### 68201

Form

Department of the Treasury Internal Revenue Service

## Returnof Organization Exempt From Inc., he Tax

Under section 50 , 527, or 4947(a)(1) of the Internal Revenue Code (exce<sub>k serious</sub> foundations)

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

2013 Open to Public Inspection

OMB No. 1545-0047

A	For th	he 2013 c	alendar year, or tax year beginning $10/01/13$ , and ending $09/30/14$		
В		applicable:	C Name of organization Sumter Regional Hospital	D Emple	oyer Identification number
	Address	change	Foundation, Inc.		
	Name ch	nanae	Doing Business As	58	-1607727
Н		_	Number and street (or P.O. box if mail is not delivered to street address)  Room/suite	E Teleph	hone number
	Initial ret	turn	126 Highway 280 West	22	9-924-6011
	Terminat	ted	City or town, state or province, country, and ZIP or foreign postal code		
	Amended	d return	Americus GA 31719-8645	G Gross rec	ceipts \$ 1,037,990
	Application	on pending	F Name and address of principal officer:		
	Application	on pending	Nyla Franklin	a group return for s	subordinates? Yes X No
				subordinates inclu	uded? Yes No
				No," allach a list	(see instructions)
1	Tax-exe	empt status:	X 501(c)(3) 501(c) ( ) ◀ (inserting.) 4947(a)(1) or 527		
J	Website	e: N	d m	exemption number	ar <b>&gt;</b>
ĸ	Form of	organization:	X Corporation Trust Association Other ▶ L Year of formation:	1984	M State of legal domicile: GA
F	art I	Su	mmary		150
3555100	1	Briefly des	scribe the organization's mission or most significant activities:	CARROY CLUST	- Independent of the control of the
ø		Supp	ort for medical & healthcare service of Phoebe Sumter Medic	al Cente	er,
anc anc		Inc.	and the Americus & Sumter County Hospital Authority.		
EL I			ranker transfer and a man a more results of the consistence of a more constant and a first of a first of the	nemara, norra-	***************************************
Š	2	Check this	box   if the organization discontinued its operations or disposed of more than 25% of its net ass	ets.	
త	3	Number o	f voting members of the governing body (Part VI, line 1a)	3	16
es	4	Number o	findependent voting members of the governing body (Part VI, line 1b)	4	16
viťi	5	Total num	ber of individuals employed in calendar year 2013 (Part V, line 2a)	5	0
Activities & Governance			ber of volunteers (estimate if necessary)	1 0 1	27
-	7a	Total unre	lated business revenue from Part VIII, column (C), line 12	7a	0
	b l	Net unrela	ted business taxable income from Form 990-T, line 34	7b	0
			Prior		Current Year
e	8 (	Contribution	CALLEGE PARKET OF FAMILIES AND A STATE OF A	04,499	129,330
Revenue	9 1	Program s	ervice revenue (Part VIII, line 2g)	05 005	0
Şev	10	Investmen	t income (Part VIII, column (A), lines 3, 4, and 7d)	35,307	28,204
Œ	11 (	Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
				39,806	157,534
	13 (	Grants and	d similar amounts paid (Part IX, column (A), lines 1–3)		15,559
			aid to or for members (Part IX, column (A), line 4)		0
es	15 8	Salaries, o	ther compensation, employee benefits (Part IX, column (A), lines 5–10)		0
penses	16a F	Profession	al fundraising fees (Part IX, column (A), line 11e) alsing expenses (Part IX, column (D), line 25) ▶ 11,898		0
Exp	b 1	Total funds	aising expenses (Part IX, column (D), line 25) ▶		1.60 5.00
ш			enses (Part IX, column (A), lines 11a–11d, 11f–24e)	44,777	163,522
			nses. Add lines 13–17 (must equal Part IX, column (A), line 25)	44,777	179,081
_ (0)	19 F	Revenue le	ess expenses. Subtract line 18 from line 12 5	95,029	-21,547 End of Year
Net Assets or Fund Balances	<b>20</b> T	Cotal accal	2.1	81,735	3,152,446
Sala			ion (Pod V line 26)	90	90
net/				81,645	3,152,356
THE RESERVE AND ADDRESS.	art II	004	nature Block	01,010	<u> </u>
-			rjury, I declare that I have examined this return, including accompanying schedules and statements, and to the I	and of my know	wlodge and helief it is
	0-000-000 00000000000000000000000000000	en house of transfer to the second section	uplete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled	The state of the s	Wedge and belief, it is
		<b>N</b>			
Sig	n I	Sign	nature of officer	Date	
Her		N.	Randy Jones Chairman		
1101	۱		e or print name and title		
			reparer's name Proprier's signature Date	. Check	X if PTIN
Paid			s. Wright Shung S. Wright 51	1   self-emp	
Prep		Firm's name	Draffin & Tucker	Firm's EIN	58-0914992
Use		riiii a name			ONT
		Firm's ad co	LO Kiban P G BILOR I 109 I NS PRO	Phone no	<b>22</b> 9- <b>3</b> 83-7878
May	the IRS	100000	his return with the preparer shown above? (see instructions)		X Yes No

6820	A		
<b>**</b> *******	000 100	Sumton Borianal anital E0 1605 47	D
	n 990 (201 <b>art III</b>	Sumter Regional Auspital 58-1607.27 Statement of Program Service Accomplishments	Page
	art 111	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly d	escribe the organization's mission:	
	Suppo	rt for medical & healthcare service of Phoebe Sumter Medical C and the Americus & Sumter County Hospital Authority.	Center,
	8 a (6-4-9-4-3-4		
2	prior For	organization undertake any significant program services during the year which were not listed on the m 990 or 990-EZ?  describe these new services on Schedule O.	Yes X No
3		organization cease conducting, or make significant changes in how it conducts, any program	Yes X No
4	Describe expense	describe these changes on Schedule O.  the organization's program service accomplishments for each of its three largest program services, as measured by s. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, expenses, and revenue, if any, for each program service reported.	
4a F	(Code:	)(Expenses \$ 142,827 including grants of \$ 15,559 ) (Revenue \$ cial support for Phoebe Sumter Medical Center, Inc. and the American County Hospital Authority.	nericus &
L.	unicei	County Hospital Authority.	
	1013113313		
	5.0000000	ECONOMICO DO TRADO ESTA ESTA O TOTA DO TRADO DE PARTA DE P	
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	1	на на принципанти в размения и принципанти в принципанти в принципанти в принципанти в принципанти в принципант	*******
41-	(0 - 1 -	\(\sigma \)	
40	(Code:	) (Expenses \$ including grants of \$ ) (Revenue \$	CONTRACTOR CONTRACTOR
	* protesta		3-11-12-11-12-12-13-13-13-13-13-13-13-13-13-13-13-13-13-
	1 (111)		
	* 100000		***********
	4		********
	* 11.1.4.4.1		*********
	* 1919254		
	* contract		
4c	(Code:	) (Expenses \$ including grants of \$ ) (Revenue \$	)
			A STATISTICAL PROPERTY.
	e erroren		
		5201141-10-20-2120141-10-20-20-0-31011413-0-20-20-20-20-20-20-20-20-20-20-20-20-2	
			The second secon

