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Form 990

Return of Organization Exempt From Income Tax

2009

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

Check if applicable
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

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

C Name of organization
atrium medical center

D Employer identification number
31-1079309

Doing Business As

Number and street (or P O box if mail is not delivered to street address)
40 WEST 4TH STREET

Room/suite

City or town, state or country, and ZIP + 4
DAYTON, OH 45402

E Telephone number
(937) 499-9946

G Gross receipts \$ 253,075,129

F Name and address of principal officer
DOUGLAS MCNEILL
40 WEST 4TH STREET STE 2100
DAYTON, OH 45402

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 Website: ► WWW.PREMIERHEALTHPARTNERS.ORG

K Form of organization Corporation Trust Association Other ► **L** Year of formation 1983 **M** State of legal domicile OH

Part I Summary

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

atrium medical center will build healthier communities with others who share the commitment to provide high-quality, cost-competitive healthcare services

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	12
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5 Total number of employees (Part V, line 2a)	5	2,239
6 Total number of volunteers (estimate if necessary)	6	335
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	523,261
b Net unrelated business taxable income from Form 990-T, line 34	7b	523,621

		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	8	1,534,520	90,225
9 Program service revenue (Part VIII, line 2g)	9	250,507,141	225,827,140
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	-27,560,016	22,854,514
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	2,217,782	2,240,454
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	226,699,427	251,012,333

		Prior Year	Current Year
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	214,740	279,150
14 Benefits paid to or for members (Part IX, column (A), line 4)	14	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	105,838,911	110,224,766
16a Professional fundraising fees (Part IX, column (A), line 11e)	16a	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ► 0	b		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	17	126,800,203	131,552,791
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	18	232,853,854	242,056,707
19 Revenue less expenses Subtract line 18 from line 12	19	-6,154,427	8,955,626

		Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	20	417,455,921	370,321,490
21 Total liabilities (Part X, line 26)	21	312,064,974	260,313,743
22 Net assets or fund balances Subtract line 21 from line 20	22	105,390,947	110,007,747

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

Signature of officer	2010-11-04
THOMAS J MALONEY JR VP-CFO	Date

Preparer's signature	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4	ERNST & YOUNG US LLP PO BOX 44972 INDIANAPOLIS, IN 462440972	EIN ►	Phone no ► (513) 612-1400

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

atrium medical center will build healthier communities with others who share the commitment to provide high-quality, cost-competitive healthcare services

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 501(c)(4) organizations and section 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 622,110) (Expenses \$ 217,666,440 including grants of \$ 279,150) (Revenue \$ 225,665,595
PLEASE SEE SCHEDULE H

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 **\$ 217,666.440**

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

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

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

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

6 Did the organization maintain any donor advised funds or any similar funds or 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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.

- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.
- Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.
- Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.
- Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.
- Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.
- Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.

12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII

12A Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No

If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A Yes

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I

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 U.S.? If "Yes," complete Schedule F, Part II

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 U.S.? If "Yes," complete Schedule F, Part III

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

	Yes	No
1	Yes	
2	Yes	
3		No
4	Yes	
5		
6		No
7		No
8		No
9		No
10	Yes	
11	Yes	
12		No
13		No
14a		No
14b	Yes	
15		No
16		No
17		No
18		No
19		No
20	Yes	

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 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 line 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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	No	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a	No	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	No	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	No	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	29	No	
30	Did the organization receive more than \$25,000 in non-cash 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 sections 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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	201
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	2,239
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	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)?		No
4b	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?	No	
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	No	
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	No	
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	No	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	No	
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	No	
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	No	
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	12
b	Enter the number of voting members that are independent . . .	1b	11
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	Yes
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	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?	10b	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes
11a	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
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
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes
b	If "Yes," 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 ► OH

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 ►
 J MICHAEL SIMS
 40 WEST 4TH STREET SUITE 2100
 DAYTON, OH 45402
 (937) 499-9946

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. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

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

1b Total	2,093,816	2,266,896	1,213,756
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **►47**

		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	Yes
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	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
DAWSON RESOURCES 3650 OLENTANGY RIVER RD STE 450 COLUMBUS, OH 43214	AGENCY STAFF	3,191,407
DIAMOND HEALTH GROUP PO BOX 85050 RICHMOND, VA 23285	BEHAVIORAL HLTH SVCS	2,828,047
MIDDLETOWN ANESTHESIA CONSULTANTS 3180 KETTERING BLVD DAYTON, OH 45439	PHYSICIANS	2,819,755
ADVANCED PAIN TREATMENT AND EVAL CE 3180 KETTERING BLVD DAYTON, OH 45439	PHYSICIANS	2,751,950
HILLTOP OBGYN 200 MEDICAL CENTER DR STE 160 MIDDLETOWN, OH 45005	PHYSICIANS	1,213,474
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►29		

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 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	90,225				
	e Government grants (contributions)	1e					
	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		90,225				
Program Service Revenue	2a NET PATIENT SERVICE REVENUE	Business Code					
		622,110	121,599,815	121,089,293	510,522		
	b MEDICARE/MEDICAID PAYMENTS		622,110	103,638,476	103,638,476		
	c PAIN CLINIC		622,110	177,086	177,086		
	d JOINT VENTURES		900,099	133,601	133,601		
	e SPORTS MEDICINE		622,110	36,464	36,464		
	f All other program service revenue			241,698	241,698		
	g Total. Add lines 2a-2f		225,827,140				
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)						
			352,693			352,693	
	4 Income from investment of tax-exempt bond proceeds			0			
	5 Royalties			0			
	6a Gross Rents	(I) Real	(II) Personal				
	b Less rental expenses	934,452					
	c Rental income or (loss)	843,354					
	d Net rental income or (loss)	91,098		91,098			91,098
7a Gross amount from sales of assets other than inventory	(I) Securities	(II) Other					
b Less cost or other basis and sales expenses	22,506,393						
c Gain or (loss)	4,572						
d Net gain or (loss)	22,501,821		22,501,821			22,501,821	
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18							
b Less direct expenses	b		0				
c Net income or (loss) from fundraising events			0				
9a Gross income from gaming activities See Part IV, line 19	a						
b Less direct expenses	b		0				
c Net income or (loss) from gaming activities			0				
10a Gross sales of inventory, less returns and allowances .	a						
b Less cost of goods sold	b	1,675,460					
c Net income or (loss) from sales of inventory		1,214,870	460,590			460,590	
Miscellaneous Revenue	Business Code						
11a CAFETERIA SALES		722,210	1,327,050			1,327,050	
b PHYSICIAN ANSWERING SERVICE		561,000	12,739		12,739		
c ALL OTHER REVENUE		900,099	348,977	348,977			
d All other revenue							
e Total. Add lines 11a-11d			1,688,766				
12 Total revenue. See Instructions		251,012,333	225,665,595	523,261	24,733,252		

