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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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
YUMA REGIONAL MEDICAL CENTER

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2400 S AVENUE A

City or town, state or country, and ZIP + 4
YUMA, AZ 85364

D Employer identification number
86-6007596

E Telephone number
(928) 344-2000

G Gross receipts $ 355,074,338

F Name and address of Principal Officer
PATRICK WALZ
2400 S AVENUE A
YUMA, AZ 85364

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Web site: ▶ WWW YUMAREGIONAL ORG

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1967

M State of legal domicile AZ

Part I Summary

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

THE MISSION OF YRMC IS TO IMPROVE THE HEALTH AND WELLBEING OF INDIVIDUALS, FAMILIES AND THE COMMUNITIES WE SERVE THROUGH EXCELLENCE, INNOVATION AND PRUDENT USE OF RESOURCES

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of employees (Part V, line 2a)	**5**	2,583
6	Total number of volunteers (estimate if necessary)	**6**	487
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	**7a**	9,304
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	2,811

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	391,986	663,661
9	Program service revenue (Part VIII, line 2g)	303,775,456	317,259,786
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,162,812	-2,183,214
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,016,354	-356,819
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	312,346,608	315,383,414
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	10,000	221,143
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	128,855,447	131,334,841
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	(Total fundraising expenses, Part IX, column (D), line 25 1,024,989)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	151,891,027	153,767,484
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	280,756,474	285,323,468
19	Revenue less expenses Subtract line 18 from line 12	31,590,134	30,059,946
Net Assets or Fund Balances		**Beginning of Year**	**End of Year**
20	Total assets (Part X, line 16)	415,901,626	453,419,902
21	Total liabilities (Part X, line 26)	172,350,769	199,810,920
22	Net assets or fund balances Subtract line 21 from line 20	243,550,857	253,608,982

Part II Signature Block

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

Please Sign Here

▶ Signature of officer — Date: 2010-05-10

▶ TONY STRUCK CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-empolyed ▶ ☐	Preparer's PTIN (See Gen Inst)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ERNST & YOUNG US LLP TWO NORTH CENTRAL AVENUE STE 2300 PHOENIX, AZ 85004			EIN ▶ Phone no ▶ (602) 322-3000

May the IRS discuss this return with the preparer shown above? (See instructions) ☐ Yes ☐ No

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

THE MISSION OF YRMC IS TO IMPROVE THE HEALTH AND WELLBEING OF INDIVIDUALS, FAMILIES AND THE COMMUNITIES WE SERVE THROUGH EXCELLENCE, INNOVATION AND PRUDENT USE OF RESOURCES

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 260,339,672 including grants of $ 221,143) (Revenue $ 317,250,482)

SEE SCHEDULE O

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

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

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses $ 260,339,672 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	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," complete Schedule D, Part III*	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," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, 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
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	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? *If "Yes," complete Schedule F, Part II*	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? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part 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	Yes	
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	Yes	
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	Yes	
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			
a	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 IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
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**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 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**		No
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

Part 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	257		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	2,583		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	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				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 15		
b	Enter the number of voting members that are independent . .	1b 13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, 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 filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	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	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	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			
a	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 AZ

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

☐ own website ☐ another's website ☑ 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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

TONY STRUCK
2400 S AVENUE A
YUMA, AZ 85364
(928) 336-7000

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
* 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

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

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(E)** Reportable compensation from related organizations (W- 2/1099-MISC)	**(F)** Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								3,224,813	0	611,042

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 99

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
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
HEART CENTER OF YUMA 2400 S AVENUE A YUMA, AZ 85364	CATH LAB SERVICES	6,426,372
HEART LUNG VASCULAR CENTER 2400 S AVENUE A YUMA, AZ 85364	CATH LAB SERVICES	4,447,622
HOSPITALIST OF YUMA PLLC 2400 S AVENUE A YUMA, AZ 85364	HOSPITALIST COVERAGE	1,909,233
SOUTHWESTERN CRITICAL CARE PO BOX 6395 YUMA, AZ 85366	INTENSIVIST COVERAGE	1,768,068
YUMA CARDIAC SURGERY PLC 1501 W 24TH STREET 20 YUMA, AZ 85364	HEART SURGEON COVR'G	1,495,833

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 48

Part VIII Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d 479,508				
	e	Government grants (contributions) 1e 184,153				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total (Add lines 1a-1f)** ▶	663,661			
Program Service Revenue		Business Code				
	2a	NET PATIENT SERVICE REVENUE 900,099	312,687,510	312,687,510		
	b	EMPLOYEE HOUSING RENTAL INCOME 900,099	238,061	238,061		
	c	MEDICAL OFFICE BLDG/AFFILIATE RENTAL INCOME 900,099	968,073	968,073		
	d	GIFT SHOP 453,220	269,302	269,302		
	e	SNACK BAR / VENDING 722,210	216,464	216,464		
	f	All other program service revenue	2,880,376	2,871,072	9,304	
	g	**Total. Add lines 2a-2f** ▶ $ 317,259,786				
Other Revenue	3	Investment income (including dividends, interest other similar amounts) ▶	3,499,997			3,499,997
	4	Income from investment of tax-exempt bond proceeds ▶	872			872
	5	Royalties	0			
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 33,821,622				
	b	Less cost or other basis and sales expenses: 39,505,705				
	c	Gain or (loss): -5,684,083				
	d	Net gain or (loss) ▶	-5,684,083			-5,684,083
	8a	Gross income from fundraising events (not including $ 217,444 of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b 185,219				
	c	Net income or (loss) from fundraising events ▶	32,225			32,225
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities ▶	0			
	10a	Gross sales of inventory, less returns and allowances a				
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory ▶	0			
		Miscellaneous Revenue / Business Code				
	11a	INCOME FROM INVESTMENT IN SUBSIDIARIES	2,165,666			2,165,666
	b	LOSS ON EXTINGUISHMENT OF DEBT	-3,728,002			-3,728,002
	c	ALL OTHER REVENUE	1,173,292			1,173,292
	d	All other revenue				
	e	**Total. Add lines 11a-11d** $ -389,044				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	315,383,414	317,250,482	9,304	-2,540,033

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	211,143	211,143		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	10,000	10,000		
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	2,852,941	0	2,852,941	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	20,330	20,330	0	0
7 Other salaries and wages	101,939,206	91,400,627	0	436,488
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,537,949	7,424,791	113,158	0
9 Other employee benefits	11,301,156	11,131,505	148,114	21,537
10 Payroll taxes	7,683,259	6,931,599	720,258	31,402
11 Fees for services (non-employees)				
a Management	1,116,465	1,116,465	0	0
b Legal	727,924	307,835	420,089	0
c Accounting	302,398	47,480	251,668	3,250
d Lobbying	47,255	47,255	0	0
e Professional fundraising *See Part IV, line 17*	0			
f Investment management fees	700,276	0	700,276	0
g Other	36,181,432	32,445,652	3,696,942	38,838
12 Advertising and promotion	400,100	154,999	244,886	215
13 Office expenses	48,727,431	47,383,164	889,208	455,059
14 Information technology	4,337,972	4,337,972	0	0
15 Royalties	0			
16 Occupancy	4,109,293	4,069,452	39,841	0
17 Travel	329,115	329,115	0	0
18 Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19 Conferences, conventions and meetings	492,457	215,354	244,956	32,147
20 Interest	3,952,439	3,952,439	0	0
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	14,251,865	14,251,865	0	0
23 Insurance	4,830,930	4,830,930	0	0
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)				
a BAD DEBT	25,057,493	25,057,493	0	0
b EQUIPMENT RENTAL & MAINT	3,857,789	3,849,811	2,622	5,356
c DUES	188,936	29,425	158,814	697
d ALL OTHER EXPENSES	4,155,914	782,971	3,372,943	0
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	285,323,468	260,339,672	23,958,807	1,024,989
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				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	68,880,942	1	87,331,864
	2	Savings and temporary cash investments	1,595,131	2	1,594,919
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	44,979,096	4	37,930,722
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*		6	
	7	Notes and loans receivable, net	4,798,731	7	5,169,892
	8	Inventories for sale or use	4,847,756	8	5,394,869
	9	Prepaid expenses and deferred charges	2,893,479	9	2,954,316
	10a	Land, buildings, and equipment cost basis — 10a: 294,914,237			
	b	Less accumulated depreciation *Complete Part VI of Schedule D* — 10b: 153,252,009	140,969,939	10c	141,662,228
	11	Investments—publicly traded securities	124,849,682	11	151,482,927
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*	12,036,981	12	12,596,448
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*		13	
	14	Intangible assets	0	14	5,095,958
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*	10,049,889	15	2,205,759
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*	415,901,626	16	453,419,902
Liabilities	17	Accounts payable and accrued expenses	21,335,178	17	21,630,467
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	109,124,224	20	110,550,467
	21	Escrow account liability *Complete Part IV of Schedule D*		21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties	1,860,737	23	640,429
	24	Unsecured notes and loans payable		24	
	25	Other liabilities *Complete Part X of Schedule D*	40,030,630	25	66,989,557
	26	**Total liabilities.** *Add lines 17 through 25*	172,350,769	26	199,810,920
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	243,550,857	27	253,608,982
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	243,550,857	33	253,608,982
	34	Total liabilities and net assets/fund balances	415,901,626	34	453,419,902

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b		No
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		No
b	If "Yes," did the organization undergo the required audit or audits?		3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
YUMA REGIONAL MEDICAL CENTER

Employer identification number
86-6007596

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☑ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		No
(ii) a family member of a person described in (i) above? **11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(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						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add line 1-3						
5 The portion of total contribution by each 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						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total Support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

18 **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(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 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 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)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

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

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	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 ☐

b **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 ☐

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

Part IV **Supplemental Information.** 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

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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

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

OMB No 1545-0047

2008

Open to Public Inspection

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)

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

Name of the organization	Employer identification number
YUMA REGIONAL MEDICAL CENTER	86-6007596

Part I-A **To be completed by all organizations exempt under section 501(c) and section 527 organizations.** (See the instructions for Schedule C for details.)

