

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493230011180

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public

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

A For the 2019 calendar year, or tax year beginning 10-01-2018 , and ending 09-30-2019

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

MCLEOD REGIONAL MEDICAL CENTER OF THE PEE DEE INC
% MARK W CAMERON

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite

555 EAST CHEVES STREET

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

FLORENCE, SC 29506

F Name and address of principal officer

ROBERT COLONES
555 EAST CHEVES STREET
FLORENCE, SC 29506

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

D Employer identification number

57-0370242

E Telephone number

(843) 777-2256

G Gross receipts \$ 926,969,575

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.mcleodhealth.org

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1906

M State of legal domicile SC

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

ACUTE CARE HOSPITAL

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

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Part II Signature Block

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

Sign Here

Signature of officer

2020-07-31

Date

S FULTON ERVIN III CFO OF SYSTEM

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2020-07-30

Check ☐ if self-employed

PTIN P00008888

Firm's name ▶ KPMG LLP

Firm's EIN ▶

Firm's address ▶ 300 North Greene Street Suite 400

Greensboro, NC 27401

Phone no (336) 275-3394

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

ORGANIZATION IS PART OF THE MCLEOD HEATH SYSTEM THE MISSION OF MCLEOD HEALTH IS TO IMPROVE THE OVERALL HEALTH AND WELL-BEING OF PEOPLE LIVING WITHIN SOUTH CAROLINA AND EASTERN NORTH CAROLINA BY PROVIDING EXCELLENCE IN HEALTHCARE

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 661,211,526 including grants of \$) (Revenue \$ 734,216,919)
See Additional Data

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

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

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

4e Total program service expenses ▶ 661,211,526

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No

Part IV Checklist of Required Schedules (continued)

		Yes	No	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	337	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	5,316	2b	Yes	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a		No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?				8		No
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		

Part VI

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

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 13		
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 1		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		No

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

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

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 ► MARK W CAMERON 555 EAST CHEVES STREET FLORENCE, SC 29506 (843) 777-5304

Part VII

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JEREMY R ROBERTSON MD VP/Chief Medical Officer	40 0 0 0	X						486,251	0	50,278
(2) MICHAEL R ROSE MD CHAIRMAN/ SR VP	39 0 1 0	X		X				533,309	0	55,364
(3) MARIE G SALEEBY SR VICE PRESIDENT	40 0 0 0	X			X			528,194	0	99,922
(4) DONNA C ISGETT COO REL ORG (STARTING SEP 2019)	1 0 39 0	X		X				0	648,247	104,825
(5) TONY M DERRICK CHIEF OF NURSING MRMC	40 0 0 0	X						166,578	0	31,896
(6) S FULTON ERVIN III CFO OF RELATED ORG	5 0 35 0	X		X				0	628,076	95,867
(7) RONALD L BORING COO REL ORG (until Sept. 2019)	5 0 35 0	X		X				0	586,080	102,206
(8) C DALE LUSK MD VP MEDICAL SERVICES/CMO	40 0 0 0	X						407,700	0	51,819
(9) VINOD K JONA MD MEDICAL DIRECTOR	1 0 39 0	X						0	562,352	30,520
(10) Carl J Chelen MD Secretary/Treasurer	1 0 0 0	X		X				0	0	0
(11) D Parker Lilly MD Chief of Staff REL ORG	40 0 0 0	X						0	382,659	37,991
(12) Mark A Reynolds MD CHIEF OF STAFF REL ORG	1 0 39 0	X						0	498,490	26,702
(13) Mamdouh N Mijalli MD CHIEF OF STAFF REL ORG	1 0 39 0	X						0	528,075	25,233
(14) Robert L Colonos President/CEO OF REL ORG	5 0 35 0			X				0	1,001,593	495,283
(15) ERIK DEHLINGER MD STAFF PHYSICIAN	40 0 0 0					X		641,165	0	16,195
(16) JAMES SMITH MD STAFF PHYSICIAN	40 0 0 0					X		630,735	0	38,800
(17) MARWAN ELYA MD Staff Physician	40 0 0 0					X		552,166	0	51,997

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	5,314,502	4,835,572	1,390,865

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 297

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

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
BALFOUR BEATTY CONSTRUCTION LLC, 1930 CAMDEN ROAD CHARLOTTE, NC 28203	CONSTRUCTION SVCS	19,246,999
DESIGN STRATEGIES LLC, 130 S MAIN ST GREENVILLE, SC 29601	ARCHITECTURAL SVCS	6,080,941
RIVERS PLUMBING ELECTRIC INC, 147 ABERDEEN DR FLORENCE, SC 29501	ELECT /PLUMBING SVCS	4,088,290
CHG MEDICAL STAFFING INC DBA COMPHE, PO BOX 972651 DALLAS, TX 753972651	MEDICAL SVCS	2,381,598
PEDIATRIX MEDICAL GROUP, PO BOX 281034 ATLANTA, GA 303841034	MEDICAL SVCS	2,335,853

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 80

Form 990 (2018)

Part VIII

Statement of Revenue

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

Contributions, Gifts, Grants and Other Similar Amounts

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a	Federated campaigns	1a			
b	Membership dues	1b			
c	Fundraising events	1c			
d	Related organizations	1d	4,059,221		
e	Government grants (contributions)	1e	207,283		
f	All other contributions, gifts, grants, and similar amounts not included above	1f			
g Noncash contributions included in lines 1a - 1f \$					
h Total. Add lines 1a-1f			4,266,504		

Program Service Revenue

		Business Code				
2a	PATIENT SERVICES	624100	723,851,002	723,851,002		
b	ALL OTHER PROGRAM SERVICE REVENUE	900099	10,365,917	10,365,917		
c						
d						
e						
f	All other program service revenue					
9 Total. Add lines 2a-2f			734,216,919			

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts)			12,642,528			12,642,528
4 Income from investment of tax-exempt bond proceeds			0			
5 Royalties			0			
6a Gross rents		(i) Real	(ii) Personal			
		8,139,494				
b	Less rental expenses	14,325,572				
c	Rental income or (loss)	-6,186,078	0			
d Net rental income or (loss)				-6,186,078		-6,186,078
7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other			
		141,566,586	800			
b	Less cost or other basis and sales expenses	128,431,988	99,821			
c	Gain or (loss)	13,134,598	-99,021			
d Net gain or (loss)				13,035,577		13,035,577
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		a	0			
b	Less direct expenses	b	0			
c Net income or (loss) from fundraising events				0		
9a Gross income from gaming activities See Part IV, line 19		a	0			
b	Less direct expenses	b	0			
c Net income or (loss) from gaming activities				0		
10a Gross sales of inventory, less returns and allowances		a	0			
b	Less cost of goods sold	b	0			
c Net income or (loss) from sales of inventory				0		
Miscellaneous Revenue		Business Code				
11a	PHARMACY REVENUE	446110	17,898,936			17,898,936
b	NUTRITIONAL SERVICES	722320	2,443,140			2,443,140
c	GIFT SHOP	453220	810,239			810,239
d	All other revenue		4,984,429			4,984,429
e Total. Add lines 11a-11d			26,136,744			
12 Total revenue. See Instructions			784,112,194	734,216,919		45,628,771

Page 9

Form 990 (2018)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	150,000	150,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	1,920,478	1,804,204	116,274	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	243,424,124	228,686,207	14,737,917	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	0			
9 Other employee benefits.	57,700,775	56,036,796	1,663,979	
10 Payroll taxes.	0			
11 Fees for services (non-employees):				
a Management.	0			
b Legal.	560,485	40,048	520,437	
c Accounting.	48,594	48,594		
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	31,966,195	24,076,820	7,889,375	
12 Advertising and promotion.	743,787	77,207	666,580	
13 Office expenses.	166,787,335	164,746,914	2,040,421	
14 Information technology.	2,274,128	2,055,676	218,452	
15 Royalties.	0			
16 Occupancy.	9,550,684	9,550,684		
17 Travel.	747,703	717,103	30,600	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	358,327	314,835	43,492	
20 Interest.	9,892,154	9,892,154		
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	41,022,691	41,022,691		
23 Insurance.	3,733,486	3,707,451	26,035	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a INTERCOMPANY MANAGEMENT FEES	72,250,454	72,250,454		
b LICENSES AND TAXES	13,130,603	12,404,358	726,245	
c MPA SUPPORT	5,479,916	5,479,916		
d PHYSICIAN FEES	16,658,514	16,656,189	2,325	
e All other expenses	14,324,921	11,493,225	2,831,696	
25 Total functional expenses. Add lines 1 through 24e.	692,725,354	661,211,526	31,513,828	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		0	1	0	
	2	Savings and temporary cash investments		12,772,851	2	23,583,715	
	3	Pledges and grants receivable, net		0	3	0	
	4	Accounts receivable, net		95,610,057	4	99,242,232	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		0	6	0	
	7	Notes and loans receivable, net		0	7	0	
	8	Inventories for sale or use		8,222,533	8	6,849,785	
	9	Prepaid expenses and deferred charges		4,444,666	9	6,604,842	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	1,104,452,480			
	b	Less: accumulated depreciation	10b	565,487,282	514,867,533	10c	538,965,198
	11	Investments—publicly traded securities		0	11	0	
	12	Investments—other securities. See Part IV, line 11		1,034,714,534	12	1,034,910,626	
	13	Investments—program-related. See Part IV, line 11		0	13	0	
	14	Intangible assets		0	14	0	
	15	Other assets. See Part IV, line 11		292,915,856	15	368,462,834	
16	Total assets. Add lines 1 through 15 (must equal line 34)		1,963,548,030	16	2,078,619,232		
Liabilities	17	Accounts payable and accrued expenses		68,759,995	17	98,548,202	
	18	Grants payable		0	18	0	
	19	Deferred revenue		119,648	19	123,580	
	20	Tax-exempt bond liabilities		296,729,250	20	289,759,756	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0	
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		24,215,883	25	23,441,823	
	26	Total liabilities. Add lines 17 through 25		389,824,776	26	411,873,361	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		1,573,723,254	27	1,666,745,871	
	28	Temporarily restricted net assets		0	28	0	
	29	Permanently restricted net assets		0	29	0	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
33	Total net assets or fund balances		1,573,723,254	33	1,666,745,871		
34	Total liabilities and net assets/fund balances		1,963,548,030	34	2,078,619,232		

