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Form **990** 

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2008

Open to Public Inspection

A Fo	r the	2008 ca	elendar yea	r, or tax year begin		and ending 09-30-20	009			
		pplicable	Please	C Name of organizatio Jupiter Medical Cente				D Emp	ioyer ide	entification number
	dress cl		use IRS label or	Doing Business As					146023 phone nu	
	me cha	_	print or type. See							
	ial retu		Specific Instruc-			not delivered to street add	Iress) Room/	suite	1)747-2 s receipt	2234 ts \$ 188,388,788
Te	mınatı	on	tions.	1210 South Old Dixie	: Highway					
☐ Am	ended	return		City or town, state o Jupiter, FL 33458	r country, and ZIP +	4	•			
☐ Ap	olication	n pending		34pice1, 12 33430						
				ne and address of P	rıncıpal Officer		H(a) I	s this a grou	p return	
				n J Grigsby SOUTH OLD DIXIE	HIGHWAY		a	ffiliates?		ΓYes <b>Γ</b> Nο
			JUPITE	ER,FL 33458			— H(b) A	re all affiliate	s include	ed?
I Ta	x-exen	npt status	▼ 501(c)	) ( 3 ) ◀ (ınsert no )	4947(a)(1) or	527				See instructions )
J W	eb sit	:e: 🕨 ww	w jupiterme	d com			H(c)	Group Exemp	tion Nu	mber 🟲
<b>К</b> Тур	e of or	ganızatıon	<b>✓</b> Corporat	ion trust associat	on other ►		<b>L</b> Year	of Formation	1976 <b>M</b>	State of legal domicile FL
Pa	rt I	Sum	mary							
	1			e organization's mis	sion or most sig	nıfıcant actıvıtıes				
2			•			ellent and compassion	nate health	care promoti	ng the v	vell-being of the
Ě		people	the corpora	ition serves, regard	less of their abili	ty to pay				
E E	2	Check	this box	if the organization d	liscontinued its o	pperations or disposed	l of more th	an 25% of it	s assets	s
Governance	3		,			VI, line 1a)			3	14
	4		_	_		ng body (Part VI, line			4 _	14
Activities &	5	Total n	umber of en	nployees (Part V, III	ne 2a)				5 _	1,554
₩.	6	Total n	umber of vo	lunteers (estimate	ıfnecessary) .				6_	519
ă	7a	Total g	ross unrela	ted business reveni	ue from Part VIII	, line 12, column (C)			7a _	48,576
	ь	Net unr	elated busi	ness taxable incom	e from Form 990	-T, line 34			7b	1,658
								Prior Year		Current Year
≘	8			d grants (Part VIII,	•		•		5,330	2,408,069
eni	9			revenue (Part VIII,		•	165,198		168,117,115	
Reven	10 11			ne (Part VIII, colur art VIII, column (A		•		7,680 3,877	837,390 2,660,558	
	12		•	,		art VIII, column (A), l	ıne	2,00.	,,077	2,000,330
		12)						177,03!	5,107	174,023,132
	13			ar amounts paid (Pa	, , ,				0	0
	14			or for members (Part			_		0	0
8	15	Saları 10)	es, other co	ompensation, emplo	yee benefits (Pai	t IX, column (A), lines	5 5 -	71,119	9,992	72,816,675
8	16a	Profes	sional fund	raising fees (Part I)	X, column (A), lın	e 11e)			0	0
Expenses	ь	(Total f	undraising ex	penses, Part IX, column	(D), line 25 <u>0</u>	)				
	17	Other	expenses (	(Part IX, column (A)	), lines 11a-11d	, 11f-24f)		105,548	3,859	101,688,168
	18	Total	expenses—	add lines 13-17 (m	nust equal Part I	X, line 25, column (A)	)	176,668	3,851	174,504,843
- 00	19	Reven	ue less exp	oenses Subtract lin	e 18 from line 12			366	5,256	-481,711
96 S							Be	ginning of Ye	ar	End of Year
Net Assets or Fund Balances	20	Total	assets (Par	rt X, line 16)				151,478	3,050	153,130,025
A P	21	Total	liabilities (F	Part X, line 26)				92,152	2,525	93,750,896
	22	_		d balances Subtrac	t line 21 from lir	ie 20		59,325	5,525	59,379,129
Pa	rt II		ature Blo							
						turn, including accompanyi er (other than officer) is ba				
Plea		***:						2010-05-07		
Sigr Her		Sign	ature of office	<u></u>				Date		
1101			hen J Grigsby							
		<b> </b> " <sup>⊤ype</sup>	e or print nam	е ани ние	Т		la		,	/a a - · ·
<b>.</b>		Preparei signatur				Date	Check if self-	_	er's PTIN (	(See Gen Inst )
Paid	- احمدا		<u> </u>				empolyed I	·		
Use !	arer's Onlv	ıf self-eı	ame (or yours nployed),	D .				EIN Þ		
J 36	only	address,	and ZIP + 4	3815 River Crossin	g Pkwy Suite 300			Dhana	no. <b>k</b> /2	17) 560, 9090
				Indianapolis, IN 4					F (3	17) 569-8989
May	tne IR	S discus	ss this retu	rn with the preparer	snown above? (S	See instructions) .				▼Yes  No

# Form 990 (2008) Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization	n's mission				
					g the well-being of the people the harity care, medicare and medica	e corporation serves, regardless of aid programs
2	Did the organization und the prior Form 990 or 99		t program se	ervices during the year v	which were not listed on	┌ Yes ┌ No
	If "Yes," describe these	new services on Sch	edule O			
3	Did the organization cea services? If "Yes," describe these			t changes in how it cond	ducts any program	┌ Yes ┌ No
4	Describe the exempt pur	rpose achievements f 4) organizations and	or each of th 4947 (a)(1)	trusts are required to re	argest program services by port the amount of grants a d	
4a	(Code	) (Expenses \$	139,594,821	ıncludıng grants of \$	0 ) (Revenue \$	168,107,769 )
Tu	Delivery of healthcare service	es to people in the Jupite nd outpatient surgeries an	r, Florida area d saw more th	During the year ended Septe	, ,	ated more than 12,000 inpatients,
4b	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$		ıncludıng grants of \$	) (Revenue \$	)
4d	Other program services	s (Describe in Sched	ule O )			
	(Expenses \$	ınclud	ıng grants o	f \$	) (Revenue \$	)
4e	Total program service e	expenses \$	139,594,82	1 Must equal Part IX, I	Line 25, column (B).	