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures $ _____

3 Volunteer hours _____

Part I-B **To be completed by all organizations exempt under section 501(c)(3).** (See the instructions for Schedule C for details.)

1 Enter the amount of any excise tax incurred by the organization under section 4955 $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 $ _____

3 If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C **To be completed by all organizations exempt under section 501(c), except section 501(c)(3).** (See the instructions for Schedule C for details.)

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities $ _____

2 Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities $ _____

3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Part II-A **To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

A Check ☐ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter the amount from the following table in both columns—		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i	Subtract line 1f from line 1c Enter -0- if line f is more than line c		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line d, column (e))					
f	Grassroots lobbying expenditures					

Part II-B **To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i	Other activities If "Yes," describe in Part IV	Yes		52,255
j	Total lines 1c through 1i			52,255
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

			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		

Part III-B **To be completed by all organizations exempt under section 501(c)(4), section 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).***	
a	Current Year	2a $
b	Carryover from last year	2b $
c	Total	2c $
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 $
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4 $
5	Taxable amount of lobbying and political expenditures (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

Identifier	Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1I		YUMA REGIONAL MEDICAL CENTER IS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION (AHA) AND ARIZONA HOSPITAL ASSOCIATION (AZHHA) OF THE AMOUNT REPORTED ON LINE 1I, $47,255 REFLECTS THE PORTION OF DUES PAID TO THE ASSOCIATIONS THAT ARE USED FOR LOBBYING ACTIVITIES THE AMOUNT REPORTED ON LINE 1I ALSO INCLUDES $5,000 PAID TO LOBBY AGAINST ARIZONA PROPOSITION 105 IN OCTOBER OF 2008 PROPOSITION 105-MAJORITY RULES - THIS INITIATIVE WOULD HAVE COUNTED REGISTERED VOTERS WHO CHOOSE NOT TO VOTE ON BALLOT INITIATIVES AS "NO" VOTES PROPOSITION 105 WOULD EFFECTIVELY DESTROY THE INITIATIVE PROCESS IN ARIZONA, WHICH HAS BEEN THE PRIMARY VEHICLE FOR EXPANDING HEALTHCARE SERVICES TO ARIZONA'S UNINSURED IN RECENT YEARS

Part IV Supplemental Information

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **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.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
YUMA REGIONAL MEDICAL CENTER

Employer identification number
86-6007596

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	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 conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain why in Part XIV and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		9,111,660		9,111,660
b Buildings		159,381,856	57,734,240	101,647,616
c Leasehold improvements		11,544,478	6,872,790	4,671,688
d Equipment		114,000,070	88,644,979	25,355,091
e Other		876,173	0	876,173
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				141,662,228

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-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. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation 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, line 15.

(a) Description	(b) Book value
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) Amount
Federal Income Taxes	
INTEREST RATE SWAP FMV ADJ	10,015,950
MINIMUM PENSION LIABILITY	47,401,094
CONTINGENCIES, RESERVES & OTHER	9,572,513
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	66,989,557

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

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 per Return

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

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
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 X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ **Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
YUMA REGIONAL MEDICAL CENTER

Employer identification number
86-6007596

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total			▶			

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 SCRUB SALE (event type)	(b) Event #2 BOOK SALE (event type)	(c) Other Events 0 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	184,945	32,499		217,444
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	184,945	32,499		217,444
Direct Expenses	4 Cash Prizes				
	5 Non-cash Prizes				
	6 Rent/Facility costs				
	7 Other direct expenses	156,482	28,737		185,219
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				185,219
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				32,225

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities ____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility **13a**		
b	An outside facility **13b**		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ▶ _____		
	Address ▶ _____		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____		
c	If "Yes," enter name and address		
	Name ▶ _____		
	Address ▶ _____		
16	Gaming manager information		
	Name ▶ _____		
	Gaming manager compensation ▶ $ _____		
	Description of services provided ▶ _____		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $		

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
YUMA REGIONAL MEDICAL CENTER

Employer identification number
86-6007596

Part I Charity Care and Certain Other Community Benefits at Cost *(Optional for 2008)*

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a		
b	If "Yes," is it a written policy?	1b		
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☐ Other _____%	3a		
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____%	3b		
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4		
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a		
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a		
6b	If "Yes," does the organization make it available to the public?	6b		
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from *worksheets 1 and 2)*						
b Unreimbursed Medicaid (from *worksheet 3, column a)*						
c Unreimbursed costs—other means-tested government programs (from *Worksheet 3, column b)*						
d **Total** Charity Care and Means-Tested Government Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from (worksheet 4)						
f 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)						
j **Total** Other Benefits						
k **Total** (line 7d and 7j)						

Part II Community Building Activities (Complete this table if the organization conducted any community building activities) *(Optional for 2008)*

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

Part III Bad Debt, Medicare, and Collection Practices *(Optional for 2008)*

Section A—Bad Debt Expense

			Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1		
2	Enter the amount of the organization's bad debt expense (at cost) 2			
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy 3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit			

Section B—Medicare

5	Enter total revenue received from Medicare (including DSH and IME) 5		
6	Enter Medicare allowable costs of care relating to payments on line 5 6		
7	Enter line 5 less line 6—surplus or (shortfall) 7		
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit, and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used		

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C—Collection Practices

9a	Does the organization have a written debt collection policy?	9a		
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b		

Part IV Management Companies and Joint Ventures *(Optional for 2008)*

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V **Facility Information** *(Required for 2008)*

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
YUMA REGIONAL MEDICAL CENTER 2400 S AVENUE A YUMA, AZ 85364	X	X					X		
YUMA REGIONAL MED CTR-FOOTHILLS CAMPUS 11142 S SCOTTSDALE DRIVE YUMA, AZ 85367		X							
YUMA REGIONAL MEDICAL PLAZA 1501 WEST 24TH STREET YUMA, AZ 85364	X	X							
YUMA REGIONAL OUTPATIENT SURG CENTER 2261 SOUTH AVENUE B YUMA, AZ 85364		X							

Part VI Supplemental Information *(Optional for 2008)*

Complete this part to provide the following information

1 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 **Needs Assessment.** 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 **Community Information.** 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

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
YUMA REGIONAL MEDICAL CENTER

Employer identification number
86-6007596

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . . . ▶ ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CANCER PROJECT 5100 WISCONSIN AVENUE NW400 WASHINGTON,DC 20016	20-1678231	501(C)(3)	10,000				PROGRAM SUPPORT
CRANE ELEMENTARY SCHOOL2803 W 20TH STREET YUMA,AZ 85364	62-1450229	GOVERNMENT	10,000				PROGRAM SUPPORT
CROSSROADS MISSION OF YUMA944 S ARIZONA AVE YUMA,AZ 85364	86-6052435	501(C)(3)	50,400				PROGRAM SUPPORT
GARY P KNOX ELEMENTARY2926 S 21ST DRIVE YUMA,AZ 85364	62-1450229	GOVERNMENT	5,177				PROGRAM SUPPORT
NEW LIFE PREGNANCY CENTERS2855 S 4TH AVE 122 YUMA,AZ 85364	86-6053028	501(C)(3)		9,620	COST	INVENTORY ITEMS	PROGRAM SUPPORT
SAHUARO GIRL SCOUT CO 4300 E BROADWAY TUCSON,AZ 85711	86-0098917	501(C)(3)	9,700				PROGRAM SUPPORT
SAN LUIS YOUTH CENTER PO BOX 1170 SAN LUIS,AZ 85349	31-1710920	501(C)(3)	8,400				PROGRAM SUPPORT
SOMERTON SCHOOL DISTRICT215 N CARLISLE AVENUE SOMERTON,AZ 85350	62-1523648	GOVERNMENT	9,256				PROGRAM SUPPORT
TIERRA DEL SOL ELEMENTARY1002 S SOMERTON AVENUE SOMERTON,AZ 85350	62-1523648	GOVERNMENT	10,000				PROGRAM SUPPORT
TRI VALLEY AMBULANCE PO BOX 958 WELTON,AZ 85356	86-0377965	501(C)(3)	30,500				PROGRAM SUPPORT
YUMA PARKS & RECREATIONPO BOX 13012 YUMA,AZ 85366	86-6000273	GOVERNMENT	10,000				PROGRAM SUPPORT
YUMA SCHOOL DISTRICT 811 W 16TH STREET YUMA,AZ 85364	01-0920614	GOVERNMENT	10,000				PROGRAM SUPPORT

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 12

3 Enter total number of other organizations . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
AUXILIARY SCHOLARSHIPS	5	10,000			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Identifier	Return Reference	Explanation
SCHEDULE I, PART I, LINE 2		SCHOLARSHIPS A SEVEN MEMBER SCHOLARSHIP COMMITTEE, COMPOSED OF REPRESENTATIVES OF YRMC AND YRMC-AUXILIARY, SHALL SELECT SCHOLARSHIP WINNERS FROM AMONG THE APPLICANTS THE SCHOLARSHIPS ARE FOR SPONSORSHIP OF HEALTH-RELATED EDUCATION APPLICANTS MUST BE HIGH SCHOOL OR COLLEGE STUDENTS WITH FINANCIAL NEED AND SCHOLASTIC ABILITY FROM YUMA COUNTY AND HAVE AN INTEREST IN OBTAINING A HEALTH-RELATED DEGREE AWARDS UP TO $2,000 EACH ARE AVAILABLE CASH GRANTS AND DONATIONS ALL REQUESTS MUST BE PRESENTED IN WRITING ALLOWING THE OPTION OF A FORMAL PRESENTATION ON THE REQUEST OF THE FOUNDATION BOARD OF TRUSTEES OR ITS RESPECTIVE REVIEW COMMITTEE ALL REQUESTS WILL BE INITIALLY REVIEWED BY THE FOUNDATION EXECUTIVE COMMITTEE THE PROPOSALS THAT FALL WITHIN THE IDENTIFIED GUIDELINES WILL BE PRESENTED TO THE BOARD OF TRUSTEES OR THEIR DESIGNATED COMMITTEE FOR A DECISION ON FUNDING ALL REQUESTS WILL BE REVIEWED AND ACTION TAKEN BY THE FOUNDATION ADMINISTRATIVE COMMITTEE AND THE RESULTS WILL BE REPORTED TO THE BOARD OF TRUSTEES FUNDING WILL BE BASED ON THE FOLLOWING GUIDELINES 1 THE PROJECT OR ACTIVITY MUST DIRECTLY SUPPORT HEALTH CARE 2 THE REQUEST MUST BE SUPPORTED BY FACTS ON HOW THE FUNDS WILL BE USED 3 THE REQUEST FITS WITHIN THE MISSION OF THE HOSPITAL AND THE FOUNDATION 4 THE REQUEST MUST DIRECTLY BENEFIT THE YUMA COMMUNITY ADDITIONAL CONSIDERATIONS 1 INDIVIDUAL REQUESTS WILL BE CONSIDERED IF THEY ARE HEALTH CARE RELATED 2 GOLF TOURNAMENT SPONSORSHIPS WILL NOT BE CONSIDERED