Part XI Reconciliation of Net AssetsCheck 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	784,112,194
2	Total expenses (must equal Part IX, column (A), line 25)	2	692,725,354
3	Revenue less expenses Subtract line 2 from line 1	3	91,386,840
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,573,723,254
5	Net unrealized gains (losses) on investments	5	926,214
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	709,563
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,666,745,871

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

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

Additional Data

Software ID:
Software Version:
EIN: 57-0370242
Name: MCLEOD REGIONAL MEDICAL CENTER OF
THE PEE DEE INC

Form 990 (2018)

Form 990, Part III, Line 4a:
SEE COMMUNITY BENEFIT REPORT ON SCHEDULE H

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. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No 1545-0047
		2018 Open to Public Inspection
Department of the Treasury Internal Revenue Service	Name of the organization MCLEOD REGIONAL MEDICAL CENTER OF THE PEE DEE INC	Employer identification number 57-0370242

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- ☐ **1** A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- ☐ **2** A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- ☒ **3** A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- ☐ **4** A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- ☐ **5** An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- ☐ **6** A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- ☐ **7** An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- ☐ **8** A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- ☐ **9** An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university
- ☐ **10** An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- ☐ **11** An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- ☐ **12** An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - ☐ **a Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - ☐ **b Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - ☐ **c Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - ☐ **d Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - ☐ **e** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f** Enter the number of supported organizations
- g** Provide the following information about the supported organization(s)

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
b	33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
<div><div>1</div><div><input type="checkbox"/></div><div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div></div>			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><div><input type="checkbox"/></div><div>Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).</div></div>		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:
Software Version:
EIN: 57-0370242
Name: MCLEOD REGIONAL MEDICAL CENTER OF
THE PEE DEE INC

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
MCLEOD REGIONAL MEDICAL CENTER OF
THE PEE DEE INC

Employer identification number
57-0370242

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1

► \$

(ii) Assets included in Form 990, Part X

► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1

► \$

b Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2018

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

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

a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

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

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

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

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

(i) unrelated organizations

(ii) related organizations

b

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	72,998,913		72,998,913
b	Buildings	682,206,667	384,082,656	298,124,011
c	Leasehold improvements	6,686,837	3,520,595	3,166,242
d	Equipment	284,593,267	177,884,031	106,709,236
e	Other	57,966,796		57,966,796
Total.	Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))			538,965,198

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) LARGE CAP	206,195,802	
(B) SMALL & MID CAP	85,255,129	
(C) INTERNATIONAL	80,081,414	
(D) GLOBAL EQUITY	217,058,845	
(E) FIXED INCOME	184,001,123	
(F) GLOBAL MACRO	147,809,096	
(G) OTHER MANAGED FUNDS	114,509,217	
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	1,034,910,626	

Part VIII

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

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

(a) Description	(b) Book value
(1) OTHER RECEIVABLES	4,029,531
(2) DUE FROM AFFILIATED ENTITIES	334,995,000
(3) GOODWILL	3,261,544
(4) OTHER ASSETS	16,347,000
(5) INVESTMENTS IN SUBSIDIARIES	9,829,759
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	368,462,834

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
CURRENT PORTION LONG TERM DEBT	7,017,799
DUE TO THIRD PARTY PAYORS	16,424,024
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	23,441,823

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements	1	799,463,001
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	926,214
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	14,424,593
e	Add lines 2a through 2d	2e	15,350,807
3	Subtract line 2e from line 1	3	784,112,194
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	784,112,194

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

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

1	Total expenses and losses per audited financial statements	1	707,149,947
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	14,424,593
e	Add lines 2a through 2d	2e	14,424,593
3	Subtract line 2e from line 1	3	692,725,354
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	692,725,354

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 57-0370242
Name: MCLEOD REGIONAL MEDICAL CENTER OF
THE PEE DEE INC

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2d AND PART XII, LINE 2D	RENT EXPENSE RECLASSIFIED TO REVENUE \$14,325,572 LOSS (GAIN) ON SALE OF PROPERTY RECLASSIFIED TO REVENUE \$99,021

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	MCLEOD HEALTH AND ITS NOT-FOR-PROFIT SUBSIDIARIES HAVE BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS EXEMPT FROM TAX UNDER THE PROVISIONS OF INTERNAL REVENUE CODE (IRC) SECTION 501(A) AS ENTITIES DESCRIBED UNDER IRC SECTION 501(C)(3) ACCORDINGLY, NO PROVISION FOR INCOME TAXES ON RELATED INCOME HAS BEEN RECORDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS

SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

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

► Attach to Form 990.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

MCLEOD REGIONAL MEDICAL CENTER OF THE PEE DEE INC

Employer identification number

57-0370242

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

b

If "Yes," was it a written policy?

1b

Yes

2

If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

☒ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☐ Generally tailored to individual hospital facilities

3

Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a

Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care?

If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

☐ 100%

☐ 150%

☒ 200%

☐ Other _____ %

b

Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

☐ 200%

☐ 250%

☒ 300%

☐ 350%

☐ 400%

☐ Other _____ %

c

If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care

4

Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?

4

Yes

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5a

Yes

b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5b

No

c

If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

5c

6a

Did the organization prepare a community benefit report during the tax year?

6a

Yes

b

If "Yes," did the organization make it available to the public?

6b

Yes

Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			56,921,146	13,488,230	43,432,916	6 270 %
b Medicaid (from Worksheet 3, column a)			122,067,997	82,485,934	39,582,063	5 710 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			178,989,143	95,974,164	83,014,979	11 980 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			730,474		730,474	0 110 %
f Health professions education (from Worksheet 5)			5,517,945	3,081,013	2,436,932	0 350 %
g Subsidized health services (from Worksheet 6)			523,783	69,519	454,264	0 070 %
h Research (from Worksheet 7)			1,671,982	184,776	1,487,206	0 210 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			888,794		888,794	0 130 %
j Total. Other Benefits			9,332,978	3,335,308	5,997,670	0 870 %
k Total. Add lines 7d and 7j			188,322,121	99,309,472	89,012,649	12 850 %

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

Cat No 50192T

Schedule H (Form 990) 2018

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			28,184		28,184	
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			80,000		80,000	0 010 %
7 Community health improvement advocacy						
8 Workforce development			150,000		150,000	0 020 %
9 Other						
10 Total			258,184		258,184	0 030 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	26,746,877	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	1,770,192	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	212,055,033
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	220,938,480
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-8,883,447
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

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

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

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

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

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

3

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

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group A

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 3

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA <u>20 18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www.mcleodhealth.org</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	No
a If "Yes" (list url) _____		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b Yes	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %			
b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input type="checkbox"/> Asset level			
d <input type="checkbox"/> Medical indigency			
e <input type="checkbox"/> Insurance status			
f <input type="checkbox"/> Underinsurance discount			
g <input type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>WWW.MCLEODHEALTH.ORG</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>WWW.MCLEODHEALTH.ORG</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>WWW.MCLEODHEALTH.ORG</u>			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

A

Name of hospital facility or letter of facility reporting group _____

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
If "No," indicate why		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

A

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

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

[illegible]

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

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

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

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

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 6A	THE COMMUNITY BENEFIT REPORT FOR MCLEOD HEALTH (SOLE MEMBER OF MCLEOD REGIONAL MEDICAL CENTER OF THE PEE DEE, INC , OR "MRMC") IS FILED ANNUALLY WITH THE SC HOSPITAL ASSOCIATION THE REPORT IS AVAILABLE TO ANYONE UPON REQUEST

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7G	THESE SUBSIDIZED SERVICES COME FROM THE OPERATION OF A CANCER CLINIC

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4	NET PATIENT REVENUES ARE REPORTED AT THE ESTIMATED NET REALIZABLE AMOUNT RECEIVED, OR TO BE RECEIVED, FROM PATIENTS, THIRD PARTY PAYORS, AND OTHERS FOR THE SPECIFIC SERVICES AND SUPPLIES RENDERED, INCLUDING ESTIMATED RETROACTIVE ADJUSTMENTS UNDER REIMBURSEMENT AGREEMENT WITH THIRD PARTY PAYOR. FOR THE AMOUNTS REPORTED IN LINES 2 AND 3, WE USED THE IRS METHOD TO CALCULATE THE RATIO OF PATIENT COST TO CHARGES, AS SHOWN ON PAGE 13 OF THE INSTRUCTIONS FOR SCHEDULE H (WORKSHEET 2). THE CALCULATED RATIO WAS THEN APPLIED TO THE GROSS CHARGES WRITTEN OFF TO BAD DEBT (NET OF RECOVERIES).