			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? 🕏	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		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	4	Yes	
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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,"	8		No
9	Did the organization report an amount in Part X, line 21, 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,"			No
	complete Schedule D, Part IV	9		
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		No
18	Did the organization report more than \$15,000 total 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 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Yes	
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		N o
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	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 $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

### Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νο
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal				
	of U.S. Information Returns. Enter -0- if not applicable				
	1a	99			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0			
_	L1				
С	Did the organization comply with backup withholding rules for reportable payments to vend gaming (gambling) winnings to prize winners?	ors and reportable	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	1,554			
<b>L</b>	return	,			
ь	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return		2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the y	ear covered by this			
	return?		3a	Yes	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<del> </del>	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signatur over, a financial account in a foreign country (such as a bank account, securities account, account)?		4a		No
ь	,				
	If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Financial Accounts.	Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the	tav vear?	5a		Νο
	Did any taxable party notify the organization that it was or is a party to a prohibited tax she	· · ·			No
		-	5b		
С	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Tax Shelter Transaction</i> ?	Regarding Prohibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement that suc	h contributions or gifts	_		
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		_		
а	Did the organization provide goods or services in exchange for any quid pro quo contribution more?	on of \$75 or	7a		N o
	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 file Form 8282?	•	7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year   7d				110
_	[74]				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premi benefit contract?	ums on a personal	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal be	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8899 a	s required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Fo	orm 1098-C as			
	required?		7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and sect supporting organizations. Did the supporting organization, or a fund maintained by a sponso excess business holdings at any time during the				
	year?		8		
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? .		9b		
10	Section 501(c)(7) organizations. Enter				
а	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				
11	Section 501(c)(12) organizations Enter				
а	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	f Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				

# Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A	. Governing	Body and	Management
		Doug and	I la lia gollioni

					Yes	No		
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the circumstances,					
1a	Enter the number of voting members of the governing body	ter the number of voting members of the governing body   1a   14						
Ь	Enter the number of voting members that are independent	1b	14					
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		No		
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management control over management control over management duties.			3		No		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization's assets?							
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect governing body?		7a		No			
ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	rother persons?	7b		Νo		
8	Did the organization contemporaneously document the meetings held or written activities year by the following	ons u	ndertaken during the					
а	the governing body?			8a	Yes			
ь	each committee with authority to act on behalf of the governing body?			8b	Yes			
9a	Does the organization have local chapters, branches, or affiliates?			9a		Νo		
b	If "Yes," does the organization have written policies and procedures governing the adaffiliates, and branches to ensure their operations are consistent with those of the organization.		• •	9b				
10	Was a copy of the Form 990 provided to the organization's governing body before it was tescribe in Schedule O the process, if any, the organization uses to review the			10	Yes			
11	Is there any officer, director or 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							

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does 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			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken 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
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. another's website view upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization STEPHEN J GRIGSBY 1210 SOUTH OLD DIXIE HIGHWAY JUPITER, FL 33458 (561) 747-2234

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- \* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- \* 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

The check this box in the organization and i		Posit	(C	) chec	:k al			(E)	(F)
(A) Name and Title	(B) Average hours per week	Foin ghest con mployee  Key emp Offic  Individual Individual		(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations			
						_			

### Part VII Continued

	(B) Average hours per week		(tion that a			all			(E)	(F)
<b>(A)</b> Name and Title		Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							$\vdash$			
							$\vdash$			
1b Total							<b> -</b>	3,513,774	· C	137,231

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►50

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

### **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
HILL ADAMS HALL AND SCH PO BOX 1090 WINTER PARK, FL 32790	LEGAL SERVICES	394,302
ERNST YOUNG LLP 201 Australian Ave Suite 900 WEST PALM BEACH, FL 33401	AUDIT SERVICES	176,000
SODEXO INC AFFILIATES 9801 WASHINGTON BLVD GAITHERSBURG, MD 20878	CONSTRUCTION	397,044
CROSS COUNTRY STAFFING 6551 PARK OF COMMERCE BLVD BOCA RATON, FL 33487	CONTRACT LABOR	281,499
MEDICAL STAFFING NETWORK 2300 PALM BEACH LAKES BOULEVARD WEST PALM BEACH, FL 33409	CONTRACT LABOR	219,275
2 Total number of independent contractors (including those in 1) who red from the organization		5

# Part Statement of Revenue VIII

ATI								
					(A) Total Revenue	(B) Related or Exempt Function Revenue	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated cam	npaigns 1a					312, 313, 3. 31 .
#¥	ь	Membership di	ues					
Contributions, gifts, grants and other similar amounts	_	Fundraising ov	1b —					
કું #	C	rundraising ev	ents <b>1c</b> —					
<u>≅</u> ,≅	d	Related organı	zations1d	2,335,069				
žŒ.	е	Government grant	ts (contributions) 1e	73,000				
rijo er s	f	All other contribut	ions, gifts, grants, and		ĺ	ĺ		
€€		Similar amounts in	1f					
풀	g		ributions included in					
ŏ≅	h		 es 1a-1f)		2,408,069			
	+			▶				
<u>e</u>	2a	Patient Service Re	<u> </u>	Business Code	167 696 673	167 696 673		
Program Service Revenue				624 500	167,686,672	167,686,672	0.246	
æ	Ь	CLINIC SERVICES		621,500	430,443	421,097	9,346	
92	C							
Z.	d							
2	e							
Ē.	f	All other progr	am service revenue					
Ě	g	Total. Add line						
	3		come (including divide	nds, interest				
		other sımılar a	mounts)	[	738,636			738,636
	4	Income from inve	stment of tax-exempt bond	I proceeds	0			
				•	0			
	5	Royalties . F	() P1		9			
	6a	Gross Rents	(ı) Real 1,447,312	(II) Personal				
	Ь	Less rental	1,306,408					
		expenses Rental income	140,904					
	C	or (loss)	·					
	d	Net rental inco	ome or (loss)	▶	140,904		39,230	101,674
		Gross amount	(ı) Securities 13,148,252	(11) O ther 9,750				
	7a	from sales of	13,146,232	9,750				
		assets other than inventory						
	b	Less cost or other basis and	13,042,158	17,090				
		sales expenses Gain or (loss)	106,094	-7,340				
	d	Net gain or (los	·	7,310	98,754			98,754
		•	· · · · · ·	<b>▶</b> -	·			
	8a		from fundraising					
		events (not inc	riduing					
e n		of contribution	s reported on line					
<u>₹</u>		1c) See Part I Attach Schedule	e G if total exceeds					
é		\$15,000	а					
40	b	Less directex	kpensesb					
Other Revenue	С	Net income or	(loss) from fundraising	events	0			
0	9a	Gross income	from gaming					
		activities See Complete Sched	part IV, line 19					
		exceeds \$15,00						
			а					
	b		kpensesb					
	С		(loss) from gaming act	tivities <b>-</b>	0			
	10a	Gross sales of	inventory, less					
		returns and all						
			a					
			goods sold <b>b</b> (loss) from sales of inv	ventory 🕨	0			
	С	Miscellaneous		Susiness Code	<u> </u>			
	11a	CAFETERIA R	-		409,828			409,828
	ь	PARTNERSHI			1,809,968	1,809,968		, :-
		INCOME - JO:						
	С		OUS REVENUE		299,858			299,858
	d	All other rever	nue					
	e		es 11a-11d					
				\$ 2,519,654	174 022 122	160 047 707	40 575	4 640 750
	12	Total Revenue 8c,	. Add lines 1h, 2g, 3, 4	I, 5, 6d, 7d,	174,023,132	169,917,737	48,576	1,648,750
			1e	. ▶				
								Form <b>990</b> (2008)