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	279,150	279,150		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	4,447,203	1,111,800	3,335,403	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	82,453,827	72,188,326	10,265,501	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,635,828	3,183,167	452,661	
9 Other employee benefits	14,172,213	12,407,772	1,764,441	
10 Payroll taxes	5,515,695	4,828,991	686,704	
11 Fees for services (non-employees)				
a Management	0			
b Legal	294,299	257,659	36,640	
c Accounting	112,321		112,321	
d Lobbying	7,860	6,881	979	
e Professional fundraising See Part IV, line 17	0			
f Investment management fees	29,772		29,772	
g Other	13,583,278	13,583,278		
12 Advertising and promotion	579,510	579,510		
13 Office expenses	2,249,932	1,969,815	280,117	
14 Information technology	3,119,250	2,730,903	388,347	
15 Royalties	0			
16 Occupancy	4,741,088	4,150,823	590,265	
17 Travel	92,626	81,094	11,532	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	169,041	147,995	21,046	
20 Interest	9,990,542	8,746,720	1,243,822	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	21,904,948	19,177,782	2,727,166	
23 Insurance	312,323	273,439	38,884	
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 OPERATING SUPPLIES	45,062,834	45,062,834		
b PURCHASED SERVICES	11,516,749	10,082,914	1,433,835	
c BAD DEBT	9,345,826	9,345,826		
d JOINT OPERATING AGRMT EXP	6,517,001	5,705,634	811,367	
e HOSPITAL FRANCHISE TAX	642,750	642,750		
f All other expenses	1,280,841	1,121,377	159,464	
25 Total functional expenses. Add lines 1 through 24f	242,056,707	217,666,440	24,390,267	0
26 Joint costs. Check here <input checked="" type="checkbox"/> 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	7,700	1 8,300
	2 Savings and temporary cash investments	24,097,793	2 31,593,260
	3 Pledges and grants receivable, net	3	
	4 Accounts receivable, net	28,326,446	4 33,424,016
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		
	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		
	7 Notes and loans receivable, net	3,491,475	7 3,221,743
	8 Inventories for sale or use	1,437,279	8 1,369,465
	9 Prepaid expenses and deferred charges	2,903,148	9 2,649,238
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 333,414,252	
	b Less accumulated depreciation	10b 60,921,824	286,393,606 10c 272,492,428
	11 Investments—publicly traded securities	18,765,369	11 17,575,934
	12 Investments—other securities See Part IV, line 11	3,106,476	12 2,202,784
	13 Investments—program-related See Part IV, line 11		13
	14 Intangible assets	0	14 350,000
	15 Other assets See Part IV, line 11	48,926,629	15 5,434,322
	16 Total assets. Add lines 1 through 15 (must equal line 34)	417,455,921	16 370,321,490
Liabilities	17 Accounts payable and accrued expenses	25,259,232	17 12,435,632
	18 Grants payable		18
	19 Deferred revenue		19
	20 Tax-exempt bond liabilities	196,000,000	20 192,750,000
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22
	23 Secured mortgages and notes payable to unrelated third parties	117,844	23 91,600
	24 Unsecured notes and loans payable to unrelated third parties		24
	25 Other liabilities Complete Part X of Schedule D	90,687,898	25 55,036,511
	26 Total liabilities. Add lines 17 through 25	312,064,974	26 260,313,743
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	103,742,000	27 108,290,049
	28 Temporarily restricted net assets	1,648,947	28 1,717,698
	29 Permanently restricted net assets	0	29
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds		30
	31 Paid-in or capital surplus, or land, building or equipment fund		31
	32 Retained earnings, endowment, accumulated income, or other funds		32
	33 Total net assets or fund balances	105,390,947	33 110,007,747
	34 Total liabilities and net assets/fund balances	417,455,921	34 370,321,490

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both
 Separate basis Consolidated basis Both consolidated and separated basis

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?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

2009

Open to Public
Inspection**SCHEDULE A**
(Form 990 or 990EZ)**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
atrium medical center

Employer identification number

31-1079309

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 A church, convention of churches, or association of churches **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)**.

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III)

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

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

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?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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						►

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2009. 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% support test—2008. 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—2009. 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—2008. 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 a 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part 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						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16 Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18
19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	
b 33 1/3% support tests—2008. 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:
Software Version:
EIN: 31-1079309
Name: ATRIUM MEDICAL CENTER

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or director	Individual trustee	Institutional Trustee	Official	Key employee			
James Akers Chairperson, AHS	5	X					0	0	0
Jeffrey S Zollett MD Chairperson, AMC	5	X					0	0	0
Marjorie Kelly Cowan PhD Trustee	5	X					0	0	0
Frank Chapman Trustee	5	X					0	0	0
Thomas E Grossmann Trustee	5	X					0	0	0
Jerry Hammond MD Trustee	5	X					0	0	0
Larry Hollingshead Trustee	5	X					0	0	0
Stephen M Jones Trustee	5	X					0	0	0
James G Keys Jr Trustee	5	X					0	0	0
David A Pearce Trustee	5	X					0	0	0
Dyrk VanValkenburg MD Trustee	5	X					0	0	0
Douglas W McNeill President & CEO	400		X				442,708	0	123,564
Carol J Turner VP - COO	400		X				346,488	0	86,579
Thomas J Maloney Jr VP - CFO	400		X				201,534	0	57,705
Dale E Creech Jr VP & Chief Legal Officer (PHP)	400		X				0	385,895	124,613
Ted C Ripperger Director - Human Resources	400			X			163,735	0	36,678
Mary M Clancy VP & CIO (PHP)	400			X			0	415,833	155,535
William E Linesch VP - HR & OE (PHP)	400			X			0	359,241	103,446
Thomas J Arquilla VP - Business Dev (PHP)	400			X			0	329,597	100,494
Mark W Shaw VP - Managed Care (PHP)	400			X			0	315,370	94,249
J Nicholas Lair VP & Chf Purch Officer (PHP)	400			X			0	234,898	73,305
Renee P George VP-Revenue Cycle (PHP)	400			X			0	226,062	69,675
Lena T Fogle Dir-PACU & Pre/Post Procedure	400				X		191,871	0	55,249
Joanne R Morgan Director - Pharmacy	400				X		163,792	0	27,661
David Cafferty Radiology Engineer	400				X		160,800	0	16,811