## 4d Other programser (Expenses

4e Total program service expenses ▶

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

If "Yes" to line 20a, die the

Part IV Checklist of Required Schedules (continued) Yes No 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States 22 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 23 employees? If "Yes," complete Schedule J 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 24a through 24d and complete Schedule K. If "No," go to line 25a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b 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 so, complete Schedule L, Part II X 26 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 27 entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 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): X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Schedule L. Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Χ 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X 32 complete Schedule N. Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 35b controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable X related organization? If "Yes," complete Schedule R, Part V, line 2 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, X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and X 38 19? Note. All Form 990 filers are required to complete Schedule O

# FOR PUBLIC INSPECTION Form 990 (2013)

-	Check if Schedule O contains a response or note to any line in this Part \	/		S (/11/14/14/14/14/14/14/14/14/14/14/14/14/	1	1
4-	Enterthe number consisted in Day 2 of Ferry 4000 Fates 0. Wast southerful.	14.	0		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 1b	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	10	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			1c		
20	reportable gaming (gambling) winnings to prize winners?	1				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	20	0			
b	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0	2b		000000000000000000000000000000000000000
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns.	10.000		rate de la companya della companya della companya de la companya della companya d		
За	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			3a	***********	X
b	Did the organization have unrelated business gross income of \$1,000 or more during the year?  If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			26	1	21
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other aut			38	+	1
70	over, a financial account in a foreign country (such as a bank account, securities account, or other finan					
	account()			4a		X
b	If "Voo" extend the name of the foreign any other transfer in the contract of					
U	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Ac			******		
5a				5a	\$100,000,000,000	X
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction				1	X
	Market W. No. of the Co. of the C			1.000.000		21
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	*****	and and a single state state of the	50		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			6a		X
b	organization solicit any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions					21
D	affection and the description of			6b		
7	Organizations that may receive deductible contributions under section 170(c).		0.0000000000000000000000000000000000000	-11		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo	de				
a				7a		X
b	If "Ver " did the consistion with the description of the description o			7h		2.2
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		. 1			
C				7c		X
d	required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year	7d				23
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contri			7e	#5#5#58080	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		required?	7g		21
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	i ilic a i	01111 1030-01			
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			8	600000000000000000000000000000000000000	
	Sponsoring organizations maintaining donor advised funds.					
	Did the aggregation make any toucht, distributions and a setting 40000			9a	(\$0000000000	40400000
	Did the organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advisor, or related person?			F F F F F F F F		
	Section 501(c)(7) organizations. Enter:	0010000				
	latitation for and angle ( and the first test and t	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	Section 501(c)(12) organizations. Enter:	100				
	Cross income from members or characteristics	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10			12a	59646969666	10000000
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
	Section 501(c)(29) qualified nonprofit health insurance issuers.	120				
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			115111		
	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				
	Enter the amount of reserve on hand DIIDT TO TNOD	136	TIME			
	Enter the amount of receive on hand DIJBTTC TNSP	L		U INa		Х
	f "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	A 1 + 1 2 2 4 + 4		14h		

Form 990 (2013) Sumter Regional mospital 58–1607,27

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

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

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	16			
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?		e de la companya de	2		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?			5		X
6	Did the organization have members or stockholders?			6		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?		Green concerns	7a	X	
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year b	y the fo	llowing:			
a	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					5.7
C	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Interr	ial Ke	venue C	ode.)		A 2 3 5
100	Did the experientian have level shouters business on affiliate O			10-	Yes	No X
10a	Did the organization have local chapters, branches, or affiliates?			10a		Λ
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			406		
14.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		Х
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	torm?	4 = 4 + 1 + 1 + 1 + 1	11a		_^
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			40-		Χ
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	on flict		12a 12b		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	COMMOL	557	120		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done			12c		
3	Did the organization have a written which believes policy?			13		X
4	Did the organization have a written document retention and destruction policy?			14		X
5	Did the process for determining compensation of the following persons include a review and approval by			1.7		
5	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a	Citizen (N)	Χ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?	i va bewe		16b		
Sect	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed ▶ GA					
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(	3)s ont	y)	e sa ke e e e e	******	51555
	available for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain in Schedule O)					
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po	olicy, ar	nd			
	financial statements available to the public during the tax year.					
0	State the name physical address, and telepione number of the person who possesses the posts and piccuts of the	Ш.	T O	M		
	organization - Michelie Doggett - 12 12 1191way 200 West	٠ ــــــــــــــــــــــــــــــــــــ		TA		

Americus

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

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

X

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 organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	hours for related organizations below dolted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organizalion (W-2/1099-MISC)	(W-2/1099-MISC)	rrom the organization and related organizations	
(1) Faith Pinnell	1.00										
Director	0.00	Х						0	0	0	
(2) Rosie Burroughs,	DMD										
Director	1.00	Х						0	0	0	
(3) Billie Gatewood	0.00	21						O	0	0	
Director	1.00	X						0	0	0	
(4) Leon Holloway	1 00										
Director	1.00	Χ						0	0	0	
(5) Lara Gill	1.00										
Director	1.00	Х						0	0	0	
(6) Jean Wheeler											
Director	1.00	Х						0	0	0	
(7) William Harris,	Sr.										
Director	1.00	Х						0	0	0	
(8) Rick Whaley	1.00										
Director		X						0	0	0	
(9) Peggy Minor							1				
Director	1.00	Х						0	0	0	
(10) Randy Jones	1 00										
Chairman	1.00	X		X				0	0	0	
(11) April DROR	PU	B	3]		I	C	,	INSP	ECTI	ON	
Director	* * * * * * * * * * * * * * * * * * * *	Х						0	0	0	