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
YUMA REGIONAL MEDICAL CENTER

Employer identification number
86-6007596

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First class or charter travel ☐ Housing allowance or residence for personal use ☑ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe 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) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
ROBERT OLSEN	(i)	590,077	0	0	41,000	11,055	642,132	0
	(ii)	0	0	0	0	0	0	0
EUGENE M SHAW	(i)	189,731	22,141	0	39,712	3,828	255,412	0
	(ii)	0	0	0	0	0	0	0
JAMES F HALL SR	(i)	224,470	23,493	0	20,500	11,992	280,455	0
	(ii)	0	0	0	0	0	0	0
KAREN D JENSEN	(i)	197,695	23,135	0	38,501	6,658	265,989	0
	(ii)	0	0	0	0	0	0	0
MARK E PARSTON	(i)	181,227	24,953	0	54,607	17,164	277,951	0
	(ii)	0	0	0	0	0	0	0
PATRICK T WALZ	(i)	253,457	36,815	0	71,708	11,992	373,972	0
	(ii)	0	0	0	0	0	0	0
SHARON R GARDNER	(i)	198,801	18,171	0	45,000	11,992	273,964	0
	(ii)	0	0	0	0	0	0	0
STEWART M HAMILTON MD	(i)	310,863	36,815	0	89,552	11,311	448,541	0
	(ii)	0	0	0	0	0	0	0
THOMAS VAN HASSEL	(i)	160,473	0	0	9,082	19,747	189,302	0
	(ii)	0	0	0	0	0	0	0
JOHN MAKOWSKY	(i)	159,864	0	0	9,048	19,747	188,659	0
	(ii)	0	0	0	0	0	0	0
RUSSELL E MCCAMY	(i)	153,942	0	0	8,713	19,747	182,402	0
	(ii)	0	0	0	0	0	0	0
BESSIE L PEA	(i)	152,706	0	0	8,643	13,853	175,202	0
	(ii)	0	0	0	0	0	0	0
JOSEPH A PAULI	(i)	152,077	0	0	8,607	7,283	167,967	0
	(ii)	0	0	0	0	0	0	0
	(ii)							
	(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

Identifier	Return Reference	Explanation
SUPPLEMENTAL COMPENSATION INFORMATION		SCHEDULE J, PART I, LINE 1 - TRAVEL FOR COMPANIONS IS AVAILABLE TO BOARD MEMBERS AND IS TREATED AS TAXABLE COMPENSATION HEALTH/SOCIAL CLUB DUES WERE AVAILABLE TO THE FORMER CEO AND WERE TREATED AS TAXABLE COMPENSATION SCHEDULE J, PART I, LINE 4B - YUMA REGIONAL MEDICAL CENTER ESTABLISHED THE CAPITAL ACCUMULATION AND RETENTION PLAN AS AN INELIGIBLE DEFERRED COMPENSATION PLAN AS DESCRIBED IN SECTION 457(f) OF THE CODE (INTERNAL REVENUE CODE OF 1986) AS APPROVED BY THE BOARD OF DIRECTORS THE PURPOSE OF THIS PLAN IS TO PROVIDE CERTAIN SUPPLEMENTAL RETIREMENT BENEFITS TO ELIGIBLE EXECUTIVES THE BOARD MAY ONLY DESIGNATE PARTICIPANTS FROM AMONG THOSE EMPLOYEES WHO ARE PART OF A SELECT GROUP OF MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES YRMC WILL ESTABLISH AN INITIAL VESTING DATE FOR EACH PARTICIPANT AND WITHIN THE BOARDS DISCRETION MAY OFFER TO EXTEND A PARTICIPANTS VESTING DATE MEETING SPECIFIC CRITERIA AS SET FORTH WITHIN THE PLAN DOCUMENT THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE PLAN AND HAD CONTRIBUTIONS TO THE PLAN IN 2008 ROBERT OLSEN - $32,600 SHARON GARDNER - $32,600 STEWART HAMILTON - $49,440 KAREN JENSEN - $45,914 MARK PARSTON - $22,200 EUGENE SHAW - $22,680 PATRICK WALZ - $30,121 SCHEDULE J, PART I, LINE 7 - YUMA REGIONAL MEDICAL CENTER HAS A PAY AT RISK INCENTIVE PROGRAM FOR CERTAIN EXECUTIVES SEE SECTION II OF THE SCHEDULE O DISCLOSURE FOR 990, PART VI, LINES 15A AND 15B FOR A DESCRIPTION OF THIS PROGRAM

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 86-6007596
Name: YUMA REGIONAL MEDICAL CENTER

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
ROBERT OLSEN	(I)	590,077	0	0	41,000	11,055	642,132	0
	(II)	0	0	0	0	0	0	0
EUGENE M SHAW	(I)	189,731	22,141	0	39,712	3,828	255,412	0
	(II)	0	0	0	0	0	0	0
JAMES F HALL SR	(I)	224,470	23,493	0	20,500	11,992	280,455	0
	(II)	0	0	0	0	0	0	0
KAREN D JENSEN	(I)	197,695	23,135	0	38,501	6,658	265,989	0
	(II)	0	0	0	0	0	0	0
MARK E PARSTON	(I)	181,227	24,953	0	54,607	17,164	277,951	0
	(II)	0	0	0	0	0	0	0
PATRICK T WALZ	(I)	253,457	36,815	0	71,708	11,992	373,972	0
	(II)	0	0	0	0	0	0	0
SHARON R GARDNER	(I)	198,801	18,171	0	45,000	11,992	273,964	0
	(II)	0	0	0	0	0	0	0
STEWART M HAMILTON MD	(I)	310,863	36,815	0	89,552	11,311	448,541	0
	(II)	0	0	0	0	0	0	0
THOMAS VAN HASSEL	(I)	160,473	0	0	9,082	19,747	189,302	0
	(II)	0	0	0	0	0	0	0
JOHN MAKOWSKY	(I)	159,864	0	0	9,048	19,747	188,659	0
	(II)	0	0	0	0	0	0	0
RUSSELL E MCCAMY	(I)	153,942	0	0	8,713	19,747	182,402	0
	(II)	0	0	0	0	0	0	0
BESSIE L PEA	(I)	152,706	0	0	8,643	13,853	175,202	0
	(II)	0	0	0	0	0	0	0
JOSEPH A PAULI	(I)	152,077	0	0	8,607	7,283	167,967	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
YUMA REGIONAL MEDICAL CENTER

Employer identification number
86-6007596

Part I Bond Issues *(Required for 2008)*

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	INDUSTRIAL DEVELOPMENT AUTHORITY OF CITY OF YUMA	86-0498547	988514BQ7	12-11-2008	109,025,000	SERIES 2008-REFUND 2004 BONDS		X		X
B	INDUSTRIAL DEVELOPMENT AUTHORITY OF CITY OF YUMA	86-0498547	98851RAA2	10-25-2007	1,430,000	SERIES 2007-EXPANSION/IMPROVEMENTS		X		X

Part II Proceeds *(Optional for 2008)*

		A	B	C	D	E
1	Total Proceeds of Issue					
2	Gross Proceeds in Reserve Funds					
3	Proceeds in Refunding or Defeasance Escrows					
4	Other Unspent Proceeds					
5	Issuance Costs from Proceeds					
6	Working Capital Expenditures from Proceeds					
7	Capital Expenditures from Proceeds					
8	Year of Substantial Completion					

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use *(Optional for 2008)*

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

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	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?										
3c	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?										

Part IV Arbitrage *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	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?										
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
c	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?										
6	Did the bond issue qualify for an exception to rebate?										