### Part IX Statement of Functional Expenses

—— А	Section 501(c)(3) and 501(c)(4) org				) <u>.</u>
	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	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0	·		·
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,699,642	849,821	849,821	
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	52,589,298	37,843,992		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,759,274	1,265,998	493,276	
9	Other employee benefits	12,669,640	9,117,250	3,552,390	
10	Payroll taxes	4,098,821	2,949,569	1,149,252	
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	592,780		592,780	
С	Accounting	481,971		481,971	
d	Lobbying	0			
е	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	14,218,137	10,937,309	3,280,828	
12	Advertising and promotion	782,660		782,660	
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	2,436,547	1,723,966	712,581	
17	Travel	0			
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	0			
20 21	Interest	2,506,813	1,773,683	733,130	
21	Payments to affiliates	11 193 946	7,000,500	2 102 247	
22 23	Depreciation, depletion, and amortization	11,182,846 2,972,422	7,999,599 2,789,183	3,183,247 183,239	
23 24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)	2,312,422	2,703,103	103,239	
а	EQUIPMENT & BUILDING RENTAL	2,896,681	2,238,363	658,318	
a b	INDIGENT CARE ASSESSMENTS	1,965,186	1,965,186	030,310	
c	PROVISION FOR DOUBTFUL ACCT	17,988,226	17,988,226		
_	SUPPLIES	39,183,629	38,246,760	936,869	
	CONTRACT LABOR	1,996,613	1,079,500	917,113	
f	All other expenses	2,483,657	826,416	1,657,241	
25	Total functional expenses. Add lines 1 through 24f	174,504,843	139,594,821	34,910,022	(
26	Joint Costs. Check   If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	21 1,55 1,5 13	222,231,022	5.,72.29,922	

Part X B	lance	Sheet
----------	-------	-------

						(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing				5,174,222	1	-68,329
	2	Savings and temporary cash investments		2,743,249	2	12,901,477		
	3	Pledges and grants receivable, net			3			
	4	Accounts receivable, net				24,343,716	4	24,556,470
	5	Receivables from current and former officers, directors, trustee other related parties Complete Part II of Schedule L			yees or		5	
	6	Receivables from other disqualified persons (as defined under persons described in section 4958(c)(3)(B) Complete Part II of	section	n 4958			6	
	7	Notes and loans receivable, net					7	
	8	Inventories for sale or use				3,372,149	8	3,173,227
22	9	Prepaid expenses and deferred charges				1,716,846	9	1,785,234
Assets	10a	Land, buildings, and equipment cost basis	10a	1	208,695,307			
•	ь	Less accumulated depreciation Complete Part VI of	104		200,000,001			
	"	Schedule D	10Ь		126,739,983	87,259,220	10c	81,955,324
	11	Investments—publicly traded securities				13,509,873	11	13,466,563
	12	Investments—other securities See Part IV, line 11 <i>Complete is Schedule D</i>	Part VI.	I of			12	
	13	Investments—program-related See Part IV, line 11 $\it Complete of Schedule D$ .	Part VI	III			13	
	14	Intangible assets				11,483,887	14	11,185,604
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		1,874,888	15	4,174,455		
	16	Total assets. Add lines 1 through 15 (must equal line 34)				151,478,050	16	153,130,025
	17	Accounts payable and accrued expenses .				18,622,813	17	17,894,844
	18	Grants payable			18			
	19	Deferred revenue				18,694	19	18,694
	20	Tax-exempt bond liabilities				33,189,325	20	44,536,109
<u>, 6</u>	21	Escrow account liability					21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
ä		persons Complete Part II of Schedule L		22				
	23	Secured mortgages and notes payable to unrelated third partie	9,439,666	23	16,582,217			
	24	Unsecured notes and loans payable				8,105,000	24	0
	25	Other liabilities Complete Part X of Schedule D		22,777,027	25	14,719,032		
	26	Total liabilities. Add lines 17 through 25				92,152,525	26	93,750,896
<b>⋄</b>		Organizations that follow SFAS 117, check here ► $\sqrt{}$ and comthrough 29, and lines 33 and 34.	plet e l	lines 2	7			
Balance	27	Unrestricted net assets				59,325,525	27	59,379,129
- 80 60	28	Temporarily restricted net assets					28	
Ξ	29	Permanently restricted net assets					29	
r Fund		Organizations that do not follow SFAS 117, check here ► □ a lines 30 through 34.						
s or	30	Capital stock or trust principal, or current funds					30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31			
Ą	32	Retained earnings, endowment, accumulated income, or other f			32			
Net	33	Total net assets or fund balances		59,325,525	33	59,379,129		
_	34	Total liabilities and net assets/fund balances				151,478,050	34	153,130,025
Pa	rt XI	Financial Statements and Reporting						
	- TAT	Iandar otatomonto ana reporting						

ParitXI	Financial	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	<b>b</b> Were the organization's financial statements audited by an independent accountant?			
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νo
b	If "Yes," did the organization undergo the required audit or audits?	3b		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493154002020

Employer identification number

OMB No 1545-0047

# **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Jupiter	Medic	al Center Inc								_		
Par	4 T							-1460239				
				•					111Sti uct	10115)		
1			ation is not a private foundation because it is   (Please check only <b>one</b> organization ) A  church, convention of churches, or association of churches described in <b>Section 170(b)(1)(A)(i).</b>									
2	<u>'</u>	•		ion 170(b)(1)(A)(ii). (Attac			, occion :	170(15)(1)(	, r. ) ( · ) ·			
3	<u>'</u>		A hospital or a cooperative hospital service organization described in <b>Section 170(b)(1)(A)(iii).</b> (Attach Schedule H)									
4	ļ.	•	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  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
5	,				universit	y owned o	roperated	гру а доче	emmema	unit desci	ibea iii	
•	_			(Complete Part II )  overnment or governmental	unit docor	uhad in <b>Ca</b>	ation 170	/L\/4\/A\/	( <b>\</b>			
6	<u>'</u>	•	, -	<u>-</u>			,				مالمان مالم	
7	ı			ally receives a substantial p •)(1)(A)(vi) (Complete Par		support ire	om a gove	rnmentai u	init or iron	n the gene	rai public	
8	_		-	ed in <b>Section 170(b)(1)(A)</b>	•	nloto Pari	+					
9	<u>'</u>		•	ally receives (1) more than		•	•	ontribution	s membe	rchin faac	and aross	
,	,			ated to its exempt functions								
		•		stment income and unrelate	-		•		•			
			-	on after June 30, 1975 See			•			() II OIII Du.	311163363	
10	$\vdash$		ū	and operated exclusively to					•	a instruct	uone )	
11	<u>'</u>	=	=	and operated exclusively to and operated exclusively fo	-		-	_			-	s of
	,		•	orted organizations describe		, ,			,	•		
				type of supporting organiza							. , ,	
		аГ⊺	ype I <b>b</b>	Type II c	Type III	- Function	nally Integ	grated	d	⊤уpe	III - Othe	r
e	Γ	•		tify that the organization is			•			•	•	
		other than section 50		agers and other than one or	more publ	licly suppo	orted orga	nizations (	described	in section	509(a)(1)	or
f				d a written determination fro	m the IRS	S that it is	a Type I.	Type II o	r Tvpe III	supportin	a oraanızat	ion.
-		check this					/ /	. , ,	, , , ,		<b>5 5</b>	ŕ
g				as the organization accepte	d any gift	or contrib	utıon from	any of the	!			
		following pe			-1		<b>.</b>		٠ اس			
			·	r indirectly controls, either a		_	tii persons	describe	u III (II)	11-4	-	No
			· -	ng body of the the supported	_	LIOTI				11g(		
			•	erson described in (i) above		h				11g(		
L				ty of a person described in (						11g(		
h		riovide the	ionowing imorr	nation about the organizatio	nis tile org	jailization	auphorra					
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did v	ou notify	(vi) I	s the	(vii) A mo	unt of
		orted	(, 22.11	(described on lines 1- 9	` ′	ation in	1	inization	l	ation in	suppor	
(	) rgar	nization		above or IRC section		listed in		i) of your		rganızed		
				(See Instructions))		verning	supp	ort?	ın the	US?		
	document?											
	Yes No Yes No Yes No											
						I		I	1	I		