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)				(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Office	Key employee Highest compensated employee			
Donna L Banks VP - Operations	40 0				X	156,354	0	47,450
Douglas Koenig Sr Strat Improvement Consult	40 0				X	150,650	0	30,629
Adam K Middleton Former VP-Business Development					X	115,884	0	10,113

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
NET PATIENT SERVICE REVENUE	622,110	121,599,815	121,089,293	510,522	
MEDICARE/MEDICAID PAYMENTS	622,110	103,638,476	103,638,476		
PAIN CLINIC	622,110	177,086	177,086		
JOINT VENTURES	900,099	133,601	133,601		
SPORTS MEDICINE	622,110	36,464	36,464		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
OPERATING SUPPLIES	45,062,834	45,062,834		
PURCHASED SERVICES	11,516,749	10,082,914	1,433,835	
BAD DEBT	9,345,826	9,345,826		
JOINT OPERATING AGRMT EXP	6,517,001	5,705,634	811,367	
HOSPITAL FRANCHISE TAX	642,750	642,750		

2009

Open to Public
Inspection**SCHEDULE C**
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities****For Organizations Exempt From Income Tax Under section 501(c) and section 527**► Complete if the organization is described below.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization
atrium medical center

Employer identification number

31-1079309

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

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

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

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

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

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

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

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

A Check if the filing organization belongs to an affiliated group
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.)

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)**b** Total lobbying expenditures to influence a legislative body (direct lobbying)**c** Total lobbying expenditures (add lines 1a and 1b)**d** Other exempt purpose expenditures**e** Total exempt purpose expenditures (add lines 1c and 1d)**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

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

g Grassroots nontaxable amount (enter 25% of line 1f)**h** Subtract line 1g from line 1a If zero or less, enter -0-**i** Subtract line 1f from line 1c If zero or less, enter -0-**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000			2,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					3,000,000
c Total lobbying expenditures	2,674	3,472			6,146
d Grassroots non-taxable amount	250,000	250,000			500,000
e Grassroots ceiling amount (150% of line 2d, column (e))					750,000
f Grassroots lobbying expenditures	0	0			0

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

	(a)		(b)
	Yes	No	
			Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		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?	Yes		7,860
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities? If "Yes," describe in Part IV		No	
j Total lines 1c through 1i			7,860
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?		No	

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

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

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

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).	2a	
a Current year	2b	
b Carryover from last year	2c	
c Total	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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 1.

Also, complete this part for any additional information

Identifier	Return Reference	Explanation
SCHEDULE C, SUPPLEMENTAL INFORMATION		PART II-B, LINE F PAYING DUES TO GREATER DAYTON AREA HOSPITAL ASSOCIATION AND OHIO HOSPITAL ASSOCIATION IN ADDITION, WE CONTRACT WITH A LOBBYIST FOR HEALTHCARE RELATED ISSUES

2009

Open to Public
Inspection**SCHEDULE D**
(Form 990)**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

Department of the Treasury
Internal Revenue Service**Name of the organization**
atrium medical center**Employer identification number**

31-1079309

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 for any other purpose conferring 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 a 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
2a	
2b	
2c	
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, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

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

d Loan or exchange programs

b Scholarly research

e Other

c Preservation for future generations

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

	Amount
1c	
1d	
1e	
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	1,648,947	2,085,415			
b Contributions	0	0			
c Investment earnings or losses	68,751	-436,468			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,717,698	1,648,947			

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

a Board designated or quasi-endowment ► 0 % %

b Permanent endowment ► 100 000 % %

c Term endowment ► 0 % %

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

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

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

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) Accumulated depreciation	(d) Book value
1a Land		26,500,379			26,500,379
b Buildings		195,918,434	22,310,863		173,607,571
c Leasehold improvements		4,145,618	1,451,865		2,693,753
d Equipment		105,312,794	37,159,096		68,153,698
e Other		1,537,027		0	1,537,027
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)					272,492,428

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total (Column (b) should equal Form 990, Part X, col (B), line 12.)		

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

Total. (Column (b) should equal Form 990, Part X, col (B) line 13.)

Part IX Other Assets. See Form 990, Part X, line 15

Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)

Part X Other Liabilities. See Form 990, Part X, line 25

1	(a) Description of Liability	(b) Amount
Federal Income Taxes		0
BUILDING & CAP LEASE LIABILITIES		16,862,273
INTERCOMPANY PAYABLES		19,849,119
PENSION & DEFERRED COMPENSATION		10,287,170
SWAP LIABILITY		2,669,629
LOAN GUARANTEES		1,915,625
TAXES		1,398,061
BOND INTEREST		980,782
JOINT VENTURES		855,272
OTHER		218,580
Total	(Column (b) should equal Form 990, Part X, col (B), line 25.)	55,226,511

2. Fin 48 Footnote 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 18.

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 Other losses	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 IV, 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. Also complete this part to provide any additional information

Identifier	Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 31-1079309
Name: ATRIUM MEDICAL CENTER

Form 990, Schedule D, Part X, - Other Liabilities

1	(a) Description of Liability	(b) Amount
	BUILDING & CAP LEASE LIABILITIES	16,862,273
	INTERCOMPANY PAYABLES	19,849,119
	PENSION & DEFERRED COMPENSATION	10,287,170
	SWAP LIABILITY	2,669,629
	LOAN GUARANTEES	1,915,625
	TAXES	1,398,061
	BOND INTEREST	980,782
	JOINT VENTURES	855,272
	OTHER	218,580

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

- Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
- Attach to Form 990. ► See separate instructions.

Employer identification number

31-1079309

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. 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 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Program Services	Insurance	14,105
Central America and the Caribbean			Investments		
North America			Investments		
Europe (Including Iceland and Greenland)			Investments		
East Asia and the Pacific			Investments		
Russia and the Newly Independent States			Investments		
South Asia			Investments		
Sub-Saharan Africa			Investments		
Totals ►					14,105

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Schedule F-1 (Form 990) if additional space is needed.

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► _____

3 Enter total number of other organizations or entities ► _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2009

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceName of the organization
ATRIUM MEDICAL CENTER

Employer identification number

31-1079309

Part I Charity Care and Certain Other Community Benefits at Cost

1a Does the organization have a charity care policy? If "No," skip to question 6a

b If "Yes," is it a written policy?

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 _____

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 _____

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"?

5a Does the organization budget amounts for free or discounted care provided under its charity care policy?

b If "Yes," did the organization's charity care expenses exceed the budgeted amount?

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

6a Does the organization prepare an annual community benefit report?

6b If "Yes," does the organization make it available to the public?