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8	THE ORGANIZATION FEELS THE TOTAL SHORTFALL OF MEDICARE REIMBURSEMENT COMPARED TO COMPUTED MEDICARE ALLOWABLE COSTS SHOULD BE TREATED AS COMMUNITY BENEFIT THE HOSPITAL IMPROVES ACCESS TO PATIENT CARE BY PROVIDING SERVICES REGARDLESS OF A PATIENT'S ABILITY TO PAY OR THE HOSPITAL'S ABILITY TO RECEIVE FULL COST REIMBURSEMENT FOR SERVICES THE HOSPITAL ALSO RELIEVES THE GOVERNMENT OF A FINANCIAL BURDEN WHEN IT PROVIDES CARE TO PUBLICLY-INSURED PATIENTS WHERE REIMBURSEMENT IS LESS THAN COST OF PROVIDING THE SERVICE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B	MCLEOD'S CHARITY POLICY OUTLINES THE CRITERIA USED TO DETERMINE PATIENTS WHO QUALIFY FOR CHARITY WHEN PATIENTS HAVE FURNISHED THE REQUIRED INFORMATION, IT IS REVIEWED AND A DETERMINATION IS MADE IF APPROVED FOR CHARITY CARE, THEIR ACCOUNT BALANCES ARE ADJUSTED BASED ON THE PERCENTAGE THEY QUALIFY FOR USING A CHARITY ADJUSTMENT CODE IF ALL REQUIRED INFORMATION IS NOT FURNISHED, THE PATIENT IS NOTIFIED THAT THEIR CHARITY APPLICATION WAS NOT APPROVED DUE TO FAILURE TO PROVIDE THE NECESSARY INFORMATION FOLLOWING THAT NOTIFICATION, THE ACCOUNT GENERALLY TRANSFERS TO BAD DEBT FOR FURTHER COLLECTION ACTION

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2	IN ADDITION TO THE CHNA DESCRIBED ABOVE FOR MCLEOD REGIONAL MEDICAL CENTER OF THE PEE DEE, INC (OR MPMC) MPMC HAS A COMMUNITY BOARD THAT CONSISTS OF LOCAL PHYSICIANS AND OTHER INFLUENTIAL COMMUNITY LEADERS THIS BOARD MEETS SEMI-MONTHLY AND THE LEADERS PROVIDE INPUT FROM VARIOUS PARTS OF THE COMMUNITY TO ASSIST MPMC IN ASSESSING THE HEALTH CARE NEEDS OF THE COMMUNITY ADDITIONALLY, MPMC IS ACTIVELY INVOLVED IN AGENCIES LIKE UNITED WAY, AMERICAN HEART ASSOCIATION, AMERICAN CANCER SOCIETY, CHILDREN'S MIRACLE NETWORK TO FURTHER STAY ON THE PULSE OF THE HEALTH NEEDS OF THE COMMUNITY

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3	UNINSURED PATIENTS ARE SCREENED AT THE TIME OF REGISTRATION FOR THEIR ABILITY TO PAY FOR THEIR HEALTHCARE SERVICES IF THE PATIENT HAS NO ABILITY TO PAY AND IS DEEMED INELIGIBLE FOR GOVERNMENTAL PROGRAMS (MEDICARE, MEDICAID, ETC) THEN THEY ARE INFORMED OF THE HOSPITAL CHARITY PROGRAM THEY ARE PROVIDED WITH AN APPLICATION AND A LISTING OF THE APPROPRIATE DOCUMENTS NECESSARY TO ESTABLISH ELIGIBILITY FOR THE HOSPITAL CHARITY PROGRAM

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4	MCLEOD REGIONAL MEDICAL CENTER OF THE PEE DEE, INC {MRMC}, TOGETHER WITH ITS RELATED ORGANIZATIONS MCLEOD MEDICAL CENTER-DILLON, MCLEOD LORIS SEACOAST HOSPITAL, MCLEOD HEALTH CHERAW, MCLEOD HEALTH CLARENDON, AND MCLEOD PHYSICIAN ASSOCIATES II CONSIDERS ITS PRIMARY SERVICE AREA (PSA) AS THE SOUTH CAROLINA COUNTIES OF FLORENCE, DARLINGTON, CHESTERFIELD, DILLON, HORRY, CLARENDON, MARION, AND MARLBORO, AND ITS SECONDARY SERVICE AREA (SSA) AS THE SOUTH CAROLINA COUNTIES OF GEORGETOWN, LEE, SUMTER, AND WILLIAMSBURG THESE TWELVE COUNTIES MAKE UP THE NORTHEASTERN PORTION OF SOUTH CAROLINA MRMC HAS THE GREAT MAJORITY OF ITS DISCHARGES FROM THE COUNTIES OF FLORENCE AND DARLINGTON

Form and Line Reference	Explanation
PART VI, LINE 5	<p>MRMC IS THE FLAGSHIP HOSPITAL OF MCLEOD HEALTH Recognized nationally for its quality and safety initiatives, McLeod Health has a leading regional presence in Northeastern South Carolina and Southeastern North Carolina and a dedication to the health of the more than one million residents of those communities it serves from the midlands to the coast Constant ly seeking to improve its patient care with efforts that are physician led, data-driven an d evidence-based, McLeod recently received the Healthgrades 2019 Outstanding Patient Exper ience Award This distinction recognizes McLeod as being among the Top 10% of hospitals na tionwide for patient experience for a third year consecutive year (2017-2019) Founded in 1906, McLeod Health is a locally owned and managed, not for profit organization supported by the strength of approximately 750 members on its medical staff and more than 2,700 lice nsed nurses (RNs, CRNAs, NPs, APRNs, LPNs) McLeod Health is also composed of more than 8, 500 employees and more than 75 physician practices throughout its 18 county service area With seven hospitals, McLeod Health also operates three Health and Fitness Centers, a Spor ts Medicine and Outpatient Rehabilitation Center, a Behavioral Health Center, Hospice, and Home Health Services The hospitals within McLeod Health include McLeod Regional Medical Center, McLeod Health Darlington, McLeod Health Dillon, McLeod Health Loris, McLeod Healt h Seacoast, McLeod Health Cheraw and McLeod Health Clarendon In addition to McLeod Region al Medical Center with 517 licensed beds and 48 additional Neonatal Intensive Care Unit Be ds (20 of these are acute beds), these McLeod Health respected acute-care facilities give McLeod greater flexibility in providing care to those outside of Florence County McLeod H ealth Darlington with 49 licensed beds, McLeod Health Dillon with 79 licensed beds, McLeod Health Loris with 50 licensed beds, McLeod Health Seacoast with 105 licensed beds, McLeod Health Cheraw with 59 licensed beds, McLeod Health Clarendon with 81 licensed beds, and M cLeod Behavioral Health Services, located on the McLeod Darlington Campus, provides 23 inp atient psychiatric beds McLeod Hospice serves the community with inpatient Hospice Beds f or respite and end of life care The only inpatient Hospice facility in the Pee Dee region , the McLeod Hospice House includes 24 licensed beds McLeod Regional Medical Center The f lagship hospital of the McLeod Health organization is McLeod Regional Medical Center in Fl orenc e, South Carolina This regional referral tertiary care center serves patients and fa milies living in the northeastern region of South Carolina The medical center includes an accredited Cancer Center, a Stereotactic Radiosurgery program, three dedicated open heart surgery suites and two vascular hybrid ORs within the Heart & Vascular Institute as well as Centers of Excellence in Surgery, Neurosurgery, Trauma and Womens Services in addition to a Diabetes Center, Rehabilitation and Sports Medicine Services, and the Center for Adva nced Surgery, which all deliver an unmatched level of care and experience to people in the region One of only five state-designated regional perinatal centers, McLeod Regional Med ical Center also offers the region's only Children's Hospital which includes a 48-bed Neon atal Intensive Care Unit and six-bed Pediatric Intensive Care Unit A teaching facility fo r residents since 1980, McLeod additionally supports a three-year Family Medicine Residenc y Program McLeod Health Darlington McLeod Health Darlington, formerly Wilson Hospital, ha s been a vital part of Darlington County and the surrounding communities for more than 50 years Established in 1994, McLeod Health Darlington offers a wide range of outpatient ser vices from physical, occupational and speech therapy to CT scans, laboratory and cardiopul monary services In addition, the facility provides acute care with 49 inpatient beds and a skilled care unit that is available for those in need of short-term care, such as Hospic e patients, patients waiting for a bed at an inpatient nursing facility or patients in nee d of long-term antibiotic therapy McLeod Health Dillon With a strong history in the Dillo n community since 1943, McLeod Dillon, formerly Saint Eugene Hospital, has continued to grow and expand to serve residents of Dillon (SC) and Robeson (NC) counties with excellence in patient care The medical center employs 350 and has the strength of 100 physicians on its medical staff McLeod Dillon, established in 1998, offers general and orthopedic surge ry, women's services, emergency services, intensive care, rehabilitative services and card iac rehabilitation Investments in state-of-the-art technology to improve patient care hav e included MRI, digital mammography, 4D ultrasounds, CT Scans, and nuclear and vascular st udies McLeod Health Seacoast An affiliate of McLeod Health, McLeod Seacoast is a not-for- profit, 105-bed hospital serving northern Horry (S</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>C) and southern Brunswick and Columbus (NC) counties. This facility provides advanced diagnostic imaging including MRI, digital mammography, and nuclear medicine. McLeod Seacoast specializes in general surgery, joint replacement surgery, vascular surgery, cancer care, emergency care, critical care, cardiology, cardiac/pulmonary rehabilitation, and physical/occupational/speech therapies, as well as pediatric rehabilitation. In the Spring of 2016, McLeod Seacoast expanded the Emergency Department (ED) as part of the first phase in an overall construction plan that includes a new inpatient tower and operating rooms as well as an expanded same-day services suite. The second phase of construction, completed in March 2017, included the five-room Fast Track area in the ED to rapidly treat less complex emergency cases, which supports easing congestion and lowering wait times. The four-story bed tower, which is the new face of McLeod Seacoast, opened in September 2018. The hospital, combined with McLeod Loris, has more than 120 physicians on active and affiliate medical staff representing more than 33 specialties. McLeod Health Loris An affiliate of McLeod Health, McLeod Loris is a not-for-profit, 50-bed hospital serving the northern Horry (SC) and southern Columbus (NC) counties since 1950. Diagnostic services include a 64-slice CT scanner, digital mammography, stereotactic breast biopsy, and cardiac catheterization lab. McLeod Loris specializes in general surgery, women's services, urological surgery, emergency care, critical care, cardiac/pulmonary rehabilitation, and physical/occupational/speech therapies. The hospital, combined with McLeod Seacoast, has more than 120 physicians on active and affiliate medical staff representing more than 33 specialties. McLeod Health Cheraw With a strong history in the Chesterfield community since 1958, McLeod Health Cheraw, formerly Chesterfield General Hospital, serves residents of Chesterfield and Marlboro Counties with excellence in patient care. As part of McLeod Health, patients receive access to specialized services, improved technology, an outstanding physician network and enhanced facilities. Services available at McLeod Health Cheraw include cardiac care, diagnostic imaging, laboratory, rehabilitation, surgery, women's health and hospice. The 59-bed hospital also provides an Emergency Department, an Intensive Care Unit, a Medical Surgical Unit and a Sleep Disorder Center. McLeod Health Clarendon Established in 1951, McLeod Health Clarendon (Formerly Clarendon Memorial Hospital) has served the residents of Clarendon County for 68 years. In 2013, the hospital completed a \$22 million, 47,000 square foot expansion and renovation, encompassing new operating rooms, an emergency department, same-day surgery center and larger patient rooms. Services available at McLeod Health Clarendon include labor and delivery, infusion therapy, cardiac rehabilitation, outpatient rehabilitation, diagnostic imaging, home health and hospice. The hospital has nearly 30 physicians representing medical specialties ranging from family medicine, OB/GYN and orthopedics to plastic surgery and urology. Governance The McLeod Health Board of Trustees is a self-perpetuating, governing board that includes professional members and physicians. The board is composed of representation from those counties within our primary service area. Board members serve five-year terms and are eligible to serve three consecutive five-year terms. The McLeod Health Community Board is an advisory board selected by the McLeod Health Board. More than 50% of the board members are physicians. Board members serve three-year terms. Organization al Characteristics Teaching Hospital and Residency Program Yes Heart and Vascular Institute Yes Stroke Unit (only one in region) Yes Comprehensive Cancer Services Yes Childrens Hospital Yes Pediatric Intensive Care Yes Neonatal Intensive Care Yes Emergency and Trauma Services Yes Trauma Surgical Intensive Car</p>