Total

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					<del> </del>		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts 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							
10	from the sale of capital assets (Explain in							
	Part IV )							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns )		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, Check this	oox an	u see	<b>▶</b> □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

**SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

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

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

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

	me of the organization iter Medical Center Inc			Employer iden	tıfıcatıon number
Jup	nei Hedical Center Inc			59-1460239	
ar		by all organizations exemple the instructions for Schedule		n 501(c) and section	527
1	<u> </u>	ganization's direct and indirect pol		ivities in Part IV	
2	Political expenditures				\$
3	Volunteer hours				
ar	t I-B To be completed I for Schedule C for d	by all organizations exemp etails.)	t under sectio	<b>n 501(c)(3).</b> (See the	instructions
1	Enter the amount of any excis	e tax incurred by the organization i	under section 4955	;	\$
2	Enter the amount of any excis	e tax incurred by organization man	agers under sectio	n 4955	\$
3	If the organization incurred in	a section 4955 tax, did it file Form	14720 for this year	-7	┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
ar		by all organizations exemp s for Schedule C for details.)	t under section	n 501(c), except sect	ion 501(c)(3).
1	Enter the amount directly expe	ended by the filing organization for	section 527 exemp	ot function activities	\$
2	Enter the amount of the filing of 527 exempt funtion activities	organization's internal funds contri	buted to other orga	nizations for section	\$
3	Total of direct and indirect exe 1120-POL, line 17b	empt function expenditures Add lir	nes 1 and 2 and ent	er here and on Form	\$
4	Did the filing organization file	Form 1120-POL for this year?			┌ Yes ┌ No
5	were made Enter the amount political contributions receive	nd Employer Identification Number paid and indicate if the amount was d and promptly and directly deliver action committee (PAC) If addition	paid from the filing ed to a separate po	g organization's own interna olitical organization, such a	l funds or were s a separate
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0-	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
				+	

	(election under sec	organizations exempt under section 501( tion 501(h)). (See the instructions for Schedul belongs to an affiliated group		768
	<u> </u>	checked box A and "limited control" provisions apply		
	Limits on Lo	bbying Expenditures— s" means amounts paid or incurred.)	(a) Filing Organization's Totals	<b>(b)</b> A ffiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		
c	Total lobbying expenditures (add line	es 1a and 1b)		
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures	(add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter to columns—  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$17,000,000	The lobbying nontaxable amount is:  20% of the amount on line 1e  \$100,000 plus 15% of the excess over \$500,000  \$175,000 plus 10% of the excess over \$1,000,000  \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (ente	r 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -	0 - If line g is more than line a		
i	Subtract line 1f from line 1c Enter -	0- ıf lıne f ıs more than lıne c		
j 	If there is an amount other than zero section 4911 tax for this year?	on either line 1h or line 1i, did the organization file Form	m 4720 reporting	┌ Yes ┌ No

# 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	<b>(e)</b> Total	
2a	Lobbying non-taxable amount						
b	Lobbying ceiling amount (150% of line 2a, column(e))						
С	Total lobbying expenditures						
d	Grassroots non-taxable amount						
e	Grassroots ceiling amount (150% of line d, column (e))						
f	Grassroots lobbying expenditures						

	<b>5768 (election under section 501(h)).</b> (See the instructions for Schedule C	(a)		(b)		
		Yes	No	An	noun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?		No			
ь	Paid staff or management (include compensation in expenses reported on lines c through i)?		No	1		
С	Media advertisements?		No			
d	Mailings to members, legislators, or the public?		Νo			
e	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?		Νo			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo			
i	Other activities If "Yes," describe in Part IV	Yes			3.	3,60
j	Total lines 1c through 1i				3:	3,60
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$ ?		Νo			
b	If "Yes" enter the amount of any tax incurred under section 4912					
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Νo			
a.	rt III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(6). (See the instructions for Schedule C for details.)	section	501(	:)(5),	or	
	,			Y	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		

Par	t III-B To be completed by all organizations exempt under section 501(c)(4), se	ection 501(	c)(5), or
	section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No'	' OR if Part	III-A,
	question 3 is answered "Yes." (See the instructions for Schedule C for details.)	)	
1	Dues, assessments and similar amounts from members	1 \$	•

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

### Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
Description of Lobbying Activities	· · · · · · · · · · · · · · · · · · ·	The organization pays dues to American Hospital Association, and a portion of those dues are spent on lobbying

Part IV Supplemental I	Part IV Supplemental Information				
Ident if ier	Return Reference	Explanation			

Schedule C (Form 990 or 990EZ) 2008

For Paperwork Reduction Act Notice, see the Intructions for Form 990

OMB No 1545-0047

Open to Public Inspection

Schedule D (Form 990) 2008

### **SCHEDULE D** (Form 990)

Department of the Treasury

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

**Supplemental Financial Statements** 

Internal Revenue Service Name of the organization

**Employer identification number** Jupiter Medical Center Inc 59-1460239

Pai	Organizations Maintaining Donor Adorganization answered "Yes" to Form 99		unds or Accounts. Complete if the		
	organization answered Tes to Form 95	(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
	Aggregate Contributions to (during year)				
	Aggregate Grants from (during year)				
	Aggregate value at end of year				
5	Did the organization inform all donors and donor advi	Lears in writing that the assets hold in don	or advised		
,	funds are the organization's property, subject to the	organization's exclusive legal control?	Г Yes		
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?	efit of the donor or donor advisor or other	☐ Yes ☐ No		
Par	Conservation Easements. Complete	if the organization answered "Yes" to	o Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the o Preservation of land for public use (e g , recreate Protection of natural habitat Preservation of open space	on or pleasure) Preservation of an Preservation of ce	historically importantly land area rtified historic structure		
2	Complete lines 2a-2d if the organization held a qual on the last day of the tax year	ified conservation contribution in the form			
-	<del>-</del>		Held at the End of the Year		
a	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easement	S	2b		
С	Number of conservation easements on a certified h	istoric structure included in (a)	2c		
d	Number of conservation easements included in (c)	acquired after 8/17/06	2d		
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during				
	the taxable year 🕨				
4	Number of states where property subject to conserva	ation easement is located ►			
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds		ations, and Yes No		
6	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year ►		
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ear ► \$		
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	2(d) above satisfy the requirements of sec	tion Yes No		
	In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easer	the footnote to the organization's financial nents	statements that describes		
Part	Organizations Maintaining Collection Complete if the organization answered		or Other Similar Assets.		
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	for public exhibition, education or research	ch in furtherance of public service,		
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ir			
	(i) Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$		
	(ii) Assets included in Form 990, Part X		<b>►</b> \$		
2	If the organization received or held works of art, hist following amounts required to be reported under SFA		r financial gain, provide the		
а	Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$		
ь	Assets included in Form 990 Part Y		<b>b.</b> ¢		