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
YUMA REGIONAL MEDICAL CENTER

Employer identification number
86-6007596

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

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

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

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
SOUTHWEST CRITICAL CARE MEDICINE	SRIDHAR RAJAMANI/BD MEMB	1,570,761	MEDICAL SERVICES		No
SOUTHWEST EMERGENCY PHYSICIANS	PHILLIP RICHEMONT/BD MEMB	656,373	GROUP INCENTIVES/TRANSCRIPTION		No
MICHAEL SHAW	EUGENE SHAW/KEY EMPLOYEE	20,127	EMPLOYEE OF YRMC		No
ELLEN HAMILTON	STEWART HAMILTON/KEY EMP	39,413	EMPLOYEE OF YRMC		No
SCOTT HALL	JAMES HALL/KEY EMPLOYEE	63,025	EMPLOYEE OF YRMC		No
ZINA HALL	JAMES HALL/KEY EMPLOYEE	26,349	EMPLOYEE OF YRMC		No
See Additional Data Table					

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ 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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
YUMA REGIONAL MEDICAL CENTER

Employer identification number
86-6007596

Identifier	Return Reference	Explanation
SERVICES PROVIDED BY VOLUNTEERS	FORM 990, PART I, LINE 6	Volunteers are a vital part of Yuma Regional Medical Center Thats why YRMC offers opportunities for service that accommodate the schedules of working adults, students and retirees Some of our volunteers work directly with patients, while others provide invaluable assistance in support areas or with special projects In 2009, 487 volunteers helped out in over 55 service areas and contributed over 62,000 volunteer hours Volunteers are an essential part of YRMC who perform a variety of services to help patients, visitors and staff They offer support in clinical and non-clinical departments by performing such duties as information desk receptionist, transporting visitors as a cart driver, book and beverages cart service, patient visitors and wheel chair transporters, soothing a crying baby in the NICU, print shop, warehouse and office assistants They also work in the Corner Stork Caf, Gift Shop and the Daily Grind retail areas In addition, volunteers support UBS blood drives, hospital support groups, Community Outreach events, Shadowing program and Patient and Family Center Care Volunteers raised $194,847 00 to help support YRMC patient services and programs They also have a commitment to the community by donating annual scholarships to college students There are many benefits in becoming a volunteer, aside from the personal fulfillment many receive in helping those in need, they also feel a sense of accomplishment, meet new people, learn new skills and have the opportunity to explore careers in health care

Identifier	Return Reference	Explanation
DESCRIPTION OF PROGRAM SERVICES	FORM 990, PART III, LINE 4	OUR VISION THE VISION OF YUMA REGIONAL MEDICAL CENTER WILL BE RECOGNIZED AS THE FOCUS FOR HEALTHCARE WE WILL WORK COLLABORATIVELY TO EVOLVE THE BEST SYSTEM OF COORDINATED HEALTHCARE IN OUR SERVICE AREA OUR MISSION THE MISSION OF YUMA REGIONAL MEDICAL CENTER IS TO IMPROVE THE HEALTH AND WELL-BEING OF INDIVIDUALS, FAMILIES AND THE COMMUNITY WE SERVE THROUGH EXCELLENCE, INNOVATION AND PRUDENT USE OF RESOURCES OUR VALUES COMMITMENT - RESPECT - SAFETY / QUALITY - CREATIVITY - TEAMWORK OVERVIEW YUMA REGIONAL MEDICAL CENTER IS A 333 LICENSED BED GENERAL ACUTE CARE HOSPITAL THAT PROVIDES INPATIENT, OUTPATIENT, EMERGENCY ROOM AND OTHER ACUTE CARE AND HOSPITAL RELATED SERVICES TO THE PEOPLE OF YUMA, ARIZONA AND THE SURROUNDING COMMUNITIES PRESIDENT/CEO AS A NOT-FOR-PROFIT COMMUNITY HOSPITAL, YUMA REGIONAL MEDICAL CENTER IS DEDICATED TO MEETING THE HEALTHCARE NEEDS OF THIS COMMUNITY TODAY, TOMORROW AND WELL INTO THE FUTURE THROUGH THIS REPORT, YOU WILL LEARN ABOUT MANY SERVICES AND PROGRAMS THAT WE PROVIDE THE YRMC TEAM CONSISTS OF ABOUT 2,000 EMPLOYEES, SOME 300 PHYSICIANS AND NEARLY 400 VOLUNTEERS YRMC MAINTAINS THE HIGHEST STANDARDS FOR OUR MEDICAL STAFF TO HELP ENSURE YOU RECEIVE THE QUALITY CARE YOU EXPECT MORE THAN 95 PERCENT OF THE PHYSICIANS PRACTICING AT YRMC ARE BOARD CERTIFIED/ELIGIBLE IN ONE OR MORE SPECIALTIES WE PLEDGE TO SERVE AS AN ACTIVE COMMUNITY PARTNER WHILE CONTINUING OUR MISSION TO IMPROVE THE HEALTH AND WELL-BEING OF THE COMMUNITIES WE SERVE CHAIRMAN, YRMC BOARD OF DIRECTORS THE BOARD OF YUMA REGIONAL MEDICAL CENTER IS COMPOSED OF AN ARRAY OF PROFESSIONALS WHO BRING THEIR SKILLS AND TALENTS TOGETHER TO WORK WITHOUT PAY SO THAT YOU CAN RECEIVE THE HIGHEST QUALITY OF MEDICAL CARE IN YOUR COMMUNITY AS WE LOOK TO THE FUTURE, THE YRMC BOARD OF DIRECTORS HAS AGAIN SET THE BAR HIGH IT IS OUR VISION TO WORK COLLABORATIVELY TO EVOLVE THE BEST SYSTEM OF COORDINATED HEALTH CARE IN OUR SERVICE AREA AS A NON-PROFIT COMMUNITY HOSPITAL, WE REINVEST FUNDS REMAINING AT THE CLOSE OF THE YEAR TO NEW SERVICES AND PROGRAMS FOR THE COMMUNITY OUR STRATEGIES MOVING FORWARD INCLUDE A FIVE-PHASE IMPLEMENTATION OF AN ELECTRONIC HEALTH RECORD TO IMPROVE PATIENT SAFETY AND QUALITY, IMPROVE PATIENT ACCESS TO SERVICES THROUGH RECRUITMENT OF PHYSICIANS IN IDENTIFIED SHORTAGE AREAS, INVESTMENT IN NEW TECHNOLOGIES, REMAINING FINANCIALLY SOUND, AND PROVIDING THE HIGHEST STANDARD OF CARE AND PATIENT SAFETY AS A NOT-FOR-PROFIT HOSPITAL, YRMC HAS NO SHAREHOLDERS WE ANSWER TO AND ARE OWNED BY THE COMMUNITY WE SERVE FINANCIAL A SOLID FUTURE AS A NON-PROFIT HOSPITAL, YUMA REGIONAL MEDICAL CENTER RELIES SOLELY ON PATIENT REVENUES FOR FUNDING WE DO NOT RECEIVE LOCAL, STATE OR FEDERAL TAX MONEY THERE ARE NO OUT-OF-STATE CORPORATIONS OR PRIVATE SHAREHOLDERS INVOLVED WITH YRMC - THE ONLY SHAREHOLDERS ARE THE PEOPLE AND COMMUNITIES WE SERVE THE MEDICAL CENTER INCURRED EXPENSES OF APPROXIMATELY $1,160,652 IN 2009 SUPPORTING COMMUNITY BENEFIT PROGRAMS CHARITY CARE/FINANCIAL ASSISTANCE AT YUMA REGIONAL MEDICAL CENTER, WE BELIEVE THAT ALL PEOPLE HAVE A RIGHT TO MEDICALLY NECESSARY HEALTH CARE AND EQUAL ACCESS TO DIAGNOSTIC AND THERAPEUTIC TREATMENT, REGARDLESS OF FINANCIAL STATUS ELIGIBILITY CRITERIA FOR CHARITY CARE OR DISCOUNTS ARE BASED ON A PERCENTAGE OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES ANNUAL "POVERTY GUIDELINES " ELIGIBILITY CRITERIA INCLUDES INDIVIDUAL OR FAMILY INCOME, INDIVIDUAL OR FAMILY NET WORTH, EMPLOYMENT STATUS, OTHER FINANCIAL OBLIGATIONS, AMOUNT AND FREQUENCY OF HEALTHCARE BILLS AND OTHER FINANCIAL RESOURCES AVAILABLE TO THE PATIENT BECAUSE YRMC DOES NOT PURSUE COLLECTIONS, CHARITY CARE IS NOT INCLUDED IN NET PATIENT SERVICE REVENUE A COPY OF THE YRMC'S CHARITY CARE POLICY IS AVAILABLE ON THE WEBSITE WWW YUMAREGIONAL ORG THE CHARGES FOREGONE RELATED TO THE CHARITY CARE PATIENTS WERE $16,939,000 IN 2009 THE COSTS OF THESE SERVICES ARE ESTIMATED TO BE $5,124,000 IN 2009 UNPAID COST OF PUBLIC PROGRAMS PUBLIC PROGRAMS SUCH AS ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM ARE PROVIDED FOR THE POOR AND INDIGENT PUBLIC PROGRAMS SUCH AS MEDICARE ARE PROVIDED FOR THE ELDERLY PUBLIC PROGRAMS DO NOT ALWAYS COVER THE COSTS OF PROVIDING THOSE SERVICES THE UNREIMBURSED COSTS OF THE AHCCCS PROGRAM WERE APPROXIMATELY $5,822,000 IN 2009 CARE OF UNDOCUMENTED PATIENTS YUMA REGIONAL MEDICAL CENTER PROVIDES CARE FOR PATIENTS WHO HAVE ENTERED THE COMMUNITY ILLEGALLY THE CHARGES FOR THESE PATIENTS ARE PARTIALLY REIMBURSED UNDER SECTION 1011 OF THE MEDICARE PRESCRIPTION DRUG, IMPROVEMENT AND MODERNIZATION ACT OF 2003 THE UNREIMBURSED CHARGES FOR SERVING THESE PATIENTS WERE APPROXIMATELY $2,036,000 IN 2009 CHILDREN'S REHAB SERVICES ARIZONA DEPARTMENT OF HEALTH SERVICES PROVIDES FUNDING FOR SERVICES TO CHILDREN WITH SEVERE DISABILITIES THE FUNDING PAYS FOR A PORTION OF THE COSTS OF SERVICES PROVIDED CHILDREN'S SCHOOL HEALTHCARE PROGRAM YUMA REGIONAL MEDICAL CENTER SPONSORS CLINICS IN SIX SCHOOL DISTRICTS IN YUMA COUNTY - FROM SAN LUIS TO DATELAND SINCE 1996, THE CLINICS HAVE PROVIDED FREE, PRIMARY CARE FOR KIDS THAT MAY OTHERWISE END UP AT THE EMERGENCY DEPARTMENT THE COSTS FOR THIS PROGRAM WERE $498,000 IN 2009 BERONICA OLIVERA, A FORMER RANCHO VIEJO STUDENT, RECALLS THE IMPACT THE CLINIC AND ITS STAFF HAD ON HER "IF THE CLINIC WASN'T THERE, AND I HADN'T MET MISS EDNA (NURSE), I WOULDN'T HAVE HAD THE COURAGE TO SAY, 'I WANT TO BE A NURSE'" CURRENTLY, BERONICA IS A PATIENT ACCESS REPRESENTATIVE AT YRMC WE'RE NOT FOR PROFIT WE'RE FOR HELPING CHILDREN A BACKPACK, PENCILS AND PENS, ERASERS, NOTEPAPER, RULER AND CRAYONS - IT SEEMS LIKE A SMALL EXPENSE BUT FOR MANY STRUGGLING FAMILIES, THE GIFT OF A BACKPACK FILLED WITH SCHOOL SUPPLIES MEANS SOMETHING VERY SPECIAL IT MEANS THAT THEIR CHILDREN ARE EQUIPPED WITH THE TOOLS NEEDED TO SUCCESSFULLY START THE SCHOOL YEAR IN 2009, SEVERAL THOUSAND NEEDY CHILDREN BENEFITED FROM THE YRMC DRIVE FOR SCHOOL SUPPLIES FOR 10 YEARS, YUMA REGIONAL MEDICAL CENTER HAS STEPPED IN TO SUPPORT THE COMMUNITY'S UNDERPRIVILEGED CHILDREN BY SPONSORING THIS LARGE PROJECT ROBERTO, A STUDENT FROM DATELAND ELEMENTARY WRITES, "I REALLY WANT TO THANK YOU FOR SENDING BACKPACKS TO OUR SCHOOL MOST OF THE STUDENTS DIDN'T HAVE THINGS FOR SCHOOL, BUT YOU GAVE US BACKPACKS WITH SUPPLIES THAT WE NEEDED WE LOVE YOU GUYS THANK YOU " EACH SUMMER, YRMC EMPLOYEES - AS WELL AS STAFF FROM SCHOOLS AND NON-PROFIT ORGANIZATIONS THAT RECEIVE THE SUPPLIES - ARE ASTONISHED AT THE GENEROSITY OF THE COMMUNITY AND 2009 WAS NO EXCEPTION "WITH THE STRUGGLING ECONOMY, WE ANTICIPATED THAT THE NEED FOR BACKPACKS WOULD BE HIGH AND THE DONATIONS WOULD BE LOW," SAYS YRMC'S COMMUNITY OUTREACH SPECIALIST "WE WERE OVERWHELMED BY COMMUNITY SUPPORT, AND 2,800 BACKPACKS FILLED WITH SCHOOL SUPPLIES WERE DISTRIBUTED IN THE COMMUNITY " JOSE FROM SALIDA DEL SOL WRITES, "I AM VERY THANKFUL FOR MY BACKPACK BECAUSE THIS YEAR I WASN'T GOING TO BE ABLE TO BRING A BACKPACK TO SCHOOL MY MOM TOLD ME TO JUST CARRY MY BOOKS AND MY DAD THOUGHT IT WAS