Form and Line Reference	Explanation
PART VI, LINE 5 CONTINUED	<p>The McLeod Center for Cancer Treatment & Research offers natural light, a cascading water wall, garden views, and relaxing furnishings to inspire, soothe and comfort patients and family members. Patients can also easily manage their physician appointments and infusion or radiation treatments all in one location. In addition, they can participate in cancer research and meet with an oncology navigator or social worker without ever leaving the Cancer Center. In 2018, the Cancer Center installed its third TrueBeam linear accelerator capable of performing an advanced form of radiation therapy to treat lung and liver cancer. Advantages to patients include the ability to deliver a large radiation dose to a tumor in the body, reducing the amount of time during treatment and resulting in fewer treatments. In addition to these units, McLeod offers the only active linear accelerator (LINAC) based Stereotactic Radiosurgery (SRS) program from the midlands to the coast for the treatment of brain cancer and nerve conditions such as trigeminal neuralgia. In 2019, the McLeod Center for Cancer Treatment and Research was named a Novalis Certified Cancer Center following a rigorous and voluntary audit conducted by an independent, third-party panel of experts in radiation oncology, patient safety and treatment quality. One of only eight Novalis Certified Centers in the United States, McLeod is the only such cancer center in South Carolina. The hospital also represents one of only 46 certified centers worldwide. Located within the McLeod Heart and Vascular Institute are three dedicated open heart surgery suites, two hybrid surgical suites, a cardiovascular intensive care unit, the cardiovascular day hospital, and an area for general ultrasound services, echocardiography, and EKG. The Vascular Hybrid Surgical Suite offers McLeod Vascular Surgeons the flexibility of performing both diagnostic and surgical procedures in one location. The hybrid suite eliminates the necessity of moving the patient by combining the two capabilities, X-ray imaging and surgery, into one area. The suite is equipped with X-ray imaging systems mounted to the ceiling. If the patient should require surgery, the equipment is easily moved out of the way and the table converted to a surgical table. In a region that has the highest incidence of heart and vascular disease, McLeod added a second state-of-the-art Hybrid Operating Suite in 2017. This operating suite combines the medical expertise of interventional cardiologists and the surgical expertise of the cardiothoracic surgeons with the most advanced heart technology available to perform TAVR, transcatheter aortic valve replacement. TAVR targets patients with aortic valve stenosis, a condition that results in the narrowing of the main valve that allows the blood to exit the heart causing blood to back up in the lungs. Performed through very small incisions, and in some cases needle punctures, this procedure inserts a new valve without removing the old, degenerated valve. Committed to bringing excellence in healthcare and access to leading edge technology to deliver the highest quality and most innovative surgical treatment to patients in the region, McLeod Medical Park Five is now open on the campus of McLeod Regional Medical Center. The new facility houses the outpatient surgery center and orthopedic physician offices. In 2018, McLeod Health also established McLeod Medical Park Hartsville located in Hartsville, SC. Services offered in Hartsville include physical therapy and rehabilitation services through McLeod Sports Medicine and Rehabilitation, as well as rotating physician appointments in Cardiology, Vascular, and Orthopedics. On the coast, the McLeod Health Carolina Forest complex has opened the first two of seven medical park office buildings. Multiple physician practices occupy these two office buildings as an extension of McLeod Loris Seacoast Hospital. At the entrance of the campus is Building 1 which includes McLeod Family Medicine-Carolina Forest and Atlantic Urology Clinics. Building 2 encompasses McLeod Cardiology Associates, McLeod Vascular Associates, McLeod Loris Seacoast Surgery, McLeod OB/GYN Seacoast and McLeod Neurology-Carolina Forest. In addition, a new outpatient rehabilitation department provides physical, speech, pediatric and occupational therapy services. In October of 2019, McLeod Health also announced the opening of the new McLeod Health Carolina Forest Emergency Department. The 13,000 square-foot Emergency Department, which is open 24/7, offers streamlined services, including 15 spacious exam rooms and state-of-the-art trauma facilities with advanced diagnostic equipment. The only Emergency Department in Carolina Forest, the facility includes a trauma room, triage room, and other specialized areas. In addition, Radiology/CT and Lab services are housed within the Emergency Department to expedite a diagnosis. McLeod Health now offers McLeod TeleHealth, a service that enables patients</p>