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

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

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)			15,331,000	1,960,000	13,371,000	5 750 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			33,798,000	23,183,000	10,615,000	4 560 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			0	0	0	0 %
d Total Charity Care and Means-Tested Government Programs			49,129,000	25,143,000	23,986,000	10 310 %
e Other Benefits						
Community health improvement services and community benefit operations (from Worksheet 4)			126,000	0	126,000	0 050 %
Health professions education (from Worksheet 5)			0	0	0	0 %
Subsidized health services (from Worksheet 6)			3,699,000	620,000	3,079,000	1 320 %
Research (from Worksheet 7)			0	0	0	0 %
Cash and in-kind contributions to community groups (from Worksheet 8)			15,000	0	15,000	0 010 %
j Total Other Benefits			3,840,000	620,000	3,220,000	1 380 %
k Total Add lines 7d and 7j			52,969,000	25,763,000	27,206,000	0

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

	(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			539,000		539,000	0 230 %
10 Total			539,000		539,000	0 230 %

Part III Bad Debt, Medicare, & Collection Practices
Section A. Bad Debt Expense

1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?

2 Enter the amount of the organization's bad debt expense (at cost)

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

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, and rationale for including other bad debt amounts in community benefit

	Yes	No
1	Yes	
2	2,583,000	
3	0	
4		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)

6 Enter Medicare allowable costs of care relating to payments on line 5

7 Subtract line 6 from line 5. This is the surplus or (shortfall)

8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used

 Cost accounting system

 Cost to charge ratio

 Other

9a	Yes
9b	Yes

Section C. Collection Practices

9a Does the organization have a written debt collection policy?

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

Part IV Management Companies and Joint Ventures

(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 MIDDLETOWN SURG CTR	OUTPATIENT SURGERY CENTER	80 500 %	0 %	10 000 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part V Facility Information

Name and address	Other (Describe)
ER-other	
ER-24 hours	
Research facility	
Critical access hospital	
Teaching hospital	
Children's hospital	
General medical & surgical	
Licensed hospital	
atrium medical center one medical center drive middletown, oh 45044	x x
advanced pain treatment and eval ctr 3180 kettering blvd dayton, oh 45439	x
middletown surgery center llc 5950 innovation drive franklin, oh 45005	x
vanguard imaging partners llc 2619 commons blvd suite 102 beavercreek, oh 45431	medical imaging
vanguard imaging partners llc 6521 good samaritan way brandt pike huber heights, oh 45424	medical imaging
vanguard imaging partners llc 1525 e stroop road kettering, oh 45429	medical imaging
vanguard imaging partners llc 4214 grand ave middletown, oh 45044	medical imaging
vanguard imaging partners llc 7271 north main street dayton, oh 45415	medical imaging
vanguard imaging partners llc 630 n main street springboro, oh 45066	medical imaging
vanguard imaging partners llc 1248 columbus avenue lebanon, oh 45036	medical imaging

Part VI Supplemental Information

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

THE COMMUNITY BENEFIT REPORT FOR ATRIUM MEDICAL CENTER IS PART OF THE PREMIER HEALTH PARTNERS REPORT

ATRIUM MEDICAL CENTER PROVIDES THE FOLLOWING SUBSIDIZED SERVICES MATERNAL CHILD HEALTH CENTER OFFERS COMPREHENSIVE CARE FOR WOMEN AND CHILDREN INCLUDING SERVICES FOR PEDIATRIC CARE, IMMUNIZATIONS, PRENATAL CARE, GYNECOLOGICAL SERVICES AND ROUTINE HEALTH EXAMS THE CENTER ACCEPTS MEDICAL CARDS, MEDICAID HMOs AND OFFERS INCOME-BASED DISCOUNTS TO PATIENTS WITHOUT INSURANCE THE CENTER HAS AN ON-SITE NUTRITIONIST THAT DESIGNS DIETARY PLANS SPECIFIC TO EACH PATIENT IN ADDITION, THE CENTER HAS AN ON-SITE SOCIAL WORKER THAT ASSISTS WITH DISCHARGE PLANNING, APPLYING FOR MEDICAL CARDS AND GOVERNMENT RESOURCES AND OBTAINING ADDITIONAL FAMILY SUPPORT FOR 2009, THE AMOUNT OF SUPPORT PROVIDED WAS \$417,000 EMERGENCY SERVICES ATRIUM MEDICAL CENTER OPERATES A 24-HOUR EMERGENCY ROOM 365 DAYS PER YEAR THIS EMERGENCY ROOM IS OPEN TO ALL INDIVIDUALS REGARDLESS OF THEIR ABILITY TO PAY THE HOSPITAL INCURS EXPENSES RELATED TO CALL TIME AND PHYSICIAN SUBSIDIES DUE TO THE LARGE NUMBER OF INDIGENT PATIENTS COMING THROUGH THE EMERGENCY ROOM FOR 2009, THE AMOUNT PAID FOR CALL AND SUBSIDIES WAS \$2,662,000

\$9,345,826 OF BAD DEBT WAS EXCLUDED FROM THE DENOMINATOR

A COST TO CHARGE RATIO WAS USED TO CALCULATE THIS FIGURE THIS CALCULATION TAKES TOTAL OPERATING EXPENSES LESS OTHER OPERATING REVENUES AND BAD DEBT EXPENSES DIVIDED BY TOTAL GROSS REVENUES UNREIMBURSED MEDICAID AND OTHER MEANS-TESTED GOVERNMENTAL PROGRAMS ARE CALCULATED USING A COST ACCOUNTING SYSTEM THIS SYSTEM ADDRESSES ALL PATIENT SEGMENTS AND INCLUDES FULLY LOADED COSTS FOR THE REMAINING ITEMS THE ORGANIZATION USED SPECIFIC NUMBERS FOR EXPENSE PAID DIRECTLY FOR THESE SERVICES