Identifier	Return Reference	Explanation
DESCRIPTION OF PROGRAM SERVICES (CONTINUED)	FORM 990, PART III, LINE 4	A WASTE OF MONEY SO I AM VERY THANKFUL FOR MY BACKPACK! IF IT WASN'T FOR YOU, I WOULDN'T HAVE SCHOOL SUPPLIES THANK YOU " THE DRIVE FOR SCHOOL SUPPLIES IS TRULY A COMMUNITY COLLABORATION THAT TAKES PLACE EACH JULY YRMC WORKS WITH BUSINESSES AND OTHER ORGANIZATIONS TO SET UP DONATION BOXES AT VARIOUS LOCATIONS PRINCIPALS FROM AREA SCHOOLS THROUGHOUT YUMA COUNTY ARE ASKED TO DETERMINE HOW MANY BACKPACKS THEY NEED FOR THEIR STUDENTS INDIVIDUALS THROUGHOUT THE COMMUNITY ALSO DONATE CASH TOWARDS THE PROJECT SEVERAL AREA MERCHANTS OFFER YRMC BULK DISCOUNTS FOR BACKPACKS AND SUPPLIES PAID FOR WITH THESE CASH DONATIONS AND GRANTS DURING THE FIRST WEEK IN AUGUST, THE SUPPLIES ARE COLLECTED AND BROUGHT TO YRMC OVER 75 COMMUNITY VOLUNTEERS WORK FOR A WEEK ORGANIZING AND FILLING THE BACKPACKS, CUSTOMIZING THEM FOR EACH INDIVIDUAL SCHOOL "OUR VOLUNTEERS ARE PEOPLE WITH BIG SMILES AND BIG HEARTS THEY CONTINUE TO GIVE OF THEIR TIME, THEIR ENERGY AND THEIR PASSION - ALL FOR THE SAKE OF HELPING LOCAL CHILDREN " ONCE EVERYTHING IS ASSEMBLED, SCHOOLS AND ORGANIZATIONS ARE NOTIFIED TO PICK UP THE BACKPACKS AND DISTRIBUTE TO GRATEFUL FAMILIES MICHELLE, A STUDENT FROM CENTENNIAL MIDDLE SCHOOL WRITES, "I'M ONE OF THE PEOPLE THAT GOT A BACKPACK BECAUSE MY MOM HAS PROBLEMS WITH MY BROTHER SHE WAS GOING TO BUY ME SCHOOL SUPPLIES, BUT HAD TO BUY MY BROTHER AND SISTER BOOKS FOR HIGH SCHOOL, SO IT WAS A LOT OF MONEY THANK YOU VERY MUCH!" IN FISCAL 2009, 257 OF OUR TINIEST PATIENTS WERE ADMITTED TO AND CARED FOR BY THE SPECIALLY TRAINED STAFF IN THE NEONATAL INTENSIVE CARE UNIT (NICU) YRMC'S NICU IS LICENSED TO CARE FOR INFANTS 28 WEEKS AND OLDER A FULL TERM INFANT IS 40 WEEKS INFANTS THAT ARE BORN AT YRMC AT LESS THAN 28 WEEKS ARE CARED FOR IN THE NICU UNTIL THEY ARE STABLE ENOUGH TO TRANSPORT OUR YOUNGEST INFANTS HAVE BEEN 22 WEEKS BY HAVING A NICU, FAMILIES ARE RELIEVED OF THE EXPENSE OF GOING OUT OF TOWN FOR EXTENDED PERIODS OF TIME TO BE NEAR THEIR SICK INFANT AND HAVE A SUPPORT SYSTEM NEARBY WE'RE NOT FOR PROFIT WE'RE ARE FOR HEALTHY HEARTS TO RAISE AWARENESS ABOUT HEART DISEASE, THE NUMBER ONE KILLER OF WOMEN, AND ITS RISKS, YUMA REGIONAL MEDICAL CENTER PARTICIPATES IN THE AMERICAN HEART ASSOCIATION'S GO RED FOR WOMEN CAMPAIGN AND ALSO HOLDS A WOMEN AND HEART DISEASE AWARENESS CAMPAIGN DURING THE CAMPAIGN, THOUSANDS OF HEART KITS CONTAINING INFORMATION ON HEART DISEASE, HEART-HEALTHY RECIPES AND COUPONS FOR FREE AND DISCOUNTED LABORATORY SERVICES ARE DISTRIBUTED THROUGHOUT YUMA COUNTY OUR SPEAKERS BUREAU PROVIDED SPEAKERS TO CLUBS AND ORGANIZATIONS ON WOMEN AND HEART DISEASE YRMC PARTNERS WITH PHYSICIANS, RETAIL MERCHANTS AND RESTAURANTS TO PROMOTE NATIONAL WEAR RED DAY, WHICH SHOWS SUPPORT FOR WOMEN'S HEART DISEASE AWARENESS EDUCATION ABOUT WOMEN AND HEART DISEASE IS OFFERED AT ALL SPRING COMMUNITY OUTREACH EVENTS, INCLUDING HEART HEALTHY COOKING, THE YUMA COUNTY FAIR AND THE WOMEN'S EXPO WE'RE NOT FOR PROFIT WE'RE FOR COMMUNITY OUTREACH AND EDUCATION A HOSPITAL IS MORE THAN JUST A BUILDING WHERE PEOPLE COME FOR HEALING WE ARE DEDICATED TO MAKING OUR COMMUNITIES HEALTHIER PLACES TO LIVE IN 2009, APPROXIMATELY 36,000 EMPLOYEE HOURS WERE SPENT ASSISTING WITH COMMUNITY OUTREACH EVENTS WHICH SERVED AROUND 34,000 PEOPLE IN THE COMMUNITY HEALTH EDUCATION AND INFORMATION, PARTICULARLY ON WOMEN AND HEART DISEASE AWARENESS, WERE KEY COMPONENTS OF YUMA REGIONAL MEDICAL CENTER'S COMMUNITY OUTREACH PROGRAM IN FISCAL 2009, OUR COMMUNITY OUTREACH PROVIDED HEALTH EDUCATION AT 18 EVENTS THROUGHOUT THE COMMUNITY, AND REACHED NEARLY 34,000 PEOPLE EVENTS INCLUDED DIA DEL CAMPESINO WELLTON-MOHAWK TRACTOR RODEO YPG HEALTH FAIR MCAS AIR SHOW YUMA COUNTY FAIR YUMA PLAY DAYS SOMERTON MELON FESTIVAL WOMEN'S EXPO WE'RE NOT FOR PROFIT WE'RE FOR EDUCATING THE COMMUNITY YUMA REGIONAL MEDICAL CENTER IS COMMITTED TO THE EDUCATION OF HEALTHCARE PROFESSIONALS BY PROVIDING LEARNING OPPORTUNITIES TO NURSES AT OUR EDUCATION CENTER AND TO PHARMACY STUDENTS WORKING ON PATIENT FLOORS SUCH EDUCATIONAL PROGRAMS GIVE STUDENTS A CHANCE TO WORK ON THEIR SKILLS AT A PREMIER HEALTHCARE CENTER WHILE PROVIDING THE COMMUNITY WITH HIGHLY QUALIFIED CAREGIVERS TRAINING TOMORROW'S NURSES AT THE YUMA REGIONAL EDUCATION CENTER, NURSING STUDENTS FROM NORTHERN ARIZONA UNIVERSITY - YUMA APPLY CLASSROOM LESSONS IN A SETTING THAT MIRRORS A HOSPITAL ENVIRONMENT STUDENTS WORK IN A SKILLS LAB THAT HAS ADULT, CHILD AND INFANT VITALSIMS MANIKINS PREPROGRAMMED WITH HEART RHYTHMS, LUNG AND BOWEL SOUNDS AND EVEN VOICES IN A WORKSHOP OUTFITTED WITH MORE ADVANCED MANIKINS, CALLED SIMSMAN AND SIMSBABY, AN OBSERVING INSTRUCTOR CONTROLS THE PHYSICAL TRAITS OF THE SIMULATED PATIENT IN RESPONSE TO THE NURSE'S CARE DURING FULL LIFELIKE SCENARIOS "THE GOAL OF OUR EDUCATION CENTER IS TO PROVIDE AS MANY RESOURCES AS POSSIBLE TO HELP NURSING STUDENTS AND EMPLOYEES GROW IN KNOWLEDGE AND SKILL," SAYS A CLINICAL LAB SPECIALIST AT YUMA REGIONAL MEDICAL CENTER "WE FEEL IT'S AN ESSENTIAL COMPONENT IN PROVIDING EXCELLENT PATIENT CARE " FIRST-CLASS PHARMACY PROGRAM TWO RECENT PHARMACY SCHOOL GRADUATES LEARNED THE ROPES OF THEIR PROFESSION AS THE FIRST PHARMACY RESIDENTS AT YUMA REGIONAL MEDICAL CENTER VENNY WONG AND CRYSTAL ENDSLEY RECEIVED THEIR DOCTOR OF PHARMACY DEGREES FROM MIDWESTERN UNIVERSITY AS THE PHARMACY PROFESSION CHANGES, THE DOCTORAL DEGREE HAS BECOME THE STANDARD SIMILAR TO OTHER PROFESSIONS THAT ARE "RAISING THE BAR ON EDUCATION", POST-GRADUATE RESIDENCY PROGRAMS ARE BECOMING MORE COMMON YRMC PREVIOUSLY HAD PHARMACY STUDENTS DOING ROTATIONS, SAID THE PHARMACY RESIDENCY PROGRAM DIRECTOR HAVING RESIDENTS IS THE NEXT LOGICAL STEP, ESPECIALLY BECAUSE OF THE SHORTAGE OF PHARMACISTS HAVING RESIDENTS "KEEPS EVERYONE ON THEIR TOES," THE DIRECTOR SAID "YOU HAVE TO BE SHARPER THAN THE RESIDENTS AND THEY ASK LOTS OF QUESTIONS " THE FIRST YEAR RESIDENCY GIVES THE GRADUATE A CHANCE TO OBTAIN A WELL-ROUNDED VIEW OF THE PROFESSION AND A DEEPER UNDERSTANDING OF ISSUES INVOLVED IN WORKING IN A HOSPITAL, CRYSTAL SAYS GRADUATES ALSO HAVE THE OPTION OF TAKING A SECOND YEAR RESIDENCY IN A SPECIALTY SUCH AS INFECTIOUS DISEASES OR PAIN MANAGEMENT REGARDLESS OF THE SETTING IN WHICH PHARMACISTS WORK, MUCH OF WHAT THEY DO FOCUSES ON DRUG INTERACTIONS AND EDUCATING PATIENTS, THEY SAY AS PHARMACY BECOMES MORE COMPLEX AND THE NUMBER OF DRUGS INCREASES, PHYSICIANS ALSO RELY ON THEM MORE FOR DRUG RECOMMENDATIONS DURING THE ONE-YEAR RESIDENCY, VENNY AND CRYSTAL ROTATED THROUGH MANY MODULES, INCLUDING ICU, MEDICAL AND SURGICAL FLOORS, OUTPATIENT, PHARMACY MANAGEMENT AND INFECTIOUS DISEASE EDUCATIONAL SUPPORT IN FISCAL YEAR 2009, YUMA REGIONAL MEDICAL CENTER PROVIDED $377,394 IN FINANCIAL SUPPORT ALONG WITH $124,583 OF EXPENSES IN THE OPERATION OF A SKILLS LAB TO THE ARIZONA WESTERN COLLEGE (AWC) NURSING PROGRAM A TOTAL OF 70 NURSING STUDENTS GRADUATED FROM AWC WITH AN ASSOCIATE'S DEGREE IN 2009 THE NAU-YUMA GRADUATES WILL EARN A BACHELOR OF SCIENCE IN NURSING