Form and Line Reference	Explanation
PART VI, LINE 5 CONTINUED	<p>ents to connect through live video with a doctor anytime from anywhere in the Carolinas using a computer, smart phone or tablet. McLeod TeleHealth is the only hospital-affiliated telehealth service in the region that enables patients to directly communicate with doctors online, making health care access faster, easier, and more affordable. Patients can access a board-certified physician for minor illnesses or recurring conditions like cough, cold, ear infections, bronchitis, rashes, or the flu. Doctors are available 24 hours a day, seven days a week and no appointment is necessary. Sign-up is free at McLeodTeleHealth.org. A free mobile app is also available for download. McLeod is affiliated with academic institutions to address the community's healthcare needs. McLeod facilitates Family Medicine and Pharmacy Residency Programs and supports Francis Marion University's Bachelor of Science Nursing Degree Program as well as Florence-Darlington Technical College's Associate Degree Nursing Program. Rotations at McLeod Regional Medical Center in clinical and administrative areas are also offered to students from educational programs throughout the state. For more than 35 years, McLeod has participated in state-of-the-art cancer research and made clinical trials available to people living in northeastern South Carolina and southeastern North Carolina. McLeod's involvement in cancer research is supported by multiple research partners, including the National Cancer Institute (NCI) and the Southeast Clinical Oncology Research Consortium, (SCOR). McLeod is dedicated to providing area residents the opportunity to participate in a clinical trial that best suits the unique needs of the individual. As nurses are a part of the future of health care, the region is very fortunate to have two excellent nursing education programs in Florence at Francis Marion University and Florence-Darlington Technical College. These two programs are the cornerstone for recruiting, retention and cultivation of exceptional nurses by McLeod and other health care providers in the region. Annually, McLeod Health donates \$75,000 to both the Florence-Darlington Technical College and Francis Marion University Nursing Programs. These contributions recognize each school's Nursing Program for their commitment to the development of outstanding health care professionals for the region. The success of the relationships with the two college Nursing Programs, coupled with strong recruiting efforts, has helped McLeod and other health care providers in the region improve their nursing vacancy rate considerably. In addition to this year's gifts to the Francis Marion University and Florence-Darlington Technical College Nursing Programs, McLeod also offers scholarships to eligible students to assist those who need financial aid with nursing school. McLeod scholarships are available to college students who have been accepted in an accredited allied healthcare program such as nursing. McLeod Health has numerous initiatives in place to provide community benefits that promote prevention, healing, and treatment. Some of these initiatives include health education through seminars and written sources, support groups, health fairs, health screenings and immunizations, free and discounted medical supplies, research, and financial and in-kind contributions. The health screenings that are offered to the community check for problems with blood pressure, cholesterol, diabetes, skin cancer, peripheral vascular disease, and stroke. Childbirth preparation classes, Infant/Child CPR, Community Car Seat Safety Checks by Certified Child Passenger Safety Technicians, and Safe Sitter sessions are also offered to the community. Established in 1986, the McLeod Health Foundation was created to help generate philanthropic, financial and community support for specific programs, projects and growth. Since that time, the McLeod Health Foundation has raised in excess of \$73 Million. The donations given have helped</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6	<p>MCLEOD HEALTH IS THE SOLE MEMBER OF MCLEOD REGIONAL MEDICAL CENTER OF THE PEE DEE, INC AND OTHER RELATED ORGANIZATIONS WHICH COMPRISE THE REGIONAL MCLEOD HEALTH SYSTEM DESCRIPTIONS OF EACH ENTITY FOLLOWS MCLEOD REGIONAL MEDICAL CENTER OF THE PEE DEE, INC MCLEOD REGIONAL MEDICAL CENTER OF THE PEE DEE, INC (MRMC) IS THE LARGEST ENTITY IN THE MCLEOD HEALTH SYSTEM AND OWNS AND OPERATES THE FOLLOWING ORGANIZATIONS, WHICH OPERATE AS DIVISIONS OF MRMC - MCLEOD REGIONAL MEDICAL CENTER, THE SYSTEM'S MAIN HOSPITAL CAMPUS LOCATED IN FLORENCE, SOUTH CAROLINA, WHICH INCLUDES A 517-BED TERTIARY CARE FACILITY AND A 48-BED NEONATAL INTENSIVE CARE UNIT, - MCLEOD MEDICAL CENTER-DARLINGTON, A 49-BED COMMUNITY HOSPITAL LOCATED IN DARLINGTON, SOUTH CAROLINA, - MCLEOD BEHAVIORAL HEALTH, A 23-BED PSYCHIATRIC FACILITY LOCATED ON THE CAMPUS OF MCLEOD MEDICAL CENTER-DARLINGTON, - MCLEOD HOME CARE, WHICH CONSISTS OF MCLEOD HOME HEALTH, A FIVE-COUNTY HOME HEALTHCARE ORGANIZATION WITH OFFICES IN FLORENCE, SOUTH CAROLINA, AND MCLEOD HOSPICE HOUSE, A 24-BED INPATIENT HOSPICE FACILITY LOCATED IN FLORENCE, SOUTH CAROLINA, - MCLEOD HEALTH & FITNESS CENTER, A COMPREHENSIVE HEALTH AND FITNESS CENTER LOCATED IN FLORENCE, SOUTH CAROLINA, - MCLEOD OUTPATIENT SURGERY CENTER, A FREE-STANDING OUTPATIENT SERVICE CENTER LOCATED ON THE CAMPUS OF MCLEOD REGIONAL MEDICAL CENTER ADDITIONALLY, MRMC IS THE MAJORITY OWNER IN A JOINT VENTURE, MCLEOD MEDICAL PARTNERS, LLC, WHICH OWNS AND OPERATES THREE MEDICAL OFFICE BUILDINGS ON THE CAMPUS MCLEOD MEDICAL CENTER-DILLON MCLEOD MEDICAL CENTER-DILLON IS A SOUTH CAROLINA NONPROFIT CORPORATION AND AN ORGANIZATION DESCRIBED UNDER SECTIONS 501(C)(3) AND 509(A)(1) OF THE CODE MCLEOD MEDICAL CENTER-DILLON OWNS AND OPERATES A 66-BED COMMUNITY HOSPITAL LOCATED IN THE CITY OF DILLON IN DILLON COUNTY, SOUTH CAROLINA DILLON COUNTY BORDERS FLORENCE COUNTY TO THE NORTHEAST MCLEOD LORIS SEACOAST HOSPITAL MCLEOD LORIS SEACOAST HOSPITAL JOINED MCLEOD HEALTH IN JANUARY 2012 AND CONSISTS OF THE FOLLOWING DIVISIONS - MCLEOD LORIS, A 50-BED COMMUNITY HOSPITAL LOCATED IN LORIS, SOUTH CAROLINA, - MCLEOD SEACOAST, A 105-BED COMMUNITY HOSPITAL LOCATED IN LITTLE RIVER, SOUTH CAROLINA, McLeod Health Cheraw McLeod Health Cheraw joined McLeod Health in June 2015 and is a 59 bed community hospital located in Cheraw, SC McLeod Health Clarendon McLeod Health Clarendon joined McLeod Health in July 2016 and is an 81 bed community hospital located in Manning, SC MCLEOD PHYSICIAN ASSOCIATES II (MPA II) MPA II IS A SOUTH CAROLINA NONPROFIT CORPORATION AND AN ORGANIZATION DESCRIBED UNDER SECTIONS 501(C)(3) AND 509(A)(2) OF THE CODE THAT OPERATES A MULTI-SPECIALTY PHYSICIAN GROUP PRACTICE OF OVER 190 EMPLOYED PHYSICIANS PROVIDING PRIMARY AND SPECIALTY CARE SERVICES THROUGH OVER 85 OFFICES IN SOUTH AND NORTH CAROLINA MPA II SUPPORTS THE MISSION OF MCLEOD HEALTH, PROVIDING COMPREHENSIVE MEDICAL AND SURGICAL SERVICES, INCLUDING A WIDE RANGE OF PHYSICIAN SPECIALTIES, TO MCLEOD'S PATIENTS FROM A 15-COUNTY SERVICE AREA MCLEOD HEALTH FOUNDATION THE FOUNDATION WAS ORGANIZED IN 1986 AS A SOUTH CAROLINA NONPROFIT CORPORATION AND IS AN ORGANIZATION DESCRIBED UNDER SECTIONS 501(C)(3) AND 509(A)(3) OF THE CODE THE FOUNDATION IS PRINCIPALLY ENGAGED IN FUNDRAISING ACTIVITIES FOR THE SYSTEM ACCORDING TO ITS BYLAWS, THE FOUNDATION'S GOVERNING BODY CONSISTS OF NOT LESS THAN 15 AND NOT MORE THAN 30 MEMBERS, EACH OF WHICH IS APPOINTED BY THE BOARD OF TRUSTEES OF MCLEOD HEALTH (THE "MCLEOD HEALTH BOARD"THE "BOARD") CURRENTLY, THERE ARE 25 MEMBERS OF THE FOUNDATION'S GOVERNING BODY AT LEAST ONE MEMBER OF THE FOUNDATION'S GOVERNING BODY MUST BE A MEMBER OF THE MCLEOD HEALTH BOARD MCLEOD MEDICAL PARTNERS, LLC MCLEOD MEDICAL PARTNERS, LLC IS A FOR-PROFIT ENTITY THAT OWNS AND OPERATES THREE MEDICAL OFFICE BUILDINGS ON THE MCLEOD REGIONAL MEDICAL CENTER CAMPUS MRMC OWNS A 60% SHARE IN THE EQUITY OF THIS COMPANY MCLEOD PHYSICIAN ASSOCIATES, INC MCLEOD PHYSICIAN ASSOCIATES, INC IS A SOUTH CAROLINA FOR PROFIT CORPORATION THAT FORMERLY OPERATED A MULTI-SPECIALTY PHYSICIAN GROUP PRACTICE, BUT IS NOW INACTIVE EFFECTIVE OCTOBER 1, 2006, SUBSTANTIALLY ALL ASSETS AND OPERATIONS OF MCLEOD PHYSICIAN ASSOCIATES, INC WERE TRANSFERRED TO MPA II</p>

990 Schedule H, Supplemental Information

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

Additional Data

Software ID:**Software Version:**

EIN: 57-0370242

Name: MCLEOD REGIONAL MEDICAL CENTER OF THE PEE DEE INC

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

Section A. Hospital Facilities												Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 3												
Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)		
1	MCLEOD REGIONAL MEDICAL CENTER 555 EAST CHEVES STREET FLORENCE, SC 29502 www.mcleodhealth.org SC HTL-0384	X	X	X	X		X	X				A
2	MCLEOD MEDICAL CENTER DARLINGTON 701 CASHUA FERRY ROAD DARLINGTON, SC 29532 www.mcleodhealth.org SC HTL-0631	X	X									A
3	MCLEOD BEHAVIORAL HEALTH 701 CASHUA FERRY ROAD DARLINGTON, SC 29532 www.mcleodhealth.org SC HTL-0631	X										A