THE ORGANIZATION USED THE SAME COST TO CHARGE RATIO DEFINED IN PART I, LINE 7 TO DETERMINE BAD DEBT EXPENSE AT COST THE ORGANIZATION DOES NOT HAVE A FOOTNOTE IN THE AUDITED FINANCIAL STATEMENTS WHICH DISCUSSES THIS CALCULATION BAD DEBT EXPENSE IS INCURRED WHEN AN ACCOUNT IS TAKEN OUT OF ACCOUNTS RECEIVABLE AND TURNED OVER TO A COLLECTION AGENCY THIS IS DONE IMMEDIATELY IF A PATIENT REFUSES PAYMENT ARRANGEMENTS, REFUSES TO APPLY FOR CHARITABLE ASSISTANCE AND THERE IS NOT AN INSURANCE BALANCE BEING CONTENDED AN ACCOUNT IS WRITTEN OFF TO BAD DEBT AFTER 120 DAYS IF AN ATTEMPT TO COLLECT FROM THE PATIENT IS MADE WITHIN OUR COLLECTION POLICY AND THE PATIENT HAS NOT RETURNED PHONE CALLS, SET UP A PAYMENT PLAN, APPLIED FOR CHARITABLE ASSISTANCE AND THERE IS NOT AN INSURANCE BALANCE BEING CONTENDED THE COLLECTION AGENCY ATTEMPTS TO COLLECT THE ACCOUNT IN ACCORDANCE WITH ESTABLISHED GUIDELINES COLLECTION ATTEMPTS ARE IMMEDIATELY CEASED AND THE ACCOUNT RETURNED BACK TO THE ORGANIZATION IF THE PATIENT APPLIES FOR CHARITABLE ASSISTANCE ANY AMOUNTS COLLECTED FROM THESE ACCOUNTS ARE CREDITED BACK AGAINST BAD DEBT EXPENSE THE ORGANIZATION RECOGNIZES THAT THERE ARE ACCOUNTS WRITTEN OFF TO BAD DEBT THAT MAY HAVE QUALIFIED FOR CHARITY CARE IF THE PATIENT PROVIDED THE NECESSARY FINANCIAL INFORMATION IN ORDER TO RESOLVE THIS, THE ORGANIZATION HAS ENGAGED A THIRD PARTY VENDOR TO ANALYZE DATA BASED ON CREDIT SCORES TO REALLOCATE SOME OF THIS EXPENSE TO CHARITY CARE THE POLICY IS AS FOLLOWS AFTER 9 MONTHS (OR EARLIER), IF THE COLLECTION AGENCY HAS NOT BEEN ABLE TO RESOLVE THE ACCOUNT, THE ACCOUNT IS RETURNED TO THE ORGANIZATION FOR FINAL CLOSEBACK THESE ACCOUNTS ARE THEN SENT TO OUR THIRD PARTY VENDOR WHO GATHERS EXTERNAL CREDIT DATA THAT PRESENTS THE ACCOUNT AS LESS THAN 100% FEDERAL POVERTY LEVEL OR NOT ENOUGH INFORMATION (TYPICALLY INDICATIVE OF INDIGENT) THESE ACCOUNTS ARE RECLASSIFIED FROM BAD DEBT EXPENSE TO CHARITY EXPENSE ON OUR INCOME STATEMENT ANY CREDIT SCORE THAT PRESENTS THE ACCOUNTS AS GREATER THAN 100% FEDERAL POVERTY LEVEL REMAINS IN BAD DEBT EXPENSE DUE TO THIS PROCESS, THE ORGANIZATION DOES NOT FEEL IT HAS REPORTED BAD DEBT EXPENSE FOR PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY

THE ORGANIZATION'S SHORTFALL SHOULD BE CONSIDERED CHARITY CARE BECAUSE IT IS PROVIDING HIGH-QUALITY CARE IN EXCESS OF THE COST TO OUR COMMUNITY RESIDENTS THAT NEED CARE THE MEDICARE POPULATION AT THE ORGANIZATION IS IN EXCESS OF 40% OF NET PATIENT REVENUE THE ORGANIZATION USED A COST ACCOUNTING SYSTEM TO CALCULATE THE MEDICARE ALLOWABLE COSTS

THE ORGANIZATION'S COLLECTION POLICY STATES THAT NO COLLECTION IS TO OCCUR FOR PATIENTS THAT HAVE APPLIED FOR CHARITABLE ASSISTANCE IF A PATIENT HAS NOT APPLIED AND THE ACCOUNT IS TURNED OVER TO COLLECTION AND DURING THIS PROCESS THEY APPLY FOR ASSISTANCE, THEN ALL COLLECTION EFFORTS ARE IMMEDIATELY CEASED

2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves

THE ORGANIZATION'S COMMUNITY BENEFIT PLAN IS BASED ON OUR UNDERSTANDING OF UNIQUE COMMUNITIES' NEEDS DERIVED FROM COLLABORATIVE NEEDS ASSESSMENTS, FOCUS GROUPS AND SURVEYS CONDUCTED WITH OUR COMMUNITY PARTNERS WE RELY ON DATA PROVIDED BY THE HEALTH FOUNDATION OF GREATER CINCINNATI TO ASSIST WITH THE NEEDS OF THE COMMUNITY THE HEALTH FOUNDATION OF GREATER CINCINNATI CONDUCTS A SURVEY EVERY FIVE YEARS THAT INCLUDES TELEPHONE INTERVIEWS WITH APPROXIMATELY 2,500 RANDOMLY SELECTED ADULTS RESIDING WITHIN A 22 COUNTY AREA INCLUDING WARREN AND BUTLER COUNTIES THIS SURVEY FOUND THAT 38% OF AREA ADULTS ARE BELOW THE NATIONAL AVERAGE FOR PHYSICAL HEALTH STATUS AND THAT THE PERCENTAGE OF AREA ADULTS WHO REPORT HIGH BLOOD PRESSURE/HYPERTENSION AND HIGH CHOLESTEROL/TRIGLYCERIDES ARE HIGHER THAN FOUND AMONG U.S. ADULTS THERE IS ALSO HAS A HIGHER RATE OF CIGARETTE SMOKING AND BINGE DRINKING IN COMPARISON TO ADULTS NATIONWIDE APPROXIMATELY 13% OF AREA RESIDENTS ARE UNINSURED, 14% ARE COVERED UNDER MEDICARE AND 7% ARE COVERED UNDER MEDICAID THE SURVEY ALSO INDICATED THAT AROUND 25% OF AREA ADULTS DO NOT GET THE CARE REQUIRED BECAUSE OF COST OF HEALTHCARE OR NO HEALTH INSURANCE THE ADULTS IN THE REGION ARE SATISFIED WITH THE QUALITY OF AVAILABILITY OF CARE BUT UNSATISFIED WITH THE COST OF HEALTHCARE IN ORDER TO ADDRESS SOME OF THE CONCERNES FOUND IN THIS SURVEY, ATRIUM MEDICAL CENTER OFFERS A WIDE VARIETY OF HEALTH CARE SCREENINGS AT NOMINAL OR NO COST TO THE PARTICIPANT THESE SCREENINGS INCLUDE BLOOD PRESSURE, WEIGHT, TOTAL CHOLESTEROL, SKIN CANCER, DIABETES AND PROSTATE AMONG OTHERS THE MAJORITY OF THESE SCREENINGS ARE OFFERED IN CONJUNCTION WITH COMMUNITY HEALTH FAIRS THE HOSPITAL ALSO OFFERS VARIOUS SEMINARS ON HOW TO TAKE CHARGE OF ONE'S HEALTH THROUGH EFFECTIVE GOAL-SETTING AND BEHAVIOR CHANGE METHODS SOME EXAMPLES OF THESE SEMINARS INCLUDE STRESS MANAGEMENT, FREEDOM FROM SMOKING, WELLNESS LECTURE AND EAT WELL AND BE WELL ATRIUM HEALTH CENTER ALSO OFFERS FREE CARE TO INDIGENT PATIENTS AND DISCOUNTED CARE TO THOSE BELOW VARIOUS POVERTY LEVELS THE HOSPITAL ALSO OFFERS PAYMENT PLAN ARRANGEMENTS TO ASSIST PATIENTS WITH MEDICAL BILLS