Identifier	Return Reference	Explanation
DESCRIPTION OF PROGRAM SERVICES (CONTINUED)	FORM 990, PART III, LINE 4	YRMC IS COMMITTED TO PROVIDING FUTURE HEALTHCARE PROFESSIONALS FOR OUR COMMUNITY WE HAVE BEEN MEETING THIS CHALLENGE IN PART BY PARTNERING WITH AWC TO EDUCATE FUTURE NURSES YRMC ALSO PROVIDES FINANCIAL SUPPORT TO AWC TO INCREASE NURSING SCHOOL CAPACITY THIS FUNDING PAYS FOR FULL-TIME FACULTY SALARIES AS WELL AS STIPENDS TO HELP BRIDGE THE GAP BETWEEN ACADEMIC SALARIES AND THE NURSING MARKET APPROXIMATELY 80 STUDENTS ARE ACCEPTED INTO THE AWC NURSING PROGRAM EACH YEAR YRMC HIRES ABOUT 50-60 NEW GRADUATES ANNUALLY FROM THE PROGRAM, MEETING 39 PERCENT OF OUR HIRING NEEDS WE'RE NOT FOR PROFIT WE'RE FOR RAISING STROKE AWARENESS EVERY HOUR A STROKE GOES UNTREATED, ENOUGH BRAIN CELLS DIE TO AGE YOUR BRAIN BY 3 6 YEARS TO HELP YOU RECOGNIZE STROKE SYMPTOMS AND SEEK TREATMENT QUICKLY, THE FOUNDATION OF YUMA REGIONAL MEDICAL CENTER HAS ESTABLISHED A FUND TO SUPPORT COMMUNITY EDUCATION ABOUT THE NATION'S THIRD-LEADING CAUSE OF DEATH IN 2009, 14 SPEAKERS FROM THE YUMA REGIONAL MEDICAL CENTER STROKE TEAM REACHED 975 PEOPLE REGARDING STROKE AWARENESS COMMUNITY EDUCATION HAS INCLUDED * BOOKMARKS WITH STROKE WARNING SIGNS AND RISK FACTORS * EDUCATIONAL MATERIALS, SUCH AS A VIDEO ABOUT STROKE * PHONE RECORDING WITH EDUCATIONAL INFORMATION ABOUT STROKE WHEN ON HOLD * SPEAKERS BUREAU WITH A ROTATING PANEL OF STROKE EXPERTS WE'RE NOT FOR PROFIT WE'RE FOR UNITING FOR THE COMMUNITY YUMA REGIONAL MEDICAL CENTER HAS JOINED FORCES WITH YUMA REHABILITATION HOSPITAL, A NATIONALLY RECOGNIZED STROKE REHABILITATION CENTER OF EXCELLENCE, TO PROVIDE A STROKE PROGRAM FOR THE COMMUNITY EVERY 45 SECONDS SOMEONE IN AMERICA HAS A STROKE MOST STROKE SURVIVORS WILL TELL YOU THAT THEY INITIALLY IGNORED THE WARNING SIGNS BECAUSE THEY THOUGHT IT COULDN'T HAPPEN TO THEM A STROKE CAN HAPPEN TO ANYONE " PATIENTS WHO HAVE HAD CANCER, AND ANYONE WHO WANTS TO TAKE POTENTIALLY PROACTIVE MEASURES, CAN LEARN ABOUT THE HEALING POWERS OF FOOD AND MAKE LIFESTYLE CHANGES THROUGH THE FOOD FOR LIFE PROGRAM THE PROGRAM IS OPEN TO ANYONE IN THE COMMUNITY YRMC PARTNERS WITH THE LOCAL FOOD FOR LIFE COORDINATOR AND HELPED FUND $12,500 IN 2009 FOR THE YUMA FOOD FOR LIFE PROGRAM IN 2009, 210 PEOPLE IN THE COMMUNITY ATTENDED THE SIX-WEEK NUTRITION AND COOKING CLASS PARTICIPANTS LEARN HOW TO MAKE CHANGES IN THEIR DIET TO ELIMINATE ANIMAL PROTEIN AND LEARN WAYS TO ENJOY THE HEALTHFUL BENEFITS OF FRUITS, VEGETABLES AND GRAINS THE PROGRAM, WHICH IS PART OF THE CANCER PROJECT, WAS DESIGNED BY PHYSICIANS, NUTRITION EXPERTS AND REGISTERED DIETITIANS TO TAKE ADVANTAGE OF THE HEALING POWERS OF FOOD CANCER PATIENTS NEED A TEAM OF NURSES, SOCIAL WORKERS, CHAPLAINS AND PHYSICIANS TO HELP IN-PATIENTS AND THEIR FAMILIES WITH PALLIATIVE CARE SERVICES, WHICH HELP PEOPLE WORK THROUGH THE PHYSICAL, EMOTIONAL AND SPIRITUAL CONCERNS OF SERIOUS, PROGRESSIVE ILLNESSES THE GOALS ARE TO HELP PEOPLE HAVE THE BEST POSSIBLE QUALITY OF LIFE AND TO BE ALLOWED TO DIE WITH DIGNITY TREATMENTS AND TECHNIQUES FOCUS ON IMPROVING THE QUALITY OF LIFE OF PATIENTS WITH ILLNESSES SUCH AS CANCER, HEART FAILURE AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE PAIN MANAGEMENT PLAYS A KEY ROLE IN PALLIATIVE CARE PALLIATIVE CARE HELPS PATIENTS UNDERSTAND THE NATURE OF THEIR ILLNESS AND TO MAKE TIMELY, INFORMED DECISIONS ABOUT THEIR LIVES IN FISCAL YEAR 2009, PALLIATIVE CARE SERVICES WERE PROVIDED TO 677 PATIENTS EDUCATION AND MANAGEMENT ARE KEY FACTORS FOR PATIENTS WITH DIABETES THE DIABETES EDUCATION PROGRAM AT YRMC HELPS THESE PATIENTS TO UNDERSTAND WHAT TYPES OF FOOD ARE BEST FOR THEM, POTENTIAL HAZARDS OF IGNORING THE DISEASE AND OFFERS A DIABETES SUPPORT GROUP FOR PATIENTS AND THEIR FAMILIES THE PROGRAM ALSO PROVIDES INFORMATION ON MANAGEMENT OF THE DISEASE TO HELP PATIENTS UNDERSTAND THAT IT IS AN ON-GOING PROCESS IN 2009, THE PROGRAM ADDED DIABETES 101 THIS INFORMATIVE, TWO-HOUR CLASS IS OPEN TO ANYONE WHO WANTS TO LEARN ABOUT THE BASIC SKILLS NEEDED TO CONTROL TYPE 2 DIABETES IT IS TAUGHT BY CERTIFIED DIABETES EDUCATORS WHO GIVE AN OVERVIEW OF TYPE 2 DIABETES, THE MEDICATIONS USED TO CONTROL DIABETES, MEAL PLANNING AND HEALTHY BEHAVIORS THAT CAN HELP PATIENTS AVOID COMPLICATIONS APPROXIMATELY 14,244 CALLS CAME INTO THE YUMA REGIONAL CARELINE IN 2009 OFFERED FREE OF CHARGE 24 HOURS A DAY, SEVEN DAYS A WEEK, THE CARELINE PROVIDES CALLERS WITH FREE HEALTH ADVICE FROM A REGISTERED NURSE, HELP FINDING A DOCTOR AND ACCESS TO OVER 1,500 AUDIO HEALTH TOPICS PROMOTIONAL ITEMS FEATURING THE CARELINE TELEPHONE NUMBER AND FLYERS ABOUT THE FREE SERVICE ARE HANDED OUT AT YRMC COMMUNITY OUTREACH EVENTS, AND COMMUNITY AWARENESS IS HEIGHTENED THROUGH NEWSPAPER AND BILLBOARD ADS FULLY FUNDED BY YRMC, THE CARELINE IS DESIGNED TO HELP OUR COMMUNITY ACCESS THE MOST APPROPRIATE LEVEL OF CARE FOR ITS HEALTH NEEDS YUMA REGIONAL CARELINE 336-CARE (2273) THE CHILDBIRTH EDUCATION PROGRAM COORDINATOR AT YRMC HAS EARNED THE TITLE "QUEEN OF CAR SEATS" ACCORDING TO SAFE KIDS WORLDWIDE, SHE CHECKS AN AVERAGE OF 77 CAR SEATS PER MONTH FOR PROPER INSTALLATION YRMC OFFERS CHILDBIRTH PREPARATION INCLUDING CAR SEAT SAFETY, NEWBORN CARE, SIBLING, BREASTFEEDING AND CPR/FIRST AID CLASSES AT A NOMINAL FEE MORE THAN 1,500 PEOPLE PARTICIPATE IN THESE CLASSES IN A YEAR CLINICAL PASTORAL EDUCATION PROGRAM THE CLINICAL PASTORAL EDUCATION (CPE) PROGRAM AT YUMA REGIONAL MEDICAL CENTER TRAINS CLERGY OF ALL FAITHS TO PROVIDE HEALING, COMFORT AND SUPPORT TO PATIENTS AND THEIR FAMILIES DURING THEIR HOSPITAL EXPERIENCE YRMC OFFERS LEVEL 1, LEVEL 2 AND SUPERVISORY CPE THE CPE PROGRAM IS ACCREDITED BY THE ASSOCIATION FOR CLINICAL PASTORAL EDUCATION RECOGNIZED FOR ITS EXCEPTIONALLY HIGH STANDARDS, THE YEAR-LONG RESIDENCY PROGRAM AT YRMC OFFERS A STIMULATING LEARNING ENVIRONMENT THAT ENCOURAGES BOTH PERSONAL AND PROFESSIONAL GROWTH STUDENTS LEARN HOW TO PROVIDE EMOTIONAL AND SPIRITUAL SUPPORT TO INDIVIDUALS OF ALL FAITHS AND BELIEFS TO HELP EMPOWER THEM IN THEIR HEALTHCARE EXPERIENCE STUDENTS MAY EXPERIENCE A WIDE RANGE OF UNIQUE OPPORTUNITIES TO PRACTICE CHAPLAINCY WITHIN A CLINICAL TEAM ENVIRONMENT, SUCH AS WORKING WITH TRAUMAS, CELEBRATING BIRTHS AND END-OF-LIFE ISSUES RESIDENTS BECOME EXPERT IN ACTIVE LISTENING SKILLS, ORGAN AND TISSUE DONATION AND ADVANCE DIRECTIVES YRMC TYPICALLY OFFERS FIVE RESIDENCIES PER YEAR IN 2009, YRMC PROVIDED $268,504 FUNDING FOR THE PROGRAM