DAA

Part VII Section A. Officers	s, Directors, T.	ee،	s, K	ey E	mple	oyee	s, ar	nd Highest Compensated	loyees (continued)	
(A) Name and title	(B) Average hours per week (list any hours for	bo	ox, un fficer	Pos check less pe and a c	erson	than dis both	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(12) Brian Simmons	1.00									
Director (13) Charles S. Pryon	0.00	X						0	0	0
Director	1.00	X						0	0	0
(14) Kitty Mays								0		
Director (15) Mark Minick	1.00	X						0	0	0
	1.00									
Oirector (16) Laurie Hair	0.00	X						0	0	0
Interim PSMC CEO	1.00	X		Х				0	0	0
(17) John Harding	1.00									
Interim PSMC CEO (18) Nyla Franklin	50.00	Х		Х			-	0	0	0
Foundation Director	20.00			Х				0	71,621	18,200
(19)										
1b Sub-total		Ш							71,621	18,200
c Total from continuation shee							-			
d Total (add lines 1b and 1c)  Total number of individuals (increportable compensation from t	and the second s		-	ose li	sted	abov	ve) w	/ho received more than \$10	71,621 00,000 in	18,200
3 Did the organization list any for	mer officer, direc	ctor, c	or tru	stee	, key	emp	loye	e, or highest compensated		Yes No
employee on line 1a? If "Yes," of any individual listed on line organization and related organization.	1a, is the sum of zations greater th	repo an \$	rtabl 150,	e cor 000?	mpei If "Y	nsatio 'es,"	on ar	nd other compensation from plete Schedule J for such	the	3 X
individual  5 Did any person listed on line 1a for services rendered to the org	receive or accru	e cor	nper	isatio	on tro	om ai	ny ur	related organization or indi	vidual	5 X
Section B. Independent Contractor	s									
Complete this table for your five compensation from the organization.	ation. Report com							ear ending with or within th	e organization's tax year.	
Name and t	(A) pusiness address					-		Description	(B) on of services	(C) Compensation
	-		_			+				
		_	_				_			
FOR	PU	B	I	J.	L	C	,	INSP	ECTI	NC
2 Total number of independent correceived more than \$100,000 of							se lis	ted above) who	0	

46500		VIII State Check	<b>ment of Reve</b> i k if Schedule C	contain	s a response	or note to any line	in this Part VIII	preistrice manifestation	******
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1 1	a Federated ca	mpaigns	1a					
Gran	5	b Membership	dues	1b					
ts,		c Fundraising e	vents	1c					
Giff	9	d Related organ	nizations	1d		4			
LIS.	(	e Government grants		1e					
Contributions, Giffs, Grants		f All other contribution	ns, gifts, grants, s not included above		100 00				
E			L	1f	129,33	<u>U</u>			
LON			ons included in lines 1a-1fes 1a-1f	. 41 4 - 5 - 6		129,330			
9	-	i Total. Add lini	es ia-ii		Busn. Code				
Program Service Revenue	22	a			Bush. Code				
Rev	1	**********	***********	*********	45037		-		
<u>ce</u>									
Serv		_							
am	e	2			* 2 *				
ogr	1		am service revenu						
4	g	Total. Add line	es 2a-2f	V21.611.112.12					<u>.</u>
	3	Investment inc	ome (including div	idends, inte	erest,				
		and other simi	lar amounts)			33,546			33,546
	4	Income from in	vestment of tax-ex	xempt bond	d proceeds 🕨				
	5	Royalties							
			(i) Real		(ii) Personal				
	6a	Gross rents							
	b	and the same of th				4			
	С	, , , ,	TO ALCOHOLD SECTION IN						
	d 7a	Net rental inco Gross amount from							
	,	sales of assets	(i) Securities		(ii) Other				
		other than inventory	875,1	.14		-			
	D	Less: cost or other	0.00 - 4	5.0					
		basis & sales exps.	880,4			-			
		Gain or (loss)	-5,3			E 242			5 242
			ss)			-5,342			-5,342
en l	va		0						
Other Revenue		of contributions re	eported on line 1c).	**					
8			18	a					
her	b	Less: direct ext	penses	b					
ō			loss) from fundrais						
			m gaming activities.	2.01110	TAXABLE T				
1		See Part IV, line	7.1	a					
	b		enses	b					
			loss) from gaming	activities	Augustanas 🕨				
		Gross sales of							
		returns and allo	wances	а			E Minis		
	b	Less: cost of go		b					
	С	Net income or (	loss) from sales of	inventory .				A THE CONTRACT OF THE CONTRACT	
		Miso	ellaneous Revenue		Busn. Code			The state of the s	
	11a								
	b				o:				
	С								
		All other revenu			-				<b>*.</b>
		Total. Adding	1) H	$\mathbf{P}$	RIL	$C_{157}$	VS PH		)
	12	Total revenue.	See instructions.	- U		- V 157-1341		$\smile$ $\bot$ $\bot$	<b>L 1</b> 28,204

Form 990 (2013)

### 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 (B) Program service (A) Total expenses (D) Fundraising Do not include amounts reported on lines 6b. Management and 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to governments and 15,559 15,559 organizations in the U.S. See Part IV. line 21 Grants and other assistance to individuals in the U.S. See Part IV. line 22 Grants and other assistance to governments. organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes Fees for services (non-employees): Management Legal h Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees 12,456 12,456 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 127,268 148,061 10,397 10,396 Advertising and promotion 12 Office expenses 1,699 850 849 13 Information technology 14 15 Royalties 16 Occupancy 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 653 1,306 653 23 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.) d All other expenses 179,081 142,827 24,356 25 Total functional expenses. Add lines 1 through 24e 11,898 Joint costs. Complete this line only if the organization reported in Column 3) joint cost from a combine dieducatio all a tipaign and fundraising solicitation. Oneck here INSPECTION following SOP 98-2 (ASC 958-720)

Form 990 (2013)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 941,029 Cash—non-interest bearing 707,460 1 1 514,686 Savings and temporary cash investments 764,687 2 49,900 3 23,900 Pledges and grants receivable, net 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c 1,659,688 1,672,831 Investments—publicly traded securities 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 3,181,735 3,152,446 16 Total assets. Add lines 1 through 15 (must equal line 34)...... 16 Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, -iabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 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 25 Total liabilities. Add lines 17 through 25 90 90 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 547,181 Unrestricted net assets 573,098 2,508,957 2,505,585 Temporarily restricted net assets 99,590 Permanently restricted net assets 99,590 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 3,181,645 3,152,356 33 33 3,152,446 Total liabilities and net assets/fund balances Form 990 (2013)

## FOR PUBLIC INSPECTION

Schedule O.

the Single Audit Act and OMB Circular A-133?

820	4				
orn	1990 (2013) Sumter Regional Spital 58-160 27			Pa	age 1
10000	art 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	1	57,	534
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	79,	083
3	Revenue less expenses. Subtract line 2 from line 1	3	_	21,	54
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,1	81,	64.
5	Net unrealized gains (losses) on investments	5		-7,	742
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			
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
555500	33, column (B))	10	3,1	52,	356
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	na na mana an	distance and distance of	2015	
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	erester eres			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				SHERE CONTRACTOR
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

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.