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

AT OUR ORGANIZATION, PATIENTS ARE EDUCATED AND INFORMED ABOUT POTENTIAL PAYOR ASSISTANCE, CHARITY PROGRAMS AND OTHER FINANCIAL ASSISTANCE OPTIONS THROUGH A VARIETY OF CONTACTS AND MEDIA SOURCES PATIENTS WITHIN OUR EMERGENCY ROOM AND INPATIENTS ARE VISITED BY FINANCIAL COUNSELORS WHO DISCUSS VARIOUS PROGRAMS AND ASSISTANCE WITH THE PATIENT THERE ARE SIGNS INFORMING PATIENTS OF CHARITY PROGRAMS AT ALL REGISTRATION LOCATIONS AND EVERY PATIENT BILLING STATEMENT LISTS HOW THEY CAN APPLY FOR FREE CARE OR FINANCIAL ASSISTANCE PATIENTS MAY ALSO VISIT OUR CASHIER'S OFFICE OR CALL OUR CUSTOMER SERVICE DEPARTMENT TO DISCUSS PAYOR ASSISTANCE OR CHARITY ELIGIBILITY

4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

ATRIUM MEDICAL CENTER IS LOCATED IN MIDDLETON, OHIO OUR TARGET POPULATION INCLUDES CITIZENS IN THE CITY OF MIDDLETON AS WELL AS SURROUNDING COMMUNITIES A LARGE POPULATION OF OUR PATIENTS ARE INDIGENT AS COMPANIES CONTINUE TO MOVE OUT OF THE MARKET, WE CONTINUE TO SEE HIGHER UNEMPLOYMENT RATES AND THEREFORE, MORE UNINSURED CITIZENS UNEMPLOYMENT RATES ARE OVER 9% FOR WARREN AND BUTLER COUNTIES THE HOSPITAL OFFERS A VARIETY OF FREE HEALTH SCREENINGS AND HEALTH EDUCATION TO MEMBERS OF THE COMMUNITY FOR PREVENTATIVE MEDICINE THE ORGANIZATION IS ALSO COMMITTED TO CONTRIBUTING FUNDS EACH YEAR FOR THE BENEFIT OF VARIOUS COMMUNITY PROGRAMS FOR 2009, MEDICARE PATIENTS REPRESENTED 47% OF GROSS PATIENT REVENUE AND MEDICAID REPRESENTED 15% OF GROSS PATIENT REVENUE

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

ATRIUM MEDICAL CENTER PARTICIPATES IN THE FOLLOWING COMMUNITY BENEFIT ACTIVITIES BUTLER COUNTY COMMUNITY HEALTH CONSORTIUM THIS CONSORTIUM IS A NONPROFIT AGENCY THAT OPERATES TWO COMMUNITY HEALTH CENTERS IN BUTLER COUNTY, ONE IN MIDDLETON AND ONE IN HAMILTON THE AGENCY OFFERS MEDICAL AND DENTAL CARE TO THE UNINSURED, LOW-INCOME PATIENTS AND PATIENTS ON MEDICAID THE AMOUNT OF SUPPORT PROVIDED IN 2009 WAS \$187,000 BOARD CHARITABLE CREDIT FUND AS PART OF ATRIUM MEDICAL CENTER'S COMMUNITY PARTNERSHIP ACTIVITY, BOARD MEMBERS OF THE HOSPITAL ARE GRANTED CHARITABLE CREDITS TO BE DONATED IN THE NAME OF THE BOARD MEMBER TO NOT-FOR-PROFIT, TAX-EXEMPT 501(C)(3) HEALTH AND HUMAN SERVICES ORGANIZATIONS IN THE AREA IN ADDITION, THE RECIPIENT ORGANIZATION MUST USE THE FUNDS TO IMPROVE THE GENERAL HEALTH STATUS OF THE COMMUNITY AND THE FUNDS MUST BE USED FOR PURPOSES CONSISTENT WITH THE SPIRIT OF THE HOSPITAL'S MISSION THE AMOUNT OF SUPPORT PROVIDED IN 2009 WAS \$70,000 FRANKLIN CITY SCHOOLS ATRIUM MEDICAL CENTER DONATED \$30,000 TO THE SCHOOL SYSTEM IN 2009 IN ADDITION, ATRIUM MEDICAL CENTER OFFERS A WIDE VARIETY OF FREE HEALTH CLINICS TO THE GENERAL PUBLIC

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.)

