/A	N/A			N/A	N/A	N/A
CAROLINA HOME THERAPEUTICS - 57-0880120, 1528 UNION ROAD, GASTONIA, NC 28054	HEALTHCARE	CA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
EASLEY MRI, LLC - 57-1131117 PO BOX 2129 EASLEY, SC 29641	HEALTHCARE	SC	N/A	N/A	N/A	N/A			N/A	N/A	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
HEALTHSOURCE, INC. - 57-0938686 PO BOX 2266 COLUMBIA, SC 29202	HEALTHCARE	SC	N/A	C CORP	N/A	N/A	N/A		X
PHYSICIAN PRACTICE SERVICES, INC. - 57-1013538, PO BOX 2266, COLUMBIA, SC 29202	INACTIVE	SC	N/A	C CORP	N/A	N/A	N/A		X
HOME CARE RESOURCES, INC. - 57-0938656 PO BOX 2266 COLUMBIA, SC 29202	INACTIVE	SC	N/A	C CORP	N/A	N/A	N/A		X
PREMIER PRACTICE MANAGEMENT CAROLINAS - 36-4366595, PO BOX 2266, COLUMBIA, SC 29202	HEALTHCARE	SC	N/A	S CORP	N/A	N/A	N/A		X
GHC HEALTH RESOURCES, INC. - 57-1004941 300 EAST MCBEE AVENUE, SUITE 302 GREENVILLE, SC 29601	HEALTHCARE	SC	PRISMA HEALTH-UPSTATE	S CORP	122,921.	267,128.	100%		X

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Dividends from related organization(s)**g** Sale of assets to related organization(s)**h** Purchase of assets from related organization(s)**i** Exchange of assets with related organization(s)**j** Lease of facilities, equipment, or other assets to related organization(s)**k** Lease of facilities, equipment, or other assets from related organization(s)**l** Performance of services or membership or fundraising solicitations for related organization(s)**m** Performance of services or membership or fundraising solicitations by related organization(s)**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**o** Sharing of paid employees with related organization(s)**p** Reimbursement paid to related organization(s) for expenses**q** Reimbursement paid by related organization(s) for expenses**r** Other transfer of cash or property to related organization(s)**s** Other transfer of cash or property from related organization(s)**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)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions

Lined area for supplemental information.