Form 990 (2013)

3a

### SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Sumter Regional Hospital Foundation, Inc.

Employer Identification number 58-1607727

Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III–Functionally integrated d Type III-Non-functionally integrated [X] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? X 11g(i) (ii) A family member of a person described in (i) above? 11g(li) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (v) Did you notify (I) Name of supported (vi) Is the (II) EIN (iv) Is the organization (III) Type of organization (vII) Amount of monetary organization the organization in organization in col. (described on lines 1-9 in col. (i) listed in your support col. (i) of your (i) organized in the above or IRC section governing document? support? US? (see instructions)) Yes Yes Phoebe Sumter Medical Center, 26-3975185 15,559 X X X Sumter County Hospital Authority Americus 58-6000058 6 X X (C) (D) (E) Retice, settle instrument or IC INSPEC Schedule (Frm) 19

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.)

36	ction A. Public Support			nder.			
Cal	endar year (or fiscal year beginning in) ▶	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants,")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
_6_	Public support. Subtract line 5 from line 4.				1		
_	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is for the o	rganization's first,	second, third, fourt	h, or fifth tax year a	as a section 501(c)(	3)	
	organization, check this box and stop here						<b>&gt;</b>
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2013 (line 6,	column (f) divided b	y line 11, column (	(f))		14	%
15	Public support percentage from 2012 Sched	lule A, Part II, line 1	( a)			4.5	%
16a	33 1/3% support test—2013. If the organiz						
	box and stop here. The organization qualified	es as a publicly sur	ported organizatio	n			
b	33 1/3% support test—2012. If the organiz	ation did not check	a box on line 13 o	r 16a, and line 15 i	is 33 1/3% or more,		
	check this box and stop here. The organiza	tion qualifies as a p	oublicly supported of	organization			
17a	10%-facts-and-circumstances test-2013	3. If the organization	n did not check a b	ox on line 13, 16a,	or 16b, and line 14	is	
	10% or more, and if the organization meets	the "facts-and-circu	ımstances" test, ch	eck this box and s	top here. Explain i	n	
	Part IV how the organization meets the "fact organization		_				<b>&gt;</b> 🗌
b	10%-facts-and-circumstances test—2012	2. If the organization	n did not check a b	ox on line 13, 16a,	16b, or 17a, and lin	ne	
	15 is 10% or more, and if the organization m	eets the "facts-and	-circumstances" te	st, check this box	and stop here.		
	Explain in Part IV how the organization meet	s the "facts-and-cir	cumstances" test.	The organization of	jualifies as a publicl	у	Name of the last o
	supported organization						
8	Private foundation. If the organization did r	ot check a box on	line 13, 16a, 16b, 1	17a, or 17b, check	this box and see		-
	instructions				Participation of the state of t		<b>&gt;</b>

Schedule A (Form 990 or 990-EZ) 2013

## FOR PUBLIC INSPECTION

P		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

A .	ction A. Public Support	1				1	vav —
Cale	endar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)			220			
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	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						
2	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
3	Total support. (Add lines 9, 10c, 11,						
4	First five years. If the Form 990 is for the o organization, check this box and stop here					3)	<b>.</b> [
Sect	tion C. Computation of Public Su		ade				
5	Public support percentage for 2013 (line 8, c			7)		15	%
6	Public support percentage from 2012 Sched	ule A. Part III. line	, 10, coluinii (i 15	//		16	%
_	tion D. Computation of Investmen	t Income Perc	entage	************		10	
	Investment income percentage for 2013 (line			lumn (f))		17	%
	Investment income percentage from 2012 S						%
U	33 1/3% support tests—2013. If the organi		* * * * * * * * * * * * * *			A A U A A A A A A U U	
		Lucion did not onco					
9a	17 is not more than 33 1/3%, check this box						▶ [
9a		and stop here. The	e organization qual	ifies as a publicly	supported organiza	tion	

		3 Sumter Regional		58-1607727	Page 4
Part IV		<b>nformation.</b> Provide the explanules complete this part for any		line 10; Part II, line 17a or 17b; e instructions).	and
Supple	emental Info	rmation			
The fi	ling organi:	zation was organize	d, and at all t	imes shall be operat	ced,
to ser	ve the needs	s and interests of	Phoebe Sumter Me	edical Center (PSMC)	and
the Am	ericus & Sur	nter County Hospita	l Authority (Aut	thority). The filing	Limina
organi	zation shall	l have full power a	nd authority to	make grants and	
contri	butions and	otherwise to rende	r financial ass	istance and support	************
servic	es in furthe	erance of the progr	ams and activit	les of PSMC and the	10 (6 (6 (6 (6 (6 (6 (6 (6 (6 (6 (6 (6 (6
Author	ity.	e de l'illustration de la construction de la constr	antining timester (Entertaint)		*****
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ECCENTRACTORS	CHECKER PROPERTY AND ADDRESS.	*************			
		VII			
				***************************************	Trip (viceos)
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### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Nam	e of the organization		Employer identification number
	Sumter Regional Hospital		
12512725500	Foundation, Inc.		58-1607727
P	art I Organizations Maintaining Donor Advised Fu Complete if the organization answered "Yes" to	ands or Other Similar Funds or A	ccounts.
-	Complete if the organization answered Tes to	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		(b) Funds and other accounts
2	Total number at end of year  Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that		
٠	funds are the organization's property, subject to the organization's exclu		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in v		ASSESSMENT LINES LINES
	only for charitable purposes and not for the benefit of the donor or dono		
			Yes No
P	art II Conservation Easements.		A 10 10 10 10 10 10 10 10 10 10 10 10 10
	Complete if the organization answered "Yes" to I	Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check	all that apply).	
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically imp	ortant land area
	Protection of natural habitat	Preservation of a certified historic	structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conserv	vation contribution in the form of a conservat	ion
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure inclu	ded in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/0	6, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, exti	nguished, or terminated by the organization	during the
	tax year >		
4	Number of states where property subject to conservation easement is to	7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	
5	Does the organization have a written policy regarding the periodic monitor		
	violations, and enforcement of the conservation easements it holds? $_{\scriptscriptstyle{\alpha}}$		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	ng conservation easements during the year	
	Porthodorom		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing co	nservation easements during the year	
•	• \$		
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section 170(h)(4)(B)	□ Van □ Na
0			
9	In Part XIII, describe how the organization reports conservation easemer balance sheet, and include, if applicable, the text of the footnote to the or	,	
	organization's accounting for conservation easements.	gariization's imancial statements that descri	bes tile
Pa	rt III Organizations Maintaining Collections of Art,	Historical Treasures, or Other Si	milar Assets
515(195 <del>5</del> )	Complete if the organization answered "Yes" to F		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not	to report in its revenue statement and balan	ce sheet
	works of art, historical treasures, or other similar assets held for public ex	chibition, education, or research in furtherand	ce 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 re-	eport in its revenue statement and balance s	sheet
	works of art, historical treasures, or other similar assets held for public ex	chibition, education, or research in furtherand	ce of
	public service, provide the following amounts relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		****
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical treasures, or ot		the O 3 T
	following amounts required to be reported under SEAS 116 (ASC 95%) re	lating to these Nrs SPEC	' '  ( ) N
а	Revenues included m Form 950, Part VIII, line		
b	Assets included in Form 990, Part X		► S