ATRIUM MEDICAL CENTER'S MOST VISIBLE CONTRIBUTION TO THE COMMUNITY IS IN THE FORM OF PROVIDING HIGH-QUALITY INPATIENT AND OUTPATIENT CARE TO OUR PATIENTS REGARDLESS OF THEIR ABILITY TO PAY IN ADDITION TO THIS CARE, OUR MISSION INCLUDES CONTINUALLY STRIVING TO ENRICH THE COMMUNITY BY TRAINING AND EDUCATING FUTURE HEALTHCARE WORKERS, OFFERING HEALTH AWARENESS AND EDUCATION TO THE COMMUNITY AND SUPPORTING THE COMMUNITY THROUGH FUNDRAISING EVENTS ATRIUM MEDICAL CENTER HAS A GOVERNING BODY IN WHICH INDEPENDENT PERSONS REPRESENTING THE COMMUNITY MAKE UP A MAJORITY THE HOSPITAL HAS AN OPEN MEDICAL STAFF, PARTICIPATES IN MEDICAID AND MEDICARE, AND HAS AN ACTIVE CHARITY CARE PROGRAM ATRIUM MEDICAL CENTER'S MISSION REFLECTS A COMMITMENT TO PROVIDE HIGH-QUALITY COST-EFFECTIVE HEALTH SERVICES TO THE DIVERSE COMMUNITIES THAT IT SERVES AT THE CORE OF THE COMMITMENT IS THE BELIEF THAT IN ORDER TO MEET OUR PATIENTS' EXPECTATIONS AND TO IMPROVE TREATMENT OUTCOMES, IT IS NECESSARY FOR US TO UNDERSTAND THE PATIENT'S FRAME OF REFERENCE A DIVERSE WORKFORCE ALLOWS US TO DRAW UPON THE RICHNESS OF OUR HUMAN RESOURCES, CREATE A POSITIVE WORK ENVIRONMENT AND MEET THE EXPECTATIONS OF THOSE WE SERVE ATRIUM'S COMMITMENT TO DIVERSITY IS ACCOMPLISHED BY TAKING A LEADERSHIP ROLE IN CREATING AND SUSTAINING AN ORGANIZATIONAL ENVIRONMENT THAT ACTIVELY SUPPORTS DIVERSITY, POSITIONING DIVERSITY AS A LONG-TERM COMPREHENSIVE ORGANIZATIONAL STRATEGY, AND ESTABLISHING AND SUPPORTING RELATIONSHIPS WITH MINORITY AND DIVERSITY FOCUSED ORGANIZATIONS IN ADDITION, THE HOSPITAL OFFERS INTERPRETERS AT NO COST TO PATIENTS, AS RESULT OF INCREASED VOLUMES OF NON-ENGLISH SPEAKING PATIENTS ATRIUM MEDICAL CENTER PROVIDES DIRECT PASTORAL SUPPORT AND COUNSELING SERVICES TO PATIENTS AND FAMILY MEMBERS BY 2 TRAINED PROFESSIONALS, 24 HOURS A DAY, 7 DAYS A WEEK THEY ALSO PROVIDE GRIEF SUPPORT GROUPS AND BEREAVEMENT SUPPORT

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 communities served

ATRIUM MEDICAL CENTER IS A MEMBER OF PREMIER HEALTH PARTNERS (PHP) ALONG WITH THREE OTHER HOSPITALS PHP WAS FORMED UNDER A JOINT OPERATING AGREEMENT BETWEEN MIAMI VALLEY HOSPITAL, GOOD SAMARITAN HOSPITAL, ATRIUM PHP, A NOT-FOR-PROFIT CORPORATION EACH HOSPITAL HAS THE AUTHORITY TO DETERMINE THE AMOUNTS CONTRIBUTED FOR COMMUNITY BUILDING AND OTHER INDIGENT PROGRAMS THE POLICIES FOR BAD DEBT AND CHARITY COLLECTIONS ARE ESTABLISHED BY PHP

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

**Schedule I
(Form 990)****2009****Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

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

► Attach to Form 990

**Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceName of the organization
atrium medical centerEmployer identification number
31-1079309**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" to 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 (Form 990) if additional space is needed. ►

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BUTLER COUNTY COMM HEALTH CONSORTIUM INC2 NORTH MAIN STREET SUITE 602 MIDDLETOWN, OH 45042	311694200	501(C)(3)	187,500				COMMUNITY PROGRAMS
atrium medical center FOUNDATION40 WEST 4TH STREET SUITE 2100 DAYTON, OH 45402	311079213	501(C)(3)	46,250				COMMUNITY PROGRAMS
MIDDLETOWN AREA SENIOR CITIZENS INC 3907 CENTRAL AVE MIDDLETOWN, OH 45042	311026085	501(C)(3)	10,150				COMMUNITY PROGRAMS

2 Enter total number of section 501(c)(3) and government organizations ► 3

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" to 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

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

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

2009**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
► Attach to Form 990. ► See separate instructions.

Name of the organization
atrium medical center**Employer identification number**
31-1079309**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

a The organization?

b Any related organization?

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?

b Any related organization?

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

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

8 Were any amounts reported in Form 990, Part VII, paid or accrued 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

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

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

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.

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
SCHEDULE J, SUPPLEMENTAL INFORMATION		<p>PART I, QUESTION 1A SOCIAL CLUB MEMBERSHIP DUES ARE PAID FOR THOMAS J ARQUILLA A MINIMUM OF 50% USAGE OF CLUB MUST BE FOR BUSINESS USE IF THE 50% BUSINESS USAGE TEST IS NOT MET, THE EMPLOYEE MUST REIMBURSE THE ENTIRE AMOUNT OF THE DUES EXPENSE ALL PERSONAL USE MUST BE PAID 100% BY THE INDIVIDUAL PART I, QUESTION 4A ADAM K MIDDLETON - \$115,884 PART I, QUESTION 4B DUE TO RESTRICTIONS IMPOSED BY THE INTERNAL REVENUE CODE, AN UPPER LEVEL EXECUTIVE IS LIMITED IN THE AMOUNT OF BENEFITS UNDER A QUALIFIED RETIREMENT PLAN LIKE MANY EMPLOYERS, ATRIUM MEDICAL CENTER COMPENSATES FOR THIS LIMITATION AND SUPPLEMENTS THE EXECUTIVES' PENSION THROUGH CERTAIN NONQUALIFIED PLANS THE NON-QUALIFIED RESTORATION PLAN IS SUBJECT TO A MULTI-YEAR VESTING REQUIREMENT THE INDIVIDUAL LISTED HAVE MET THIS MULTI-YEAR VESTING REQUIREMENT AND RECEIVED THE ASSOCIATED PAYMENT IN 2009 MARY M CLANCY - \$5,526 PART I, QUESTIONS 6A AND 6B PREMIER HEALTH PARTNERS, OF WHICH ATRIUM MEDICAL CENTER IS A MEMBER, HAS AN INCENTIVE COMPONENT FOR ALL EXECUTIVE AND DIRECTOR LEVEL EMPLOYEES THAT TIES A PORTION OF THEIR TOTAL COMPENSATION TO ORGANIZATIONAL AND INDIVIDUAL OBJECTIVES AND OUTCOMES THE INCENTIVE PAYOUT IS COMPUTED BASED ON A PERCENTAGE OF THE EMPLOYEE'S SALARY THE ORGANIZATIONAL CRITERION IS WEIGHTED ACCORDING TO BALANCED SCORECARD CATEGORIES POSITIVE WORK ENVIRONMENT (15%), QUALITY (30%), CUSTOMER SATISFACTION (25%), FINANCIAL (20%) AND MAJOR INITIATIVES (10%) THE FINANCIAL CATEGORY OF THE SCORECARD IS BASED ON NET EARNINGS OF THE INDIVIDUAL HOSPITAL AND THE NET EARNINGS OF THE SYSTEM AS A WHOLE THIS FINANCIAL TARGET IS SET BASED ON THE MARGIN REQUIRED TO MAINTAIN THE SYSTEM AA CREDIT RATING VICE PRESIDENTS AND ABOVE INCENTIVE OBJECTIVES ARE WEIGHTED 50% ON ORGANIZATIONAL CRITERIA AND 50% ON INDIVIDUAL CRITERIA DIRECTORS ARE WEIGHTED 25% ON ORGANIZATIONAL CRITERIA AND 75% ON INDIVIDUAL CRITERIA</p>