Identifier	Return Reference	Explanation
PROCESS USED TO REVIEW FORM 990	FORM 990, PART VI, LINE 10	THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY THE FINANCE DEPARTMENT THE 990 IS THEN REVIEWED BY MANAGEMENT IN THE FINANCE DEPARTMENT AND PRESENTED TO THE BOARD AUDIT COMMITTEE FOR REVIEW AND COMMENT THE 990 IS THEN PROVIDED TO THE ENTIRE BOARD PRIOR TO FILING WITH THE IRS

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICT OF INTEREST POLICY	FORM 990, PART VI, LINE 12C	YRMC RECOGNIZES THAT THE POTENTIAL FOR CONFLICTS OF INTEREST EXISTS FOR DECISION-MAKERS AT ALL LEVELS WITHIN THE ORGANIZATION LEVELS WITHIN THE ORGANIZATION INCLUDE YRMC EMPLOYEES, VOLUNTEERS, AND BOARD MEMBERS YRMC REQUIRES THE DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST SO THAT APPROPRIATE ACTION MAY BE TAKEN TO ENSURE THAT SUCH CONFLICTS WILL NOT INAPPROPRIATELY INFLUENCE IMPORTANT DECISIONS EMPLOYEES ARE REQUIRED TO DISCLOSE ANY AND ALL POTENTIAL CONFLICTS OF INTEREST THAT COULD INAPPROPRIATELY INFLUENCE DECISIONS THIS WOULD INCLUDE BECOMING INVOLVED AS A VENDOR, OR RECEIVING REMUNERATION OR OTHER BENEFIT FROM A VENDOR THIS INCLUDES IMMEDIATE FAMILY MEMBERS IF A TRANSACTION IS PLANNED, THE EMPLOYEE MUST DISCLOSE THE FOLLOWING INFORMATION TO HIS OR HER DEPARTMENT DIRECTOR AND THE V P OF HUMAN RESOURCES THE EMPLOYEE'S OR FAMILY MEMBER'S PERSONAL INTEREST, AND A DESCRIPTION OF THE PROPOSED TRANSACTION INCLUDING ALL RELEVANT INFORMATION YRMC'S WORKFORCE MEMBER ACKNOWLEDGEMENT, CONFIDENTIALITY AGREEMENT, CONFLICT OF INTEREST AND DISCLOSURE STATEMENT AND CERTIFICATION FORM IS SIGNED UPON ENTRY AND THEN ANNUALLY RECORDS ARE RETAINED IN THE PERSONNEL FILE IN THE VOLUNTEER DEPARTMENT OFFICE OR THE HUMAN RESOURCES DEPARTMENT OFFICE DOCUMENTS SIGNED BY MEMBERS OF THE YRMC BOARD OF DIRECTORS ARE KEPT WITH THE BOARD COORDINATOR