3	Part III Organizations Maintainir	ig Collections of A	rt, Historical Tr	easures, or Othe	r Similar A	ssets	continue	d)(t
	Using the organization's acquisition, access collection items (check all that apply):	on, and other records, c	heck any of the follow	ing that are a significal	nt use of its			
			7					
	Public exhibition		oan or exchange prog					
	b Scholarly research	e 📋 C	ther			1.11		
	Preservation for future generations	. W			la Dad			
4	Provide a description of the organization's co	ollections and explain no	w they further the org	anization's exempt pur	pose in Part			
5		r receive denstions of ar	t historical transuras	or other similar				
J	assets to be sold to raise funds rather than t						Yes	
р	art IV Escrow and Custodial Ar		of the organizations t	collection?			163	
0.0000	Complete if the organization 990, Part X, line 21.		o Form 990, Part	t IV, line 9, or repo	orted an am	ount o	า Form	
1	a Is the organization an agent, trustee, custodi	an or other intermediary	for contributions or of	ther assets not				
							Yes	1
ł	o If "Yes," explain the arrangement in Part XIII	and complete the following	ng table:					
							Amount	
C	Beginning balance				1c			
C	Additions during the year				1d	-		
e	J					-		
f								
	a Did the organization include an amount on Fo		THE RESERVE OF THE PARTY OF THE PARTY OF THE PARTY.				Yes	N
	If "Yes," explain the arrangement in Part XIII.	Check here if the explar	ation has been provide	ded in Part XIII				
۳	art V Endowment Funds.		F 000 DI	N. / C 40				
_	Complete if the organizatio							
4.	5	(a) Current year	(b) Prior year	(c) Two years back	(d) Three year		(e) Four ye	
	Beginning of year balance	2,608,547	2,605,175	2,605,175	2,60	5,175	2,60	5,1
	Contributions		3,372					
С	Net investment earnings, gains, and							
	losses							
	Grants or scholarships							
e	Other expenditures for facilities and							
	programs	-3,372						
f	Administrative expenses							
g	End of year balance	2,605,175	2,608,547	2,605,175	2,60	5,175	2,60	5,17
2	Provide the estimated percentage of the curre	ent year end balance (line	e 1g, column (a)) held	as:				
	Board designated or quasi-endowment	%						
	Permanent endowment ► 3.82 %							
	# *   *   *   *   *   *   *	6.18 %						
С	The percentages in lines 2a, 2b, and 2c should	d equal 100%.						
		nian of the armonization t	hat are held and adm	inistered for the				
	Are there endowment funds not in the posses	sion of the organization t					Ye	-
	organization by:	3 Add and 1880 a 2 and 18 and					0 //1	
	organization by: (i) unrelated organizations	3 Add and 1880 a 2 and 18 and					3a(i)	
За	organization by: (i) unrelated organizations (ii) related organizations				201002110024110	Salah Palata	3a(ii)	
3а	organization by: (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organizations	listed as required on Sch	nedule R?		201002110024110	Salah Palata		
3a b	organization by:  (i) unrelated organizations  (ii) related organizations  If "Yes" to 3a(ii), are the related organizations  Describe in Part XIII the intended uses of the	listed as required on Sch organization's endowme	nedule R?		201002110024110	Salah Palata	3a(ii)	
3a b	organization by:  (i) unrelated organizations  (ii) related organizations  If "Yes" to 3a(ii), are the related organizations  Describe in Part XIII the intended uses of the late VI Land, Buildings, and Equi	listed as required on Sch organization's endowmen pment.	nedule R? nt funds.				3a(ii) 3b	X
Ba	organization by:  (i) unrelated organizations  (ii) related organizations  If "Yes" to 3a(ii), are the related organizations  Describe in Part XIII the intended uses of the	listed as required on Sch organization's endowmen pment.	nedule R? nt funds.				3a(ii) 3b	
Ba b	organization by:  (i) unrelated organizations  (ii) related organizations  If "Yes" to 3a(ii), are the related organizations  Describe in Part XIII the intended uses of the late VI Land, Buildings, and Equi	listed as required on Sch organization's endowmen pment.	nedule R? nt funds.	V, line 11a. See F			3a(ii) 3b	X
Ba b	organization by:  (i) unrelated organizations  (ii) related organizations  If "Yes" to 3a(ii), are the related organizations  Describe in Part XIII the intended uses of the organization  Land, Buildings, and Equi  Complete if the organization	listed as required on Schorganization's endowment pment. answered "Yes" to	nedule R? nt funds. Form 990, Part I	V, line 11a. See F	Form 990, F		3a(ii) 3b	X
Ba b	organization by:  (i) unrelated organizations  (ii) related organizations  If "Yes" to 3a(ii), are the related organizations  Describe in Part XIII the intended uses of the organization  Land, Buildings, and Equi  Complete if the organization	listed as required on Schorganization's endowment pment. answered "Yes" to (a) Cost or other basis	nedule R?  nt funds.  Form 990, Part I  (b) Cost or oth	V, line 11a. See F	Form 990, F		3a(ii) 3b	X
Ba b l Pa	organization by:  (i) unrelated organizations  (ii) related organizations  If "Yes" to 3a(ii), are the related organizations  Describe in Part XIII the intended uses of the organization  Land, Buildings, and Equi  Complete if the organization  Description of property	listed as required on Schorganization's endowment pment. answered "Yes" to (a) Cost or other basis	nedule R?  nt funds.  Form 990, Part I  (b) Cost or oth	V, line 11a. See F	Form 990, F		3a(ii) 3b	X
3a b	organization by:  (i) unrelated organizations  (ii) related organizations  If "Yes" to 3a(ii), are the related organizations  Describe in Part XIII the intended uses of the cirt VI Land, Buildings, and Equi  Complete if the organization  Description of property  Land  Buildings	listed as required on Schorganization's endowment pment. answered "Yes" to (a) Cost or other basis	nedule R?  nt funds.  Form 990, Part I  (b) Cost or oth	V, line 11a. See F	Form 990, F		3a(ii) 3b	X
b a b c	organization by:  (i) unrelated organizations  (ii) related organizations  If "Yes" to 3a(ii), are the related organizations  Describe in Part XIII the intended uses of the control of the organization of property  Land, Buildings, and Equinous Complete if the organization of property  Land	listed as required on Schorganization's endowment pment. answered "Yes" to (a) Cost or other basis	nedule R?  nt funds.  Form 990, Part I  (b) Cost or oth	V, line 11a. See F	Form 990, F		3a(ii) 3b	X
b a b c d e	organization by:  (i) unrelated organizations  (ii) related organizations  If "Yes" to 3a(ii), are the related organizations  Describe in Part XIII the intended uses of the cart VI Land, Buildings, and Equi  Complete if the organization  Description of property  Land  Buildings  Leasehold improvements	listed as required on Schorganization's endowmer pment. answered "Yes" to (a) Cost or other basis (investment)	Form 990, Part I  (b) Cost or oth (other)	V, line 11a. See F	Form 990, F		3a(ii) 3b	X