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 3	<p>MCLEOD REGIONAL MEDICAL CENTER PRIORITIZED COMMUNITY HEALTH NEEDS WE ASSESSED THE COMMUNI TYS NEEDS BASED ON QUALITATIVE AND QUANTITATIVE DATA, PARTICULARLY FROM COMMUNITY FORUM FE EDBACK THERE ARE THREE PRIORITIZED NEED AREAS AS WELL AS KEY FACTORS AND CONSIDERATIONS O F EACH NEED THESE AREAS ARE OBESITY/CHRONIC CONDITIONS, ACCESS TO HEALTH CARE, AND CHILD RENS HEALTH A BROAD RANGE OF SOCIAL, ECONOMIC, AND ENVIRONMENTAL FACTORS AFFECT THE HEALT H OF INDIVIDUALS AND COMMUNITIES THE SOCIAL AND ECONOMIC CONDITIONS WHERE PEOPLE LIVE, WO RK, LEARN, AND PLAY ARE CALLED SOCIAL DETERMINANTS OF HEALTH SOCIAL DETERMINANTS CAN HAVE A PROFOUND INFLUENCE ON THE CHOICES PEOPLE HAVE IN THEIR DAILY LIVES THAT PROMOTE OR INHI BIT HEALTH WITHIN EACH OF THE COMMUNITY HEALTH NEED AREAS, MULTIPLE FACTORS MUST BE CONSI DERED HEALTH BEHAVIORS, EDUCATION, AND SOCIOECONOMIC/ENVIRONMENTAL CONDITIONS GREATLY AFF ECT AN INDIVIDUALS HEALTH STATUS AND ABILITY TO OVERCOME HEALTH ISSUES IN THE REGION THE MRMC AND MCLEOD DARLINGTON CHNAS NOTED A PLETHORA OF COMMUNITY HEALTH ISSUES AS WELL AS HE ALTH DISPARITIES ACROSS THE STUDY AREA IT IS CRITICAL FOR HEALTH PROVIDERS AND COMMUNITY- BASED ORGANIZATIONS TO UNDERSTAND NOT ONLY THE REGIONAL HEALTH ISSUES, BUT TO BE AWARE OF WHERE DISPARITIES OCCUR TO PINPOINT WHAT SERVICES AND IMPROVEMENTS ARE MOST NEEDED ADDRES SING THE COMMUNITY HEALTH PRIORITIES THE GOALS AND STRATEGIC ACTIONS DELINEATED IN THIS CH NA IMPLEMENTATION PLAN NARRATIVE ARE DEVELOPED TO ADDRESS EACH OF THE IDENTIFIED PRIORITY AREAS AND TO ENSURE A PATIENT CENTERED AND COMMUNITY ENGAGEMENT APPROACH PRIORITY 1 OBES ITY AND CHRONIC CONDITIONS (NUTRITION, PHYSICAL ACTIVITY, AND HEALTH EDUCATION) OBESITY OB ESITY IS AN EPIDEMIC IN THE U S AND CONTRIBUTES TO SEVERAL LEADING CAUSES OF DEATH, INCLU DING HEART DISEASE, DIABETES, STROKE, AND SOME CANCERS IF PRESENT TRENDS CONTINUE, BY 203 0, 86 PERCENT OF ADULTS WILL BE OVERWEIGHT, 51 PERCENT WILL BE OBESE, AND NEARLY A THIRD O F ALL CHILDREN WILL BE OVERWEIGHT ACCORDING TO THE CENTERS FOR DISEASE CONTROL AND PREVENT ION (2012) TOTAL HEALTH CARE COSTS ATTRIBUTABLE TO OBESITY/OVERWEIGHT ARE PREDICTED TO DO UBLE EACH DECADE ENVIRONMENTAL, ECONOMIC, AND CULTURAL CONDITIONS GREATLY INFLUENCE HEALT H BEHAVIORS SUCH AS DIET AND PHYSICAL ACTIVITY AND CONTRIBUTE TO THE RISE IN OBESITY RATES OBESITY RATES ARE HIGHER AMONG LOW-INCOME ADULTS AND CHILDREN AND AMONG AMERICAN INDIANS /ALASKA NATIVE, BLACK, AND HISPANIC INDIVIDUALS CHILDREN LIVING IN DISADVANTAGED COMMUNIT IES AND NEIGHBORHOODS ARE MORE LIKELY TO BE OBESE MOST ADULTS IN THE U S DO NOT MEET THE PHYSICAL ACTIVITY GUIDELINES FOR AMERICANS OBESITY IS PARTICULARLY PREVALENT ACROSS SOUT HERN STATES AND SOUTH CAROLINA HAD THE 10TH HIGHEST OBESITY RATE IN THE NATION IN 2014 66 9 PERCENT OF ADULTS WERE OVERWEIGHT, WITH A BODY MASS INDEX (BMI) OF 25 OR GREATER AND 31 5 PERCENT OF ADULTS WERE OBESE, WITH A BODY MASS INDEX (BMI) OF 30 OR GREATER AMONG THE YOUTH IN SOUTH CAROLINA, 15 PE</p>

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 3	<p>RCENT WERE OVERWEIGHT (= 85TH PERCENTILE FOR AGE AND SEX) AND 16 7 PERCENT WERE OBESE (= 9 5TH PERCENTILE FOR AGE AND SEX) IN THE MRMC STUDY AREA, 36 1 PERCENT OF RESIDENTS ARE OBE SE BOTH COMMUNITY LEADERS AND STAKEHOLDERS CITED OBESITY AS A TOP HEALTH CONCERN DURING T HE PREVIOUS 2013 CHNA PROCESS AMONG THE COUNTIES, ADULT OBESITY IS HIGHEST IN LEE COUNTY WITH 44 1 PERCENT OF RESIDENTS BEING OBESE WILLIAMSBURG COUNTY IS SECOND HIGHEST AT 43 1 PERCENT OF OBESE RESIDENTS IN THE COUNTY CHRONIC CONDITIONS OBESITY IS A KEY FACTOR IN PR EVENTING CHRONIC DISEASES SUCH AS HYPERTENSION, HEART DISEASE, DIABETES, AND STROKE ADULT S WHO ARE OVERWEIGHT ARE MORE LIKELY TO HAVE HYPERTENSION AND HIGH CHOLESTEROL, BOTH OF WH ICH CAN LEAD TO MAJOR HEALTH ISSUES LIKE HEART DISEASE AND STROKE OBESITY AND CHRONIC DIS EASES HAVE A NEGATIVE EFFECT ON A PERSONS GENERAL HEALTH AND OVERALL WELL-BEING IT IS NOT ED THAT THE COUNTIES THAT EXPERIENCE THE HIGHEST RATES OF OBESITY AND CHRONIC CONDITIONS A LSO REPORT HIGHER PERCENTAGES OF RESIDENTS WITH POOR OR FAIR HEALTH HEART DISEASE AND HYP ERTENSION SOUTH CAROLINA HAS THE EIGHTH HIGHEST RATE OF HYPERTENSION IN THE NATION FLOREN CE COUNTY HAS THE HIGHEST RATE OF HYPERTENSION AMONG MEDICARE PATIENTS FOR THE STATE AND T HE SECOND-HIGHEST RATE IN THE NATION ACROSS THE CHNA STUDY AREA, THE CORRELATION BETWEEN OBESITY AND CHRONIC CONDITIONS IS EVIDENT LEE AND WILLIAMSBURG COUNTIES HAVE THE HIGHEST PERCENT OF OBESE ADULTS IN THE STUDY AREA LEE COUNTY HAS THE HIGHEST RATE OF MORTALITY DU E TO STROKE IN THE STUDY AREA WITH A RATE OF 71 6 PER 100,000 POPULATION, WHILE WILLIAMSBU RG COUNTY HAS THE HIGHEST RATES OF DIABETES, HIGH CHOLESTEROL, AND MORTALITY DUE TO HEART DISEASE IN THE STUDY AREA IN ADDITION TO THE RATES OF OBESITY AND CHRONIC CONDITIONS IN L EE AND WILLIAMSBURG COUNTIES, DILLON COUNTY REPORTS THE HIGHEST PERCENTAGE OF RESIDENTS IN THE STUDY AREA WITH HIGH BLOOD PRESSURE AT 41 6 PERCENT LEE, WILLIAMSBURG, AND DILLON CO UNTIES REPORT SOME OF THE HIGHEST PERCENTAGES OF RESIDENTS WITH POOR OR FAIR GENERAL HEALT H FOR THE STUDY AREA IT IS NOTED THAT KERSHAW COUNTY HAS THE LOWEST PERCENTAGE OF OBESE A DULTS AMONG COUNTIES ASSESSED AT 30 6 PERCENT AND THE LOWEST PERCENTAGE OF ADULTS WITH POO R OR FAIR GENERAL HEALTH AT 15 0 PERCENT DIABETES NATIONWIDE, IT IS ESTIMATED THAT NEARLY 26 MILLION PEOPLE HAVE DIABETES, INCLUDING OVER A QUARTER WITH THE CONDITION UNDIAGNOSED, AND THAT 79 MILLION PEOPLE ARE PRE-DIABETIC, WITH BLOOD GLUCOSE LEVELS THAT INCREASE THE RISK OF DEVELOPING DIABETES THE PREVALENCE OF DIABETES INCREASES WITH AGE, AND NEARLY 27 PERCENT OF THOSE OVER AGE 65 HAVE DIABETES AMONG RACIAL AND ETHNIC GROUPS, DIABETES PREVA LENCE IS HIGHEST AMONG AFRICAN AMERICANS THE RISE IN DIABETES PREVALENCE CORRESPONDS WITH THE RISE IN OBESITY RATES, AND CHILDREN ARE INCREASINGLY AFFECTED BY BOTH OBESITY AND DIA BETES IT IS DOCUMENTED AMONG DIABETES EDUCATORS THAT MANY PATIENTS ARE GENERALLY UNAWARE OF THE SERIOUSNESS OF DIABETES</p>