Cat No 52283D

	edule D (Form 990) 2008							Page 2
Par	t III Organizations Maintaining Collections of Art, His	storical Tr	reası	ires, or Othe	r Similar	Asse	ts (co	ontinued)
3	Using the organization's accession and other records, check any of the items (check all that apply)	he following t	that ai	re a significant u	se of its co	llection	1	
а	Public exhibition d	┌ Loan	orexc	hange programs				
b	Scholarly research <b>e</b>	┌ Other	r					
c	Preservation for future generations							
4	Provide a description of the organization's collections and explain hor	w they furthe	erthe	organızatıon's ex	empt purpo	ose in		
5	During the year, did the organization solicit or receive donations of a assets to be sold to raise funds rather than to be maintained as part of				ılar	г	Yes	□ No
Рa	rt IV Trust, Escrow and Custodial Arrangements. Com				ered "Yes	<u> </u>		,
	Part IV, line 9, or reported an amount on Form 990, P.			anizacion anow	crea res		,,,,,,	50,
1a	Is the organization an agent, trustee, custodian or other intermediary included on Form 990, Part X?	for contribu	itions	or other assets r	not	Г	Yes	┌ No
b	If "Yes," explain why in Part XIV and complete the following table							
						A mou	nt	
c	Beginning balance			1c				
d	Additions during the year			1d				
e	Distributions during the year			1e				
f	Ending balance			1f				
2a	Did the organization include an amount on Form 990, Part X, line 21?	)				Г	Yes	┌ No
 Ь	If "Yes," explain the arrangement in Part XIV					,		,
	<b>PIT V Endowment Funds.</b> Complete if the organization ans	swered "Ye	s" to	Form 990 Par	t IV line	10		
		<b>b)</b> Prior Year		wo Years Back (d)			Four Y	ears Back
1a	Beginning of year balance 12,111,242							
b	Contributions							
c	Investment earnings or losses540,012							
d	Grants or scholarships							
e	Other expenditures for facilities 599,844 and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year end balance held as							
а	Board designated or quasi-endowment ► 74 743 %							
ь	Permanent endowment - 23 644 %							
	1 C12 0							
c 3a	Term endowment I 1 513 %  Are there endowment funds not in the possession of the organization	that are held	d and :	administered for	the			
Ja	organization by	that are here	a ana e	administered for	tile		Yes	No
	(i) unrelated organizations					3a(i)		No
	(ii) related organizations				[	3a(ii)		Νο
b	If "Yes" to 3a(II), are the related organizations listed as required on S	Schedule R?				3b	Yes	
4	Describe in Part XIV the intended uses of the organization's endowm							
	WIND Increased land Duildings and Carrings at C	See Form 9	<u>90, P</u>	art X, line 10.				
	rt VI Investments—Land, Buildings, and Equipment. S							
	Description of investment	(a) Cost or basis (investi		(b)Cost or other basis (other)	(c) Depreci	ation	( <b>d</b> ) Bo	ok value
Pa	•				(c) Depreci	ation		
Pa 1a	Description of investment			basis (other)	` ´ · ·	ation 02,969		5,595,546
1a b	Description of investment			basis (other) 5,595,546	25,60		4	5,595,546 4,912,698
Pa 1a b c	Description of investment  Land			basis (other) 5,595,546 70,515,667	25,60 1,93	02,969	4	5,595,546 4,912,698 1,159,880 3,047,663
Pa  1a  b  c  d	Description of investment  Land			5,595,546 70,515,667 3,095,618	25,60 1,93 96,58	02,969	4	5,595,546 4,912,698 1,159,880

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12	2	
<ul><li>(a) Description of security or cateory (including name of security)</li></ul>	( <b>b)</b> Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )			
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line :	<del></del> 13.	
(a) Description of investment type	(b) Book value	(c) Method	d of valuation
(a) Description of investment type	(b) book value	Cost or end-of-	year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, II	ne 15.		
(a) Descri	ption		(b) Book value
OTHER CURRENT ASSETS			799,180
DUE FROM FOUNDATION			166,951
DUE FROM PHYSICIANS GROUP			1,502,321
UNAMORTIZED FINANCING COSTS			978,497
OTHER ASSETS			727,506
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)		
Part X Other Liabilities. See Form 990, Part	X, line 25.		
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
DUE TO JUPITER MDCL CNTR PAVILION	3,068,709		
CAPITAL LEASE OBLIGATIONS	1,782,858		
SELF INSURANCE LIABILITIES	5,491,798		
INDIGENT CARE TAX LIABILITY	2,824,769		
OTHER LONG TERM LIABILITY	1,550,898		
	, ,		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	14,719,032		

Part	XI Reconciliation of Change in Net Assets from Form 990 to Financial Statement	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue pe	er Ret	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	
	Reconciliation of Expenses per Audited Financial Statements With Expenses		eturn
1	Total expenses and losses per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
Part	XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Intended uses of endowment funds		The endowment funds are held by Jupiter Medical Center Foundation, Inc (a related organization) The funds are used primarily to support Jupiter Medical Center, Inc This includes expansion of Jupiter Medical Center, Inc 's facilities and services

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OMB No 1545-0047

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### **SCHEDULE H** (Form 990)

Department of the Treasury Internal Revenue Service

▶ To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20. ► Attach to Form 990.