Part VII	Investments—Other Securities.  Complete if the organization answered "Yes" to		
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)		Cost or end-of-year market value
) Financial	derivatives		
	eld equity interests		
) Other	ASSESSMENT OF THE PROPERTY OF	*	
(A)			
(B)			
(C)			
(D)			
(E)		4)	
(F)			
(G)		n	
(H)	All made and Francisco Decision and All Control of the Control of		M. D.
Part VIII	in (b) must equal Form 990, Part X, col. (B) line 12.) ► Investments—Program Related.		
raic viii	Complete if the organization answered "Yes" to	Form 000 Part IV lin	ne 11c See Form 990 Part V line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation:
	(a) Description of Investment	(b) Book value	Cost or end-of-year market value
1)			
2)			
3)			
4)			
(5)			
6)			
(7)			
(7) (8) (9)			
(8) (9)	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶		
(8) (9)	Other Assets.		
(8) (9) otal. (Column		Form 990, Part IV, lin	ne 11d. See Form 990, Part X, line 15.
8) 9) otal. (Column Part IX	Other Assets.	Form 990, Part IV, lin	ne 11d. See Form 990, Part X, line 15.
8) 9) otal. (Column Part IX	Other Assets. Complete if the organization answered "Yes" to	Form 990, Part IV, lin	
8) 9) otal. (Column Part IX 1)	Other Assets. Complete if the organization answered "Yes" to	Form 990, Part IV, lin	
8) 9) otal. (Column Part IX 1) 2)	Other Assets. Complete if the organization answered "Yes" to	Form 990, Part IV, lin	
8) 9) otal. (Column Part IX 1) 2) 3)	Other Assets.  Complete if the organization answered "Yes" to	Form 990, Part IV, lin	
8) 9) otal. (Column Part IX  1) 2) 3) 4)	Other Assets.  Complete if the organization answered "Yes" to	Form 990, Part IV, lin	
8) 9) otal. (Column Part IX 1) 2) 3) 4) 5)	Other Assets.  Complete if the organization answered "Yes" to	Form 990, Part IV, lin	
8) 9) otal. (Column Part IX  1) 2) 3) 4) 5)	Other Assets.  Complete if the organization answered "Yes" to	Form 990, Part IV, lin	
8) 9) otal. (Column Part IX  1) 2) 3) 4) 5) 6) 7)	Other Assets.  Complete if the organization answered "Yes" to	Form 990, Part IV, lin	
19) potal. (Column Part IX  1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered "Yes" to  (a) Description	Form 990, Part IV, lin	(b) Book valu
(8) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (stal. (Column	Other Assets. Complete if the organization answered "Yes" to  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)	Form 990, Part IV, lin	
(8) (9) otal. (Column Part IX 1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" to (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.		(b) Book valu
8) 9) otal. (Column Part IX  1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Column	Other Assets. Complete if the organization answered "Yes" to  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" to		(b) Book valu
8) 9) otal. (Column Part IX  1) 2) 3) 4) 5) 6) 7) tal. (Column	Other Assets. Complete if the organization answered "Yes" to (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" to line 25.	Form 990, Part IV, lin	(b) Book valu
8) 9) otal. (Column Part IX  1) 2) 3) 4) 5) 6) 7) a) tal. (Column Part X	Other Assets. Complete if the organization answered "Yes" to  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" to line 25.  (a) Description of liability		(b) Book valu
8) 9) otal. (Column Part IX  1) 2) 3) 4) 5) 6) 7) tal. (Column Part X	Other Assets. Complete if the organization answered "Yes" to (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" to line 25.	Form 990, Part IV, lin	(b) Book valu
8) 9) otal. (Column Part IX  1) 2) 3) 4) 5) 6) 7) 3) btal. (Column Part X	Other Assets. Complete if the organization answered "Yes" to  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" to line 25.  (a) Description of liability	Form 990, Part IV, lin	(b) Book valu
8) 9) otal. (Column Part IX  1) 2) 3) 4) 5) 6) 7) al. (Column Part X	Other Assets. Complete if the organization answered "Yes" to  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" to line 25.  (a) Description of liability	Form 990, Part IV, lin	(b) Book valu
8) 9) otal. (Column Part IX  1) 2) 3) 4) 5) 6) 7) 3) btal. (Column Part X	Other Assets. Complete if the organization answered "Yes" to  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" to line 25.  (a) Description of liability	Form 990, Part IV, lin	(b) Book valu
8) 9) otal. (Column Part IX  1) 2) 3) 4) 5) 6) 7) B) otal. (Column Fart X	Other Assets. Complete if the organization answered "Yes" to  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" to line 25.  (a) Description of liability	Form 990, Part IV, lin	(b) Book valu
8) 9) otal. (Column Part IX  1) 2) 3) 4) 5) 6) 7) stal. (Column Part X	Other Assets. Complete if the organization answered "Yes" to  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" to line 25.  (a) Description of liability	Form 990, Part IV, lin	(b) Book valu
8) 9) otal. (Column Part IX  1) 2) 3) 4) 5) 6) 7) 3) 9) tal. (Column art X	Other Assets. Complete if the organization answered "Yes" to  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" to line 25.  (a) Description of liability	Form 990, Part IV, lin	(b) Book valu
8) 9) otal. (Column Part IX  1) 2) 3) 4) 5) 6) 7) B) otal. (Column Fart X	Other Assets. Complete if the organization answered "Yes" to  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" to line 25.  (a) Description of liability	Form 990, Part IV, lin	(b) Book valu
8) 9) otal. (Column Part IX  1) 2) 3) 4) 5) 6) 7) 3) 0) tal. (Column Part X   ) Federal in 0) 0) 1) 1) 1) 1)	Other Assets. Complete if the organization answered "Yes" to (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" to line 25.  (a) Description of liability ncome taxes	Form 990, Part IV, lin	(b) Book valu