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 3	<p>THEY ALSO NOTE THAT PEOPLE WHO ARE NEWLY DIAGNOSED ARE OFTEN OVERWHELMED, CONFRONTED WITH MISINFORMATION, OR FEEL THEY ARE POWERLESS TO MAKE POSITIVE CHANGES TO CONTROL THE DISEASE. SOUTH CAROLINA HAS THE SEVENTH HIGHEST DIABETES RATE IN THE U.S., AND 13.4 PERCENT OF RESIDENTS IN THE MRMC STUDY AREA HAVE DIABETES. WILLIAMSBURG COUNTY, WHICH HAS THE HIGHEST OBESITY RATE IN THE MRMC STUDY AREA, HAS THE HIGHEST RATE OF DIABETES IN THE STUDY AREA. IN ADDITION, WILLIAMSBURG COUNTY HAS ONE OF THE LOWEST AVERAGE HOUSEHOLD INCOME LEVELS FOR THE MRMC REGION. RESIDENTS WHO ARE LIVING IN POVERTY AND ARE UNINSURED OFTEN FACE CHALLENGES ACCESSING CARE FOR HEALTH CONDITIONS ASSOCIATED WITH DIABETES DUE TO THE COST OF CARE, WHICH CAN RESULT IN HIGHER RATES OF HOSPITALIZATIONS DUE TO DIABETES COMPLICATIONS. A MAJORITY OF COMMUNITY LEADERS WHO WERE INTERVIEWED AND PARTICIPATED IN THE FORUM AS PART OF THE CHNA IDENTIFIED ACCESS TO HEALTH CARE AS THE TOP HEALTH NEED FOR THE POPULATIONS THEY SERVED IN THE PEEDEE REGION OF SOUTH CAROLINA, WHICH INCLUDES FLORENCE COUNTY (LOCATION OF MRMC) AND DARLINGTON COUNTY (LOCATION OF MCLEOD DARLINGTON), CHRONIC CONDITIONS SUCH AS DIABETES, DISEASES OF THE HEART, CHRONIC LOWER RESPIRATORY DISEASE, AND CHRONIC LIVER DISEASE, ACCOUNT FOR THE 10 LEADING CAUSES OF DEATH IN THE REGION. MANY DEATHS THAT ARE ATTRIBUTED TO CHRONIC DISEASE ARE CONSIDERED TO BE PREMATURE, BEFORE AGE 75, BECAUSE OF BEHAVIORS LIKE SMOKING, POOR DIET, LACK OF PHYSICAL ACTIVITY, AND SUBSTANCE ABUSE, AS WELL AS SOCIAL AND ENVIRONMENTAL FACTORS. IN THE U.S., PEOPLE WITH LOWER INCOMES ARE MORE LIKELY TO DIE PREMATURELY THAN THOSE WITH HIGHER INCOMES. LIFE EXPECTANCY AT BIRTH IS THE NUMBER OF YEARS A NEWBORN CAN EXPECT TO LIVE IF THE CURRENT AGESPECIFIC DEATH RATES STAY THE SAME FOR HIS OR HER LIFE. IN SOUTH CAROLINA, LIFE EXPECTANCY IS 76.5 YEARS. NUTRITION: MANY ADULTS AND CHILDREN DO NOT EAT THE RECOMMENDED SERVINGS OF FRUITS AND VEGETABLES AS THE FOODS THAT ARE ASSOCIATED WITH HEALTHY DIETS OFTEN COST MORE THAN UNHEALTHY FOODS AND ARE UNAFFORDABLE FOR MANY LOW-INCOME AND UNINSURED FAMILIES. IN 2015, 45.2 PERCENT OF SURVEYED ADULTS REPORTED CONSUMING FRUIT LESS THAN ONE TIME DAILY, WHILE 26.8 PERCENT OF ADULTS REPORTED CONSUMING VEGETABLES LESS THAN ONE TIME DAILY. PHYSICAL ACTIVITY: AMONG SOUTH CAROLINA ADULTS, 49.1 PERCENT ACHIEVED AT LEAST 150 MINUTES A WEEK OF AEROBIC PHYSICAL ACTIVITY. 26.9 PERCENT OF SOUTH CAROLINA ADULTS REPORTED THAT DURING THE PAST MONTH, THEY HAD NOT PARTICIPATED IN ANY PHYSICAL ACTIVITY ACCORDING TO THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) 2015 HEALTH EDUCATION BOTH IN THE 2013 AND THE 2016 CHNAs. NEARLY EVERY COMMUNITY LEADER INTERVIEWED RESPONDED THAT RESIDENTS DO NOT MAKE HEALTHY EATING AND LIVING A PRIORITY BECAUSE THEY LACK THE EDUCATION TO UNDERSTAND HOW IMPORTANT THESE STEPS ARE TO PREVENTING CHRONIC CONDITIONS, ESPECIALLY OBESITY AND LIVING A LONGER AND HEALTHIER LIFE WHERE LOWER EDUCATION LEVELS EXIST.</p>

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 4	MCLEOD MEDICAL CENTER DARLINGTON & MCLEOD BEHAVIORAL HEALTH HOSPITALS ARE BOTH IN DARLINGTON, SC SO WERE BOTH COVERED BY THAT DARLINGTON CHNA

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11	THERE HAS NOT BEEN ADEQUATE TIME OR RESOURCES TO ADDRESS ALL THE NEEDS AT THIS TIME MCLEOD REGIONAL MEDICAL CENTER NEEDS IDENTIFIED AS SHOWN IN THE LINE 3 EXPLANATION ARE BEING ADDRESSED BUT THE TWO TOP WAYS IDENTIFIED TO IMPROVE HEALTH IN THE COMMUNITY, HEALTHY LIFESTYLE AND EXERCISE, ARE NOT SHORT-TERM ISSUES TO SOLVE MCLEOD MEDICAL CENTER DARLINGTON NEEDS IDENTIFIED AS SHOWN IN THE LINE 3 EXPLANATION ARE BEING ADDRESSED BUT THE TWO TOP WAYS IDENTIFIED TO IMPROVE HEALTH IN THE COMMUNITY, HEALTHY LIFESTYLE AND EXERCISE, ARE NOT SHORT-TERM ISSUES TO SOLVE MCLEOD BEHAVIORAL HEALTH NEEDS IDENTIFIED AS SHOWN IN THE LINE 3 EXPLANATION ARE BEING ADDRESSED BUT THE TWO TOP WAYS IDENTIFIED TO IMPROVE HEALTH IN THE COMMUNITY, HEALTHY LIFESTYLE AND EXERCISE, ARE NOT SHORT-TERM ISSUES TO SOLVE

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493230011180

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization
MCLEOD REGIONAL MEDICAL CENTER OF
THE PEE DEE INC

Employer identification number
57-0370242

Part I

General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

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

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) FLORENCE DARLINGTON TECHNICAL COLLEGE 2715 W LUCAS ST FLORENCE, SC 29501	57-0679802	GOVT	75,000		CASH		NURSING SCHOLARSHIPS
(2) FRANCIS MARION UNIVERSITY 4822 E PALMETTO ST FLORENCE, SC 29506	23-7432174	501(C)(3)	75,000		CASH		NURSING SCHOLARSHIPS

2

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

2

3

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	MONITORING USE OF GRANTS THE GRANTS ARE MADE TO GOVERNMENTAL OR CHARITABLE ORGANIZATIONS FOR USE IN THEIR CHARITABLE ACTIVITIES ACCORDINGLY, MCLEOD HEALTH EXPECTS THE ORGANIZATION TO USE THE FUNDS FOR PROPER PURPOSES, AND AS SUCH, DOES NOT MONITOR THESE GRANTS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**
- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization
MCLEOD REGIONAL MEDICAL CENTER OF
THE PEE DEE INC

Employer identification number
57-0370242

Part I Questions Regarding Compensation

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

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

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

a The organization?

b Any related organization?

If "Yes," on line 5a or 5b, describe in Part III

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

a The organization?

b Any related organization?

If "Yes," on line 6a or 6b, describe in Part III

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

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

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

Yes No

1b

2

4a

No

4b

Yes

4c

No

5a

No

5b

No

6a

No

6b

No

7

Yes

8

No

9

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

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

See Additional Data Table

Schedule J (Form 990) 2018

Part III **Supplemental Information**

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

Return Reference	Explanation
Schedule J, Part I, Line 3	McLeod Health uses all of the methods described in Schedule J, Part I, Line 3 to establish the compensation of its executives serving the hospitals and affiliated organizations in the McLeod Health system.

Return Reference	Explanation
Schedule J, Part I, Line 4b	MCLEOD HEALTH HAS A 457(F) EXECUTIVE RETIREMENT PLAN (THE "PLAN") PARTICIPATION IN THE PLAN IS LIMITED TO A SELECT GROUP OF EXECUTIVE MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES DESIGNATED BY THE BOARD OF MCLEOD HEALTH AT ITS SOLE DISCRETION MCLEOD HEALTH MAY MAKE DISCRETIONARY CONTRIBUTIONS TO THE PLAN ON BEHALF OF PARTICIPANTS, WHICH NEED NOT BE UNIFORM AMONG PARTICIPANTS NO PARTICIPANT CONTRIBUTIONS ARE PERMITTED UNDER THE PLAN SO THE PLAN IS ENTIRELY FUNDED BY MCLEOD HEALTH CONTRIBUTIONS TO THE PLAN ARE MADE IN A MANNER THAT IS CONSISTENT WITH MCLEOD HEALTH'S POLICIES, PROCESS, AND PROCEDURES FOR DETERMINING COMPENSATION

Return Reference	Explanation
Schedule J, Part I, Line 7	THE ORGANIZATION AWARDS BONUSES ON THE BASIS OF QUALITY AND OTHER PERFORMANCE FACTORS



Additional Data

Software ID:

Software Version:

EIN: 57-0370242

Name: MCLEOD REGIONAL MEDICAL CENTER OF THE PEE DEE INC

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ERIK DEHLINGER MD STAFF PHYSICIAN	(i)	619,109	18,200	3,856	0	16,195	657,360	0
	(ii)	0	0	0	0	0	0	0
JEREMY R ROBERTSON MD VP/Chief Medical Officer	(i)	484,587	0	1,664	14,825	35,453	536,529	0
	(ii)	0	0	0	0	0	0	0
MICHAEL R ROSE MD CHAIRMAN/ SR VP	(i)	460,325	69,053	3,931	36,183	19,181	588,673	0
	(ii)	0	0	0	0	0	0	0
JAMES SMITH MD STAFF PHYSICIAN	(i)	628,409	0	2,326	0	38,800	669,535	0
	(ii)	0	0	0	0	0	0	0
MARIE G SALEEBY SR VICE PRESIDENT	(i)	455,996	56,521	15,677	60,804	39,118	628,116	0
	(ii)	0	0	0	0	0	0	0
MARWAN ELYA MD Staff Physician	(i)	520,386	30,000	1,780	15,054	36,943	604,163	0
	(ii)	0	0	0	0	0	0	0
DONNA C ISGETT COO REL ORG(STARTING SEP 2019)	(i)	0	0	0	0	0	0	0
	(ii)	557,658	81,561	9,028	74,196	30,629	753,072	0
TONY M DERRICK CHIEF OF NURSING MRMC	(i)	151,844	12,176	2,558	14,248	17,648	198,474	0
	(ii)	0	0	0	0	0	0	0
S FULTON ERVIN III CFO OF RELATED ORG	(i)	0	0	0	0	0	0	0
	(ii)	520,075	95,339	12,662	70,576	25,291	723,943	0
RONALD L BORING COO REL ORG (until Sept 2019)	(i)	0	0	0	0	0	0	0
	(ii)	508,238	64,654	13,188	67,902	34,304	688,286	0
C DALE LUSK MD VP MEDICAL SERVICES/CMO	(i)	351,638	53,489	2,573	22,236	29,583	459,519	0
	(ii)	0	0	0	0	0	0	0
Karim Tazi MD Staff Physician	(i)	564,522	0	1,764	0	36,527	602,813	0
	(ii)	0	0	0	0	0	0	0
VINOD K JONA MD MEDICAL DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	559,135	0	3,217	0	30,520	592,872	0
Rajesh Bajaj MD Staff Physician	(i)	798,859	0	3,259	0	39,440	841,558	0
	(ii)	0	0	0	0	0	0	0
D Parker Lilly MD Chief of Staff REL ORG	(i)	0	0	0	0	0	0	0
	(ii)	239,176	140,933	2,550	0	37,991	420,650	0
Mark A Reynolds MD CHIEF OF STAFF REL ORG	(i)	0	0	0	0	0	0	0
	(ii)	490,435	0	8,055	0	26,702	525,192	0
Mamdouh N Mijalli MD CHIEF OF STAFF REL ORG	(i)	0	0	0	0	0	0	0
	(ii)	525,725	0	2,350	0	25,233	553,308	0
Robert L Colones President/CEO OF REL ORG	(i)	0	0	0	0	0	0	0
	(ii)	843,995	145,251	12,347	451,800	43,483	1,496,876	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
MCLEOD REGIONAL MEDICAL CENTER OF
THE PEE DEE INC