**Hospitals** 

Name of the organization Jupiter Medical Center Inc

Employer identification number

					59	9-1460239			
Pa	rt I Charity Care and	Certain O	ther Com	munity Benefits a	t Cost (Optional fo	or 2008)			
_	<b>.</b>							Yes	No
1a	Does the organization have a						1a		
b	If "Yes," is it a written policy						1b		<u> </u>
2	If the organization has multip care policy to the various hos		ındıcate whic	ch of the following best	describes application	n of the charity			
	Applied uniformly to all ho	ospitals		Applied uniformly	to most hospitals				
	Generally tailored to indiv	ıdual hospita	ls						
3	Answer the following based o organization's patients	n the charity (	care eligibili	ty criteria that applies	to the largest numbe	r of the			
а	Does the organization use Fe income individuals? If "Yes,"						3a		
	Γ <sub>100%</sub> Γ <sub>150%</sub>	Γ 2	200%	Other	%				
b	Does the organization use FP	G to determin	ne eligibility	for providing <i>discounted</i>	d care to low income	ndıvıduals? If			
	"Yes," indicate which of the fo	ollowing is the	e family inco	me limit for eligibility fo	or discounted care		Зь		
	Γ <sub>200%</sub> Γ <sub>250%</sub>	<b>□</b> 300	\o <sub>4</sub>		C Other	%			
	1 200% 1 250%	1 300	) 70 <b>j</b>	350% 1 400	own i Other_	90			
c	If the organization does not u determining eligibility for free test or other threshold, regan	or discounte	d care Inclu	ide in the description w	hether the organizati				
4	Does the organization's polic	y provide free	or discount	ed care to the "medica	lly indigent"?		4		
5a	Does the organization budget						5a		
b	If "Yes," did the organization	's charity car	e expenses (	exceed the budgeted ar	mount?		5b		
c	If "Yes" to line 5b, as a resul care to a patient who was elig						5c		
6a	Does the organization prepar						6a		
	If "Yes," does the organization						6b		
	Complete the following table worksheets with the Schedule	using the worl					05		
7	Charity Care and Certain O		nıtv Benefits	at Cost					<u> </u>
ı	Charity Care and Means-Tested Government Programs	(a) Number of activities or programs	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community to expense	penefit	(f) Pero	
а	Charity care at cost (from	(optional)							
b	worksheets 1 and 2) Unreimbursed Medicaid (from								
c	worksheet 3, column a) . Unreimbursed costs—other								
	means-tested government programs (from Worksheet 3, column b)								
d	<b>Total</b> Charity Care and Means-Tested Government Programs								
e	Other Benefits Community health improvement services and community benefit operations (from								
f	(worksheet 4)  Health professions education  (from worksheet 5)								
g	Subsidized health services (from worksheet 6)								
h	Research (from worksheet 7)								
i	Cash and in-kind contributions to community groups (from worksheet 8)								
-	Total Other Benefits								
k ·	Total (line 7d and 7j)								

activities) (Optional i	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsett revenue	(e) Net communit building expense		(f) Perc total ex	
1 Physical improvements and housing								
2 Economic development								
3 Community support								
4 Environmental improvements								
5 Leadership development and training								
for community members								
<ul><li>Coalition building</li><li>Community health improvement</li></ul>								
advocacy								
Workforce development  Other								
9 Other 0 Total								
Part IIII Bad Debt, Medicar	e, and Coll	ection Pract	tices (Optional fo	or 2008)				
1 Does the organization report b Statement No 15?	zation's bad de the organizate under the organizate under the organizate under the footnote to no methodological methodologica	ebt expense (ar lon's bad debt expense (ar lon's bad debt expense) and the organization of the organizatio	t cost)	anents that describes reported on lines  5  6  7  be treated as commine 6 and indicates  Other  Cother  Illection practices cribe in Part VI	pes bad debt expense s 2 and 3, or rationale munity benefit, and which of the	9a 9b		
Management Com  (a) Name of entity		Doint Ventu     Description of practivity of entity	rimary	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	pro	e) Physion of it % or wnership	r stock
1								
2						1		
· I								
						-		
3								
<u> </u>								
1								
	<u> </u>					-		
3								
9							_	
10								
1								
L &			I		i .	1		
						+		
12								

Part V Facility Information (Required for 2008) ER-24 hours Children's hospita General Teaching hospital Research facility ER-other Ortical access hospital Name and address Other (Describe) medical eurgical Jupiter Medical Center 1210 SOUTH OLD DIXIE HIGHWAY Х JUPITER, FL 33458 Jupiter Medical Center Blood Gas 1210 SOUTH OLD DIXIE HIGHWAY CLINICAL LABORATORY JUPITER, FL 33458 Jupiter Med Center Clinical Laboratory 1210 SOUTH OLD DIXIE HIGHWAY CLINICAL LABORATORY JUPITER, FL 33458 Jupiter Outpatient Surgery Center 2055 MILITARY TRAIL SUITE 100 CLINICAL LABORATORY JUPITER, FL 33458

P	art VI Supplemental Information (Optional for 2008)
	mplete this part to provide the following information
	Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions
_	
_	
_	
_	
_	
_	
2	<b>Needs Assessment.</b> Describe how the organization assesses the health care needs of the communities it serves
_	
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 charity care policy
_	
4	<b>Community Information.</b> Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
_	
_	
5	Community Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves
_	
_	
6	Provide any other information important to describing how the organization's hospitals 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 )
_	
_	
7	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 communites served
	Francisco de la communicació de
_	
_	
8	If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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OMB No 1545-0047

Schedule J (Form 990)

**Compensation Information** 

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990. To be completed by organizations

ternal Revenue Service that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization
Jupiter Medical Center Inc

Employer identification number

59-1460239

Pa	rt I Questions Regarding Compensation	on				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part I		ny of the following to or for a person listed in Form vide any relevant information regarding these items			
	First class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments	<u> </u>				
	Discretionary spending account	ļ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a v provision of all the expenses described above? If "			1b		Νo
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2	Yes	
3	Indicate which, if any, of the following the organization's CEO/Executive Director Check all					
	Compensation committee	·	Written employment contract			
	✓ Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	<u>  -                                   </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990	, Part VI	I, Section A, line 1a			
а	Receive a severance payment or change of control	l paymen	t?	4a	Yes	
b	Participate in, or receive payment from, a supplem	ental nor	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-	based co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	orovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must c	omplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	A, line 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
Ь	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	A, line 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		Νο
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III	•	·	8		No

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		<b>(B)</b> Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred compensation	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & Incentive compensation	incentive (III) Other		benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Paul Dell Uomo	(ı) (ıı)	364,101 0	0 0	41,925 0	11,977 0	8,431 0	426,434 0	
Stephen J Grigsby	(ı) (ıı)	226,186 0	0	12,829	376 0	4,792 0	244,183 0	
Mıchael J Fehr	(ı) (ıı)	168,511 0	0	10,912	7,464 0	7,542 0	194,429 0	
Teresa F Wentz	(ı) (ıı)	160,555 0	0	11,544	6,820 0	1,083 0	180,002	
Tony Hall	(ı) (ıı)	85,069 0	0	81,065 0	6,914 0	7,061 0	180,109 0	
Mary Bishop	(ı) (ıı)	164,108 0	0	18,253	6,464 0	901 0	189,726 0	
John Wolf	(ı) (ıı)	146,840 0	0	15,165 0	5,819 0	4,623 0	172,447 0	
Jon Graham	(ı) (ıı)	157,677 0	0	8,289 0	5,182 0	3,581 0	174,729 0	
James Ketterhagen	(ı) (ıı)	269,742 0	0	20,172	5,72 <b>4</b> 0	3,623 0	299,261 0	
Mark A Sims	(ı) (ıı)	601,218 0	0	20,498	0	5,121 0	626,837 0	
Gary Tobis	(ı) (ıı)	220,672 0	0	24,041	0 0	4,380 0	249,093 0	
Thomas Allen Davis	(ı) (ıı)	127,045 0	0	28,176 0	3,866 0	7,402 0	166,489 0	
Jefferson Vaughan	(ı) (ıı)	356,594 0	0 0	0	1,539 0	5,000 0	363,133 0	
Pedro Mendez-Correa	(ı) (ıı)	152,087 0	0	20,500	6,915 0	4,631 0	184,133 0	
	(i) (ii)							

### Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
		The President/CEO receives the benefit of a golf club membership which is paid by the organization. The membership is used for business purposes, therefore it is not treated as taxable compensation to the individual
Severance or Change of Control Payment	Schedule J, Part I, Line 4a	Tony Hall received a severance payment of \$61,544
-		
-		

Software ID: Software Version:

**EIN:** 59-1460239

Name: Jupiter Medical Center Inc

Form 990, Schedule J, Pa	rt :	<u> II - Officers, Direc</u>	tors, Trustees, Ke	y Employees, and	l Highest Compens	sated Employees		
(A) Name		(B) Breakdown o	f W-2 and/or 1099-MIS	C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
				(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
Paul Dell Uomo	(ı) (ıı)	364,101 0	0	41,925 0	11,977 0	8,431 0	426,434 0	0
Stephen J Grigsby	(ı) (ıı)	226,186 0	0	12,829 0	376 0	4,792 0	244,183 0	0
Mıchael J Fehr	(ı) (ıı)	168,511 0	0	10,912 0	7,464 0	7,542 0	194,429 0	0
Teresa F Wentz	(I) (II)		0	11,544 0	6,820 0	1,083 0	180,002 0	0
Tony Hall	(ı) (ıı)	85,069 0	0 0	81,065 0	6,914 0	7,061 0	180,109 0	0
Mary Bishop	(ı) (ıı)	164,108 0	0	18,253 0	6,464 0	901 0	189,726 0	0
John Wolf	(ı) (ıı)	146,840 0	0 0	15,165 0	5,819 0	4,623 0	172,447 0	0
Jon Graham	(I) (II)	157,677 0	0	8,289 0	5,182 0	3,581 0	174,729 0	0
James Ketterhagen	(ı) (ıı)	269,742 0	0	20,172 0	5,724 0	3,623 0	299,261 0	0
Mark A Sıms	(I) (II)	601,218 0	0	20,498 0	0	5,121 0	626,837 0	0
Gary Tobis	(I) (II)	220,672 0	0	24,041	0	4,380 0	249,093	0
Thomas Allen Davis	(I) (II)	127,045 0	0	28,176 0	3,866 0	7,402 0	166,489 0	0
Jefferson Vaughan	(ı) (ıı)	356,594 0	0	0	1,539 0	5,000 0	363,133 0	0
Pedro Mendez-Correa	(I) (II)	152,087 0	0	20,500	6,915 0	4,631 0	184,133 0	0

DLN: 93493154002020

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2008

OMB No 1545-0047

# **Supplemental Information on Tax Exempt Bonds**

Department of the Treasury Internal Revenue Service

Schedule K

(Form 990)

2

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Open to Public Inspection

Name of the organization **Employer identification number** Jupiter Medical Center Inc 59-1460239 Bond Issues (Required for 2008) (h) O n Behalf of (g) Defeased (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose Issuer Yes Yes No No Palm Beach County Health REFINANCE DEBT - CAPITAL 5,000,000 Facilities Authority 52-1297505 08-07-2009 Χ Χ ASSETS Palm Beach County Health DATA PROCESSING Facilities Authority 52-1297505 08-07-2009 8.000.000 Χ Χ EXPANSIONS **Proceeds** (Optional for 2008) Part II В С D Ε Α Total Proceeds of Issue Gross Proceeds in Reserve Funds 2 Proceeds in Refunding or Defeasance Escrows 3 Other Unspent Proceeds Issuance Costs from Proceeds 5 Working Capital Expenditures from Proceeds 6 Capital Expenditures from Proceeds 7 Year of Substantial Completion 8 Yes No Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue? 10 Has the final allocation of proceeds been made? 11 Does the organization maintain adequate books and records to support the 12 final allocation of proceeds? Private Business Use (Optional for 2008) Part III В C D Ε Yes No Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, 1 which owned property financed by tax-exempt bonds?

which may result in private business use?

Are there any lease arrangements with respect to the financed property

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		4	A	E	3	(	С	I	D	I	E
		Yes	No								
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or 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 501(c)(3) organization or a state or local government										
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 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		Α		В		С		D		E	
		Yes	No								
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

## OMB No 1545-0047

Open to Public Inspection

### **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Supplemental Information to Form 990

Name of the organization Jupiter Medical Center Inc

**Employer identification number** 

59-1460239

ldentifier	Return Reference	Explanation
Audited Financial Statements	Form 990, Part IV, Line 12 and Part XI, Lines 2b- c	The organization's financial statements were audited in accordance with GAAP by an independent accountant on a consolidated basis. The organization also has a committee that assumes the responsibility for oversight of the audit of its financial statements and selection of an independent accountant. Review of Form 990 by Governing Body Form 990, Part VI, Section A, Line 10 The CFO and Senior Vice President of Human Resources review the Form 990 prior to its finalization. The Form 990 is also approved and reviewed by the Audit Committee of the Board of Directors. The Final draft of the Form 990 is provided to every member of the Board of Directors before it is filed.

ldentifier	Return Reference	Explanation
Process for enforcing compliance with Conflict of Interest Policy	Form 990, Part VI, Section B, Line 12c	THE ORGANIZATION MAINTAINS A CORPORATE COMPLIANCE PROGRAM THAT MONITORS FOR POTENTIAL AND ACTUAL CONFLICTS OF INTEREST ON AN ANNUAL BASIS, ALL DEPARTMENTAL MANAGERS THROUGH ORGANIZATION SENIOR MANAGEMENT AND ALL MEMBERS OF THE GOVERNING BODY ARE REQUIRED TO SIGN A STATEMENT TO DISCLOSE POTENTIAL CONFLICTS THE STATEMENTS ARE REVIEWED IN DETAIL BY THE CEO AND THE CORPORATE COMPLIANCE DIRECTOR IF ANY CONFLICT DOES EXIST, THE INDIVIDUAL WITH THE CONFLICT IS PROHIBITED FROM PARTICIPATING IN THE TRANSACTION OR VOTING ON MATTERS RELATED TO THE CONFLICT

ldentifier	Return Reference	Explanation
Process used to establish compensation for top officials	Form 990, Part VI, Section B, Lines 15a & 15b	The Compensation Committee of the Board review's survey data, financial ability of the organization, and accomplishment of goals. The compensation of all the officers is reviewed by the compensation committee and is approved by the Board. This is an annual process that was last undertaken in 2008. Deliberations and decisions are documented contemporaneously in the minutes of the compensation committee.

ldentifier	Return Reference	Explanation
Disclosure of governing documents, conflict of interest policy, etc	1	The organization's financial statements are available to the public through the state of Florida because they are filed with the Agency for Health Care Administration. The organization's governing documents and conflict of interest policy are available for review upon request at Hospital Administration.

ldentifier	Return Reference	Explanation
Interested persons hours/w eek at related organizations	Form 990, Part VII, Section A	Several of the interested persons at Jupiter Medical Center also w ork for the Jupiter Medical Center Foundation, Jupiter Medical Center Physicians Group, and Jupiter Medical Center Pavilion, w hich are related organizations. Stephen J. Grigsby, CFO, w orks approximately 40 hours/w eek for Jupiter Medical Center, 2 hours/w eek for Jupiter Medical Center Foundation, 1 hour/w eek for Jupiter Medical Center Physicians Group, and 5 hours/w eek for Jupiter Medical Center Pavilion. Paul Dell Uomo, President & CEO, w orks approximately 40 hours/w eek for Jupiter Medical Center, 1 hour/w eek for Jupiter Medical Center Physicians Group, and 5 hours/w eek for Jupiter Medical Center Pavilion. Jon Graham, VP Business Development & Planning, w orks approximately 40 hours/w eek for Jupiter Medical Center and 10 hours/w eek for Jupiter Medical Center Physicians Group. Mary Bishop, VP Patient Care & CNO, serves as a board member for the Jupiter Medical Center Pavilion, and w orks approximately 1 hour/w eek for that organization in addition to w orking 40 hours/w eek for Jupiter Medical Center.