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Part XII

2

Schedule D (Form 990) 2013

edule D (Form 990) 2013 Sumter Regional Hospita.	1	8-1607727	Page 4
art XI Reconciliation of Revenue per Audited Financial	Statements With Reve	enue per Return.	
Complete if the organization answered "Yes" to Forr			
Total revenue, gains, and other support per audited financial statements		1	
Amounts included on line 1 but not on Form 990, Part VIII, line 12:	6 1		
Net unrealized gains on investments	2a		
Donated services and use of facilities	2b		
Recoveries of prior year grants	2c		
Other (Describe in Part XIII.)	2d		
Add lines 2a through 2d		2e	
Subtract line 2e from line 1		3	
Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
Investment expenses not included on Form 990, Part VIII, line 7b	4a		
The state of the s	and the second s		
Other (Describe in Part XIII.)	4b	4c	
Other (Describe in Part XIII.)	4b	4c 5	
Other (Describe in Part XIII.) Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	4b	5	
Other (Describe in Part XIII.)  Add lines 4a and 4b  Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12  art XII  Reconciliation of Expenses per Audited Financia		penses per Return.	
Other (Describe in Part XIII.)  Add lines 4a and 4b  Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12  art XII Reconciliation of Expenses per Audited Financia  Complete if the organization answered "Yes" to Forn	.)  I Statements With Exp n 990, Part IV, line 12a.	penses per Return.	
Other (Describe in Part XIII.) Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12  Int XII Reconciliation of Expenses per Audited Financia Complete if the organization answered "Yes" to Form  Total expenses and losses per audited financial statements	.)  I Statements With Exp n 990, Part IV, line 12a.	penses per Return.	
Other (Describe in Part XIII.)  Add lines 4a and 4b  Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12  Int XII Reconciliation of Expenses per Audited Financia  Complete if the organization answered "Yes" to Form  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:	.)  I Statements With Exp n 990, Part IV, line 12a.	penses per Return.	
Other (Describe in Part XIII.)  Add lines 4a and 4b  Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12  Int XII Reconciliation of Expenses per Audited Financia  Complete if the organization answered "Yes" to Form  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	.)  I Statements With Exp n 990, Part IV, line 12a.	penses per Return.	
Other (Describe in Part XIII.)  Add lines 4a and 4b  Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12  Int XII Reconciliation of Expenses per Audited Financia  Complete if the organization answered "Yes" to Form  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments	J Statements With Exp 1 990, Part IV, line 12a.	penses per Return.	
Other (Describe in Part XIII.) Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Int XII Reconciliation of Expenses per Audited Financia Complete if the organization answered "Yes" to Form Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	J Statements With Exp n 990, Part IV, line 12a.	penses per Return.	
Other (Describe in Part XIII.)  Add lines 4a and 4b  Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12  Int XII Reconciliation of Expenses per Audited Financia  Complete if the organization answered "Yes" to Form  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)	J Statements With Exp n 990, Part IV, line 12a.	penses per Return.	
Other (Describe in Part XIII.)  Add lines 4a and 4b  Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12  Int XII Reconciliation of Expenses per Audited Financia  Complete if the organization answered "Yes" to Form  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d	4b	penses per Return.	
Other (Describe in Part XIII.) Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Int XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" to Form Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	4b	penses per Return.	
Other (Describe in Part XIII.) Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Int XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" to Form Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	4b	penses per Return.	
Other (Describe in Part XIII.) Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Int XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" to Form Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1; Investment expenses not included on Form 990, Part VIII, line 7b	4b	penses per Return.	
Other (Describe in Part XIII.) Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Int XII Reconciliation of Expenses per Audited Financia Complete if the organization answered "Yes" to Form Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	4b	penses per Return.	

Part XIII Supplemental I Provide the descriptions required for 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Part V, Line 4 - Intended Uses for Endowment Funds To support healthcare services provided by the supported organizations.

## FOR PUBLIC INSPECTION

Schedule D (Form 990) 2013 Sumter Regional Hospital Part XIII Supplemental Information (continued)	al 58-1607727	Page 5
Part XIII Supplemental Information (continued)		
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FOR PUBLIC	INSPECTION	Qui N Form 990) 2013

SCHEDULE I (Form 990)

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

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

• Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

sumter Regional Ho Foundation, Inc.	spital						mployer identification number 58-1607727
Part General Information on Grants and	d Assistance					1	
1 Describe organization maintain records to substantiate the three ction criteria used to award the grants or assistant Describe in Part IV the organization's procedures for more Part II Grants and Other Assistance to G	nce? nitoring the use of gra overnments an	ant funds in d Organia	the United States. zations in the Uni	ted States. Com	plete if the organ	nization ansv	
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
) Phoebe Sumter Medical Center, Inc. 125 Highway 280 West mericus GA 31719-864		501C3	15,559				Medical Equipment
	**						
) <b>C</b>	**						
	W. S.						
S S	5.00						
<sup>5)</sup> ₩							
7) 2	***						
8) <b>日</b>	est.						
9)							
2 Enter total number of section 501(c)(3) and government 3 Enter total number of other organizations listed in the line							

Part III	Grants and Other Assistance to Part III can be duplicated if addition		nited States. Comp	elete if the organization	n answered "Yes" to Form 9	990, Part IV, line 22.
_ h	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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PartIV	Supplemental Information. Prov	vide the information re	quired in Part I, line	2, Part III, column (b)	, and any other additional i	nformation.
	$oldsymbol{1}_{ extsf{I}}$ , Line 2 - Procedures unds awarded to PSMC a					
-	val, PSMC purchases th					
7	entation to the filing					
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SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Part I

## **Compensation Information**

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► See separate instructions.

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

2013

Open to Public Inspection

Name of the organization Sumter Regional Hospital Foundation, Inc.

**Questions Regarding Compensation** 

Employer identification number 58-1607727

			Yes	No
1	a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
t	o 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	1b		58885000
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 in line			
	1a?	2		
•				
3	Indicate which, if any, of the following the filing organization uses to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant  Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year did any person listed in Form 000 Part VII. Section A line to with respect to the filips			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
2	Pagaina a payerage payment or change of captral comment?	4a	22200000	Χ
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in as seening payment from an equity based assessments	4c		X
٠	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	70		
	Tes to drift of lines 44 -0, list the persons and provide the applicable amounts for each term in Farth.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		Χ
	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:	6a	20500000	X
a	The organization?	6b		X
b	Any related organization?			
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		<u>X</u>
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject	- 1		
	to the initial contract exception described in Regulations section 53,4958-4(a)(3)? If "Yes," describe			3.7
	in Part III	8		X
	TOD DUDTTO	_		
9	If "Yes" to lines, do the organization as follow the root table presumption procedure decision in the procedure decision i	V		
	Regulations action 52/458 (c)?			