Identifier	Return Reference	Explanation
PROCESS TO DETERMINE COMPENSATION OF TOP OFFICIALS, OFFICERS & KEY EMP	FORM 990, PART VI, LINES 15A AND 15B	POLICY The Board of Yuma Regional Medical Center has adopted a competitive pay strategy in order to attract and retain qualified executives to lead our organization and to fairly compensate executives for advancing the mission of Yuma Regional Medical Center The policy is also intended to establish a formal, consistent process for governing executive compensation decisions This process is meant to establish a Rebuttable Presumption of Reasonableness under IRC section 4958 To secure a legal Rebuttable Presumption of Reasonableness in determining compensation of the CEO and other executives considered disqualified individuals, an outside consultant is engaged periodically to provide comparability data and contemporaneous substantiation of the deliberation and decision in setting up total compensation packages including an incentive pay program known as Pay at Risk and executive retirement programs I Our Total Compensation Philosophy is comprised of the following elements Role of the Executive Committee * The Boards Executive Committee, after reviewing the material provided by the consultant, sets the compensation for the President/CEO as well as the compensation policy and strategy for other executives The Executive Committee will review and approve, or modify as appropriate, the CEOs recommendations for other executives The Executive Committee presents its recommendations to the full Board for endorsement Peer Group * A national peer group of health care organizations comparable to YRMC in revenue, structure, mission and scope of operations will be used in collecting comparability data Competitive Positioning * Salary range midpoints are set at the 60th percentile of the peer group Individual salaries are positioned within the salary ranges based on factors such as qualifications, experience and performance as well as recruitment and retention needs * Annual incentive opportunity for the President/CEO, Vice Presidents and Directors are positioned on par with the average levels provided to individuals occupying comparable positions in the peer group * Benefit expenditures are positioned above the 75th percentile and designed to encourage retention and stability of the executive team * Our Total Compensation including cash compensation and benefits will be positioned at approximately the 75th percentile for expected performance Total compensation above the 75th percentile may be achieved for exceptional or superior performance Appropriate perquisites will be provided based on position level and typically will be funded by a PERQ Allowance A moderate severance policy is also provided based on position level See the Severance Policy for further detail II Pay at Risk Incentive Program a YRMCs annual incentive plan (our Pay at Risk program) uses a combination of organizational and individual performance measures i Organizational measures aligned with the organizations Pillars of Performance including Quality/Safety, Service Satisfaction, People, Systems, Processes, Finance and Growth are established annually and approved by the Board Executive Committee The weighting for each measure is established annually and slightly more weight may apply to any of these five categories ii Triggers are established to define certain minimum performance levels that must be met before incentive awards may be paid 1 Net Operating Margin must be achieved at a minimum of 80% of budget 2 Accreditation must be maintained b Performance measures are typically expressed in terms of defined outcomes i Each performance measure includes three levels of performance that correspond to three levels of award opportunity 1 A threshold level of performance representing significant progress toward achieving the planned performance objective (TARGET) 2 A stretch level of performance indicating that the planned performance objective has been fully achieved (WINNING) 3 An outstanding level of performance representing results that clearly exceed the planned performance objective (MAXIMUM OR CHAMPION) 4 TARGETS are set at the 60th percentile of national data when available WINNING level is set at the 75th percentile and CHAMPION level is the 90th percentile For financial measures, WINNING is set at the budget level with 95% equaling TARGET and 105% equaling CHAMPION level ii Each year, the CEO recommends to the Committee the outcomes required to achieve each goal level and provides supporting rationale and data for the recommendations The Committee reviews the recommendations, modifies as appropriate, and approves the final goals and required outcomes iii PERFORMANCE LEVEL percentages are set based on position 1 CEOs WINNING LEVEL equals 40% of incumbents salary with a minimum of 30% and a maximum of 50% with 100% weighting on organizational goals 2 Vice Presidents WINNING LEVEL equals 20% of incumbents salary with a minimum of 10% and a maximum of 30% with 70% weighting on organizational goals, 30% weighting for division goals 3 Directors WINNING LEVEL equals 10% of midpoint of salary range with a minimum of 5% and a maximum of 15% with 60% weighting on organizational goals, 40% weighting for division goals c The amount, if any, due will be paid prior to the December 31 following the close of the fiscal year III Insurance Products A number of executive insurance products are available at the executives choice These benefits are optional and executives will have an opportunity to elect these benefits at any time With the exception of Survivor Life Insurance, executives may be billed directly for these products and premiums are paid on an after tax basis The currently available programs are a Long-Term Care insurance for the executive and spouse b Executive Disability coverage (this would supplement the basic hospital plan) c Survivor Life Insurance - for executives enrolling in this benefit, the hospital will pay the executives premium Under applicable tax rules, the premium payments made by the hospital will be treated as a loan The executive must pay interest on hospital paid premiums The hospital will be repaid from the cash surrender value of the policy or the face amount of the policy in the event of death This arrangement is documented by an agreement acceptable to the hospital IV Paid Leave Time Cash Out Refer to the Executive Paid Leave time Cash Out policy for details The purpose of this policy is to allow executives to cash out a limited amount of PLT to fund premiums or other costs for insurance or to use the proceeds in whatever manner they wish The executive has to meet certain criteria to qualify Reviewed 11/13/08 - Executive Committee

Identifier	Return Reference	Explanation
AVAILABILITY OF THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT	OF INTEREST POLICY, AND FINANCIAL STATEMENTS	FORM 990, PART VI, LINE 19 THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
CONSOLIDATED AUDITED FINANCIAL STATEMENTS	FORM 990, PART XI, LINE 2B	YUMA REGIONAL MEDICAL CENTER (YRMC) IS PART OF CONSOLIDATED AUDITED FINANCIAL STATEMENTS NO STAND-ALONE AUDIT FOR YRMC IS PERFORMED THEREFORE THIS QUESTION IS ANSWERED NO IN ACCORDANCE WITH THE INSTRUCTIONS

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
YUMA REGIONAL MEDICAL CENTER

Employer identification number
86-6007596

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
YUMA REGIONAL OUTPATIENT SURGICAL CENTER 2261 S AVENUE B YUMA, AZ 85364 26-0708281	HEALTHCARE	AZ	3,180,498	9,471,693	NA

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
FOUNDATION OF YUMA REGIONAL MEDICAL CTR 2400 S AVENUE A YUMA, AZ85364 51-0179146	FOUNDATION	AZ	501(C)(3)	7	NA

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) Disproprtionate allocations? No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) General or managing partner? No
DESERT HEALTHCARE SERVICES LLC 2400 S AVENUE A YUMA, AZ85364 86-0837483	HEALTHCARE	AZ	N/A	RELATED	692,497	1,708,812		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)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
YUMA HEATHCARE SERVICES INC 2400 S AVENUE A YUMA, AZ85364 86-0775929	HEALTHCARE	AZ	N/A	C-CORP	3,628,677	2,992,205	100 %

Part V Transactions with Related Organizations

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

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

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	DESERT HEALTH SERVICES LLC	A (IV	60,897
(2)	DESERT HEALTH SERVICES LLC	P	78,137
(3)	YUMA HEALTH CARE SERVICES INC	A (IV	57,658
(4)	YUMA HEALTH CARE SERVICES INC	P	424,949
(5)	FOUNDATION OF YUMA REGIONAL MEDICAL CENTER	C	195,309
(6)	FOUNDATION OF YUMA REGIONAL MEDICAL CENTER	P	

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

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

Form 990, Schedule R, Part V - Transactions with Related Organizations

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(1)	DESERT HEALTH SERVICES LLC	A (IV	60,897
(2)	DESERT HEALTH SERVICES LLC	P	78,137
(3)	YUMA HEALTH CARE SERVICES INC	A (IV	57,658
(4)	YUMA HEALTH CARE SERVICES INC	P	424,949
(5)	FOUNDATION OF YUMA REGIONAL MEDICAL CENTER	C	195,309
(6)	FOUNDATION OF YUMA REGIONAL MEDICAL CENTER	P	

Additional Data

Software ID:
Software Version:
EIN: 86-6007596
Name: YUMA REGIONAL MEDICAL CENTER

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
IAN WATKINSON PHD , TRUSTEE	3 0	X						1,029	0	0
JAMES PAQUIN MD , TRUSTEE	3 0	X						2,699	0	0
JOANN LINVILLE EDD , VICE CHAIR	3 0	X		X				1,811	0	0
JOHN HUDSON , CHAIRPERSON	3 0	X		X				0	0	0
KATHY WATSON EDD , CHAIR ELECT FOR EXEC COMMITTEE	3 0	X						2,527	0	0
LARRY DEASON , TRUSTEE	3 0	X						0	0	0
LOUIE HIRTH , TRUSTEE	3 0	X						0	0	0
MARIO JAUREGUI , TRUSTEE	3 0	X						234	0	0
PHILLIP RICHEMONT MD , TRUSTEE	3 0	X						1,080	0	0
ROBERTO GARCIA MD , TRUSTEE	3 0	X						1,493	0	0
RUSS CLARK , TRUSTEE	3 0	X						1,141	0	0
SRIDHAR RAJAMANI MD , TRUSTEE	3 0	X						70,320	0	0
TOM TYREE , TRUSTEE	3 0	X						3,005	0	0
VICTOR VIC SMITH , SECRETARY/TREASURER	3 0	X		X				0	0	0
WOODROW WOODY MARTIN , TRUSTEE	3 0	X						2,003	0	0
GREG BECKMAN , PRESIDENT/CEO (AS OF 12/1/08)	40 0			X				26,565	0	0
ROBERT OLSEN , CEO (RETIRED 11/30/08)	40 0			X				590,077	0	52,055
PATRICK T WALZ , VP-FINANCE, CFO	40 0			X				290,272	0	83,700
EUGENE M SHAW , VP-INFORMATION TECHNOLOGY, CIO	40 0				X			211,872	0	43,540
JAMES F HALL SR , VP-CLINICAL SERVICE LINES	40 0				X			247,963	0	32,492
KAREN D JENSEN , VP-PATIENT CARE SVCS, CNO	40 0				X			220,830	0	45,159
MARK E PARSTON , VP-PLANNING & DEVELOPMENT	40 0				X			206,180	0	71,771
SHARON R GARDNER , VP-HUMAN RESOURCES	40 0				X			216,972	0	56,992
STEWART M HAMILTON MD , VP-MEDICAL AFFAIRS, CMO	40 0				X			347,678	0	100,863
THOMAS VAN HASSEL , CLIN PHARMACIST/DIR PHARMACY	40 0					X		160,473	0	28,829
JOHN MAKOWSKY , CLINICAL PHARMACIST	44 0					X		159,864	0	28,795
RUSSELL E MCCAMY , CLINICAL PHARMACIST	42 0					X		153,942	0	28,460
BESSIE L PEA , RESOURCE COORDINATOR	56 0					X		152,706	0	22,496
JOSEPH A PAULI , CLINICAL PHARMACIST	42 0					X		152,077	0	15,890

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a NET PATIENT SERVICE REVENUE	900,099	312,687,510	312,687,510		
b EMPLOYEE HOUSING RENTAL INCOME	900,099	238,061	238,061		
c MEDICAL OFFICE BLDG/AFFILIATE RENTAL INCOME	900,099	968,073	968,073		
d GIFT SHOP	453,220	269,302	269,302		
e SNACK BAR / VENDING	722,210	216,464	216,464		