### DLN: 93493154002020

### **SCHEDULE R** (Form 990)

# **Related Organizations and Unrelated Partnerships**

OMB No 1545-0047 2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

upiter Medical Center Inc				Employer ident	in icación number
aprice Frederical Server and				59-1460239	
Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	<b>(D)</b> Total income	<b>(E)</b> End-of-year assets	<b>(F)</b> Direct controlling entity
Part II Identification of Related Tax-Exempt Organization	tions				
(A) Name, address, and EIN of related organization	( <b>B)</b> Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) n Public charity sta (if section 501(c)	(F) itus Direct controlling (3)) entity
Jupiter Medical Center Foundation Inc					
1210 south old dixie highway Jupiter, FL33458 65-0132406	Support	FL	501(c)(3)	11a	NA
Jupiter Medical Center Pavilion Inc 1230 south old dixie highway jupiter, FL33458 59-2452576	rehab	FL	501(c)(3)	9	NA
Jupiter Medical Center Physicians Group  1210 south old dixie highway jupiter, FL33458 26-3187119	MED SERVICES	FL	501(c)(3)	9	NA
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 50135	5 Y	•	Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a P	Partnership
---	-------------

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	( <b>D)</b> Direct controlling entity	(E) Predominant income(related, investment, unrelated)	<b>(F)</b> Share of total income			l) ortionate cions?	(I) Code V—UBI amount on Box 20 of K-1	Gen mar	( <b>J)</b> eral or naging rtner?
							Yes	No		Yes	No
Jupiter Outpatient Surgery Center LLC 1471 Cades Bay Avenue Jupiter, FL33458 59-0925020	Surgery Center	FL	NA	Related	1,810,648	2,013,108	Yes		0		No
JPC Partners Ltd 2300 Glades Road Suite 100E boca raton, FL33431 65-0669433	office rental	FL	NA	Related	34,309	767,581	Yes		0		No
TTB Partners Ltd  2300 Glades Road Suite 100E boca raton, FL33431 65-0945554	land rental	FL	na	Related	227,635	2,629,462		No	0		No
JMC Partners Ltd  2300 Glades Road Suite 100E boca raton, FL33431 65-0608881	office rental	FL	na	related	4,508	1,268,155		No	0		No

### Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	( <b>D)</b> Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total Income	( <b>G)</b> Share of end-of-year assets	<b>(H)</b> Percentage ownership

Part V	Transactions with Related Organizations
--------	---

art V Transactions with Related Organizations			
Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	Yes	;
<b>b</b> Gift, grant, or capital contribution to other organization(s)	1b		No
<b>c</b> Gıft, grant, or capıtal contribution from other organization(s)	1c	Yes	;
d Loans or loan guarantees to or for other organization(s)	1d	Yes	3
e Loans or loan guarantees by other organization(s)	1e	Yes	•
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	<b>1</b> g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i	Yes	•
j Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	;
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	;
Performance of services or membership or fundraising solicitations by other organization(s)	11		No
m Sharing of facilities, equipment, mailing lists, or other assets	1n	1 Yes	3
n Sharing of paid employees	1n	Yes	3
o Reimbursement paid to other organization for expenses	10		No
p Reimbursement paid by other organization for expenses	<b>1</b> p	Yes	3
<b>q</b> O ther transfer of cash or property to other organization(s)	<b>1</b> q	Yes	
r Other transfer of cash or property from other organization(s)	1r	Yes	;
		•	•

<b>2</b> I	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 other organization(s)	( <b>B</b> ) Transaction type(a-r)	<b>(C)</b> Amount Involved						
(1)	TTB PARTNERS LTD	a	53,250						
(2)	TTB PARTNERS LTD	J	153,000						
(3)	Jupiter Outpatient Surgery Center LLC	г	1,809,968						
(4)									
(5)									
(6)									

### Part VI Unrelated Organizations Taxable as a Partnership

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

									_									
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		<b>(E)</b> Share of end-of-year assets	(F) Dispropitionate allocations?		( <b>G)</b> Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	)
			Yes	No		Yes	No		Yes	No								
			•			•	•	Sabadula	D / Form	000) 2000								

Software ID: Software Version:

**EIN:** 59-1460239

Name: Jupiter Medical Center Inc

### Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa	a 1									
		<b>(C)</b> Position (check all that apply)							(5)	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Jennıfer Doss , Trustee	1 0	Х						0	0	0
Richard J Katz , Trustee	1 0	X						0	0	0
Ernest L Cantelmo , Secretary	1 0	X		Х				0	0	0
James J Mullen , Trustee	10	Х						0	0	0
Mark L Corry , Treasurer	10	Х		Х				0	0	0
S Barrie Godown , Chairman	10	Х		Х				0	0	0
Marcelle Bertand , Trustee	10	Х						0	0	0
R Neill Borland , Trustee	1 0	Х						0	0	0
Douglas Brown , Trustee	1 0	Х						0	0	0
Karen Golonka , Trustee	1 0	Х						0	0	0
Jack Waterman , Trustee	10	Х						0	0	0
Edgar J Covarrubias , Trustee	10	Х						0	0	0
Jospeh R Taddeo , Vice Chairman	10	Х		Χ				0	0	0
Paul Dell Uomo , President & CEO	40 0			Х				406,026	0	20,408
Stephen J Grigsby , VP Finance & CFO	40 0			Х				239,015	0	5,168
Michael J Fehr , VP CIO & Per Improv	40 0			Х				179,423	0	15,006
Teresa F Wentz , VP Admın Srvc & CAO	40 0			Χ				172,099	0	7,903
Tony Hall , VP Supply Chain & Facilities	40 0			Х				166,134	0	13,975
Mary Bishop , VP Patient Care & CNO	40 0			Х				182,361	0	7,365
John Wolf , VP Human Resources	40 0			Х				162,005	0	10,442
Jon Graham , VP Bus Dvlpmt & Planning	40 0			Х				165,966	0	8,762
James Ketterhagen , VP Medical Affairs	40 0			Х				289,914	0	9,347
Mark A Sıms , Physician	40 0					Х		621,716	0	5,121
Gary Tobis , Physician	40 0					Х		244,713	0	4,380
Thomas Allen Davis , Pharmacist	40 0					Х		155,221	0	11,269
Jefferson Vaughan , Physician	40 0					Х		356,594	0	6,539
Pedro Mendez-Correa , Physicist	40 0					Х		172,587	0	11,546