Schedule J (Form 990) 2013

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation other deferred benefits (B)(i)-(D) reported as deferred in (i) Base (ii) Bonus & incentive (iii) Other (A) Name and Title compensation reportable prior Form 990 compensation compensation compensation Laurie Hair 1 Interim PSMC CEO (i) (i)

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 or any additional information.
Part III - Other Additional Information
None of the individual board members or officers are compensated by the
filing organization and the organization must rely on the methods employed
by Phpebe Putney Health Systems, Inc. (PPHS), a related organization of
Phoebe Sumter Medical Center, Inc. (PSMC), to determine reasonable
congensation for the individuals. PPHS is not a related organization of
Sunter Regional Hospital Foundation.
Laurie Hair, CFO/Interim PSMC CEO, was compensated approximately \$151,000
from PPHS for services related to PSMC in calendar year 2013.
Toballarding interim DSMC CEO began employment in galendar year 2014
Harding, interim PSMC CEO, began employment in calendar year 2014
and the compensated by PSMC.
Ó
<u> </u>

### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 2013

Open to Public Inspection

Employer identification number

Sumter Regional Hospital 58-1607727 Foundation, Inc. Form 990, Part VI, Line 7a - Election of Members and Their Rights The board of directors of Phoebe Sumter Medical Center, Inc. (PSMC) shall appoint the directors of the filing organization. Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members PSMC has the authority to approve the decisions of the governing body, including but not limited to, selection and removal of the organization's officers and approving any annual operating or capital budgets. Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The Chairman of the Board of Trustees performs a detailed review, which consist of reviewing the financial data, the narratives disclosed, and other facts presented on the return, prior to filing with the Internal Revenue Service. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation The organization makes available to the public its governing documents by providing copies upon request, and by inspection at the administrative offices of the organization. Form 990, Part VII - Additional Information Nyla Franklin is compensated by PSMC, a related organization. Half of her

## FOR PUBLIC INSPECTION

time is spent as the Director of the Foundation and the other half is spent

as the Hospice Director at PSMC.

Schedule O (Form 990 or 990-EZ) (2	013)		(9)	Page 2
Name of the organization Sumter	r Regional Hosp	oital		Employer Identification number 58-1607727
Form 990, Part IX			s for Services	
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SCHEDULE R (Form 990)

Department of the Treasury

## **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.

▶ See separate instructions.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service	Information about Sched	lule R (Form 990) an	id its instructions is	s at www.irs.gov/for	m990.		Inspect	llon
Name of the diganization	Sumter Regional Hospital Foundation, Inc.					Employer iden 58 – 1 60 7	ntification number	
Part Ide	entification of Disregarded Entities Complete if the or	ganization answe	ered "Yes" on Fo	rm 990, Part IV, li	ne 33.			
R	(a) Name, address, and EIN (ff applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile or foreign co	e (state Total	d) income End	(e) d-of-year assets	(f) Direct contro entity	olling
(1)								
(2)							× 61-	7
Ш								
(3)								
(4)			_					
C		24						
(5)								
Partill Id	entification of Related Tax-Exempt Organizations Cone or more related tax-exempt organizations during the t	omplete if the org	anization answe	red "Yes" on Forr	n 990, Part IV, lir	ne 34 because	it had	
S	(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	Section 5 controller Yes	g) 512(b)(13) ed entity?
	Sumter Medical Center, Inc. hway 280 West 26-3975185  GA 31719-8645	Healthcare	GA	501c3	3	N/A		X
	s & Sumter County Hosp Auth hway 280 West 58-6000058 s GA 31719-8645	GOVT	GA	501c3	6	N/A		X
(3)								
(4)								
(5)								

Schedule R (Form 990) 2013	Sumter	Regional	Hospital

58-1607727

Page 2

Part III	because it had one or more related organization	anizations tr	eated	as a partners	hip during the	tax year.			1			(k)
F(	(a) Name, address, and EIN of related organization		(c) Legal domicile (state or foreign country)	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) Disproportionat alloc.?	Code e amount of Sche	(i) V—UBI in box 20 edule K-1 n 1065)	(j) General or managing partner?  Yes No	Percentage ownership
) R								103 10			Tub Inc	
TH.												
4) <b>H</b>												
Part IV	Identification of Related Organization line 34 because it had one or more re	ons Taxable ated organiz	as a ations	Corporation of treated as a	or Trust Comp	lete if the org trust during th	anization answere le tax year.	d "Yes"	on Form	990, Par	t IV,	
NS	(a) Name, address, and EIN of related organization	(b) Primary activi	ity	(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 Shai end-of-ye	re of	(h) Percent owners	tage	(i) Section 512(b)(13) controlled entity?
" H												Yes No
(2) <b>C</b>												
(3) H												
(4)												
DAA										Schedu	le R (For	m 990) 2

lote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.							
The tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?							
Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity							
unit, grant, or capital contribution to related organization(s)				1b	Χ		
Gilt, grant, or capital contribution from related organization(s)				1c		X	
pastor loan guarantees to or for related organization(s)							
oans or loan guarantees by related organization(s)						X	
Dividends from related organization(s)				1f		X	
				1g		X	
assets to related organization(s)  architise of assets from related organization(s)							
kcriange of assets with related organization(s)							
of facilities, equipment, or other assets to related organization(s)						X	
<b>M</b>	* 1						
ease of facilities, equipment, or other assets from related organization(s)							
Performance of services or membership or fundraising solicitations for related organization(s)							
Ferfor nance of services or membership or fundraising solicitations by related organization(s)							
Same of facilities, equipment, mailing lists, or other assets with related organization(s)							
Sharing of paid employees with related organization(s)							
Reimbursement paid to related organization(s) for expenses							
Femaursement paid by related organization(s) for expenses				1q		Х	
						X	
Other transfer of cash or property to related organization(s)							
ransfer of cash or property from related organization(s)	,,,,,,,,,			1s		X	
In the answer to any of the above is "Yes," see the instructions for information on who mu	ust complete this line, including covered rela	tionships and transaction three					
(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d)  Method of determining amount invol		red	9	
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(6)

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or grost remainer that was not a related organization. See instructions regarding exclusion for certain investment partnerships. (i) (i) (k) (f) (g) (h) Name, address, and ElN of entity Primary activity Legal Predominant Are all partners Share of Share of Disproportionate Code V-UBI General or Percentage ownership managing domicile income (related, section total income end-of-year allocations? amount in box 20 (state or unrelated, excluded 501(c)(3) assets of Schedule K-1 partner? foreign from tax under organizations? (Form 1065) country) sections 512-514) Yes No Yes No Yes No (1) (5) (9)

Schedule R (F	orm 990) 2013 Supplementa	Sumter Lugio	nal Hospit	al	58-1607727	Page 5
Part VII	Supplementa	I Information			e R (see instructions).	
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