Employer identification number
57-0370242

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A FLORENCE COUNTY	57-6000351	340122JN1	08-05-2010	170,200,565	SEE PART IV		X		X		X
B FLORENCE COUNTY	57-6000351	340122LC2	05-07-2014	70,222,080	REFUND 2004 BONDS		X		X		X
C SOUTH CAROLINA JOBS-ECONOMIC DEVELOPMENT AUTHORITY	57-0960018	83703FKUS	06-28-2018	91,030,737	NEW CONSTRUCTION AT MRMC		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	26,235,000		1,220,000		1,500,200			
2	Amount of bonds legally defeased	0		0		0			
3	Total proceeds of issue	170,300,986		70,222,080		92,730,197			
4	Gross proceeds in reserve funds	0		0		0			
5	Capitalized interest from proceeds	3,239,045		0		5,052,484			
6	Proceeds in refunding escrows	0		0		0			
7	Issuance costs from proceeds	2,092,445		953,271		1,030,737			
8	Credit enhancement from proceeds	0		0		0			
9	Working capital expenditures from proceeds	0		0		0			
10	Capital expenditures from proceeds	100,009,563		0		38,227,495			
11	Other spent proceeds	64,859,512		69,268,809		0			
12	Other unspent proceeds	0		0		46,720,021			
13	Year of substantial completion	2013		2014		2020			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X			
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

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

Part III Private Business Use (Continued)									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV Arbitrage									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X	X		X			
b	Exception to rebate?		X		X		X		
c	No rebate due?	X			X		X		
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X			X		X		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b	Name of provider	0		0		0			
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X	X			
b Name of provider	0		0		TORONTO-DOMINION			
c Term of GIC					250 %			
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?					X			
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SCHEDULE K, PART I, LINE A	DESCRIPTION OF PURPOSE TO CONSTRUCT AND EQUIP PORTIONS OF THE HOSPITAL, AND TO REFUND 2004 BONDS

Return Reference	Explanation
SCHEDULE K, PART I, LINE C	DESCRIPTION OF PURPOSE TO CONSTRUCT NEW EMERGENCY DEPARTMENT IN FLORENCE, SC HOSPITAL

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 2C	DATE THE REBATE COMPUTATION WAS PERFORMED - 11/21/2018

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

MCLEOD REGIONAL MEDICAL CENTER OF THE PEE DEE INC

Employer identification number

57-0370242

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI Line 6	MCLEOD REGIONAL MEDICAL CENTER OF THE PEE DEE, INC HAS A SOLE MEMBER, WHICH IS MCLEOD HEALTH

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI Line 7a	THE BOARD OF MCLEOD HEALTH (SOLE MEMBER) HAS FINAL AUTHORITY AS NEEDED ON THE MAKEUP AND DECISION MAKING OF MCLEOD REGIONAL MEDICAL CENTER OF THE PEE DEE, INC 'S BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI Line 7b	THE BOARD OF MCLEOD HEALTH (SOLE MEMBER) HAS FINAL AUTHORITY AS NEEDED ON THE MAKEUP AND DECISION MAKING OF MCLEOD REGIONAL MEDICAL CENTER OF THE PEE DEE, INC

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI Line 11b	THE PROCESS THE ORGANIZATION USES TO REVIEW THE FORM 990 CONSISTS OF PROVIDING ELECTRONIC COPIES OF THE FORM 990 TO EACH MEMBER OF THE FINANCE COMMITTEE OF MCLEOD HEALTH (SOLE MEMBER) ALONG WITH AN ELECTRONIC SLIDE PRESENTATION COVERING FORM 990 BY THE PREPARING FIRM, KPMG LLP, TO ALLOW FOR A THOROUGH REVIEW BEFORE THE FILING DATE OF AUGUST 17, 2020

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI Line 12c	MCLEOD REGIONAL MEDICAL CENTER OF THE PEE DEE, INC AND MCLEOD HEALTH (SOLE MEMBER) REGULARLY AND CONSISTENTLY MONITOR AND ENFORCE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IN THAT ANY DIRECTOR, PRINCIPAL OFFICER, OR MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS, WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST, MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF THE COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT THE REMAINING INDIVIDUALS ON THE GOVERNING BOARD OR COMMITTEE WILL DECIDE IF CONFLICTS OF INTEREST EXIST EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS ANNUALLY SIGNS A STATEMENT WHICH AFFIRMS SUCH PERSON HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, AND UNDERSTANDS THAT THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, IT MUST ENGAGE PRIMARILY IN ACTIVITIES THAT ACCOMPLISH ITS TAX-EXEMPT PURPOSE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI Line 15b	IN DETERMINING COMPENSATION OF MCLEOD REGIONAL MEDICAL CENTER OF THE PEE DEE, INC'S CEO AND OTHER OFFICERS AND KEY EMPLOYEES, THE PROCESS INCLUDED A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA AND THE CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATIONS AND DECISION THE GOVERNANCE COMMITTEE REVIEWED AND APPROVED THE CEO'S COMPENSATION IN THE REVIEW OF COMPENSATION, THE CEO, OTHER OFFICERS, AND OTHER KEY EMPLOYEES, WAS COMPARED TO SIMILARLY SITUATED ORGANIZATION AND POSITIONS INDIVIDUALS WERE NOT PRESENT WHEN THEIR COMPENSATION WAS DETERMINED

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI Line 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE NOT AVAILABLE TO THE PUBLIC UPON REQUEST ORGANIZATION'S FORM 990 IS OPEN FOR PUBLIC INSPECTION, PROVIDES FINANCIAL INFORMATION, AND ADDRESSES ISSUES OF GOVERNANCE SUCH AS THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND GOVERNANCE DOCUMENTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2B	FORM 990, PART XII, LINE 2B THE FINANCIAL STATEMENTS WERE AUDITED ON A CONSOLIDATED BASIS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART XI LINE 9	NET ASSETS RELEASED FROM RESTRICTION FOR PURCHASES OF PROPERTY AND EQUIPMENT IN THE AMOUNT OF \$709,563

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
MCLEOD REGIONAL MEDICAL CENTER OF
THE PEE DEE INC

Employer identification number
57-0370242

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) MCLEOD MEDICAL PARTNERS LLC 4401 BARCLAYS DOWN DR STE 3 CHARLOTTE, NC 28209 57-0812002	RENTAL	SC	0	0	MCLEOD REG
(2) McLeod Healthcare Network LLC 555 EAST CHEVES STREET FLORENCE, SC 29506 82-1606640	Healthcare	SC	0	0	McLeod HLTH

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) MCLEOD PHYSICIAN ASSOCIATES INC 555 EAST CHEVES STREET FLORENCE, SC 29506 58-2279897	PHYSICIAN SVC	SC	NA	C Corp					No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)MCLEOD HEALTH	m	72,250,454	ACTUAL COST
(2)MCLEOD HEALTH FOUNDATION	c	4,059,221	CASH
(3)MCLEOD PHYSICIAN ASSOCIATES II	M	5,479,916	ACTUAL COST
(4)MCLEOD PHYSICIAN ASSOCIATES II	J	6,153,707	

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
Form Sch R Part III	NAME OF RELATED ORGANIZATION MCLEOD MEDICAL PARTNERS, LLC DIRECT CONTROLLING ENTITY MCLEOD REGIONAL MEDICAL CENTER OF THE PEE DEE, INC

Additional Data

Software ID:
Software Version:
EIN: 57-0370242
Name: MCLEOD REGIONAL MEDICAL CENTER OF
THE PEE DEE INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
555 EAST CHEVES STREET FLORENCE, SC 29506 57-0818672	RAISE MONEY	SC	501(C)(3)	LINE 12	MCLEOD HEATH		No
555 EAST CHEVES STREET FLORENCE, SC 29506 51-0473500	HEALTHCARE	SC	501(C)(3)	LINE 12C	MCLEOD HEATH		No
555 EAST CHEVES STREET FLORENCE, SC 29506 51-0473471	HOSPITAL	SC	501(C)(3)	LINE 3	MCLEOD HEATH		No
555 EAST CHEVES STREET FLORENCE, SC 29506 20-2935692	PHYSICIAN SVC	SC	501(C)(3)	LINE 10	MCLEOD HEATH		No
555 EAST CHEVES STREET FLORENCE, SC 29506 45-3576100	HOSPITAL	SC	501(C)(3)	LINE 3	MCLEOD HEATH		No
555 EAST CHEVES STREET FLORENCE, SC 29506 47-3712858	HOSPITAL	SC	501(C)(3)	LINE 3	MCLEOD HEATH		No
555 EAST CHEVES STREET FLORENCE, SC 29506 81-2772554	HOSPITAL	SC	501(C)(3)	LINE 3	MCLEOD HEATH		No
555 EAST CHEVES STREET FLORENCE, SC 29506 81-5006949	HOSPITAL	SC	501(C)(3)	LINE 3	MCLEOD HEALT		No