Software ID:
Software Version:
EIN: 31-1079309
Name: ATRIUM 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				
Douglas W McNeill	(i) 387,889 (ii) 0	47,564 0	7,255 0	114,522 0	9,042 0	566,272 0	47,564 0
Carol J Turner	(i) 300,765 (ii) 0	43,122 0	2,601 0	65,137 0	21,442 0	433,067 0	43,122 0
Thomas J Maloney Jr	(i) 171,520 (ii) 0	28,749 0	1,265 0	35,768 0	21,937 0	259,239 0	28,749 0
Dale E Creech Jr	(i) 0 (ii) 296,781	0 85,268	0 3,846	0 101,638	0 22,975	0 510,508	0 85,268
Ted C Ripperger	(i) 140,875 (ii) 0	22,517 0	343 0	28,399 0	8,279 0	200,413 0	22,517 0
Mary M Clancy	(i) 0 (ii) 292,120	0 115,015	0 8,698	0 133,615	0 21,920	0 571,368	0 95,541
William E Linesch	(i) 0 (ii) 293,818	0 60,181	0 5,242	0 97,849	0 5,597	0 462,687	0 60,181
Thomas J Arquilla	(i) 0 (ii) 270,256	0 52,843	0 6,498	0 76,495	0 23,999	0 430,091	0 52,843
Mark W Shaw	(i) 0 (ii) 249,525	0 58,629	0 7,216	0 74,145	0 20,104	0 409,619	0 58,629
J Nicholas Lair	(i) 0 (ii) 192,872	0 41,396	0 630	0 53,546	0 19,759	0 308,203	0 0
Renee P George	(i) 0 (ii) 193,111	0 10,527	0 22,424	0 47,210	0 22,465	0 295,737	0 0
Lena T Fogle	(i) 160,773 0	30,000 0	1,098 0	36,211 0	19,038 0	247,120 0	0 0
Joanne R Morgan	(i) 146,399 0	15,877 0	1,516 0	24,227 0	3,434 0	191,453 0	15,877 0
David Cafferty	(i) 117,787 0	42,000 0	1,013 0	8,340 0	8,471 0	177,611 0	0 0
Donna L Banks	(i) 134,256 0	21,568 0	530 0	29,703 0	17,747 0	203,804 0	0 0
Douglas Koenig	(i) 131,632 0	16,991 0	2,027 0	23,164 0	7,465 0	181,279 0	16,991 0
Adam K Middleton	(i) 0 (ii) 0	0 0	115,884 0	3,605 0	6,508 0	125,997 0	77,748 0

**Schedule K
(Form 990)**

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
 ► Attach to Form 990. ► See separate instructions.

2009**Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceName of the organization
atrium medical centerEmployer identification number
31-1079309**Part I Bond Issues**

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	CITY OF MIDDLETOWN OH	31-6000139	597146AA7	01-25-2006	85,000,000	CONSTRUCT & EQUIP HOSPITAL		X		X
B	CITY OF MIDDLETOWN OH	31-6000139	597146AH2	11-21-2008	111,000,000	REFUND SERIES 2007A & B		X		X

Part II Proceeds

	A	B	C	D	E
1 Total proceeds of issue	85,000,000	111,000,000			
2 Gross proceeds in reserve funds	0	0			
3 Proceeds in refunding or defeasance escrows	0	111,290,950			
4 Other unspent proceeds	0	821,553			
5 Issuance costs from proceeds	774,070	1,513,169			
6 Working capital expenditures from proceeds	11,653,490	469,397			
7 Capital expenditures from proceeds	73,841,613	0			
8 Year of substantial completion	2007	2007			

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

Part III Private Business Use

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

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?	X		X							
3b Are there any research agreements with respect to the financed property which may result in private business use?	X		X							
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?	X		X							
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		1 800 %		1 800 %						
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 600 %		0 600 %						
6 Total of lines 4 and 5		2 400 %		2 400 %						
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X							

Part IV Arbitrage

	A	B	C	D	E					
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X		X							
2 Is the bond issue a variable rate issue?	X		X							
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X		X							
b Name of provider		MERRILL LYNCH		MERRILL LYNCH						
c Term of hedge		29 9		29 9						
4a Were gross proceeds invested in a GIC?	X		X							
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?	X		X							
6 Did the bond issue qualify for an exception to rebate?	X		X							

2009

Open to Public
Inspection

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

► Attach to Form 990.

Name of the organization

atrium medical center

Employer identification number

31-1079309

Identifier

Return Reference

Explanation

Identifier	Return Reference	Explanation
FORM 990, SUPPLEMENTAL INFORMATION		<p>PART I, LINE 10 ATRIUM MEDICAL CENTER HAS DESIGNATED IT INVESTMENTS AS TRADING IN ACCORDANCE WITH THE AICPA, GUIDE FOR HEALTHCARE, ALL UNREALIZED GAINS AND LOSSES ARE RECOGNIZED THROUGH THE PROFIT AND LOSS STATEMENT FOR 990 REPORTING, THIS ACTIVITY IS EXCLUDED PER THE INSTRUCTIONS BY THE INTERNAL REVENUE SERVICE IN 2009, ATRIUM MEDICAL CENTER RECOGNIZED UNREALIZED GAINS OF \$1.8 MILLION PART VI, SECTION A, QUESTION 6 ATRIUM MEDICAL CENTER HAS TWO MEMBERS ONE MEMBER IS ATRIUM HEALTH SYSTEM, THE PARENT COMPANY OF THE HOSPITAL THE SECOND IS PREMIER HEALTH PARTNERS, AN OHIO NON-PROFIT CORPORATION FORMED PURSUANT TO THE JOINT OPERATING AGREEMENT ATRIUM HEALTH SYSTEM HAS THE SOLE AUTHORITY TO ELECT THE BOARD OF TRUSTEES OF THE CORPORATION PREMIER HEALTH PARTNERS HAS THE GENERAL AUTHORITY TO OPERATE AND MANAGE THE OPERATIONAL ACTIVITIES OF THE CORPORATION PART VI, SECTION A, QUESTION 7A ATRIUM HEALTH SYSTEM HAS THE SOLE AUTHORITY TO ELECT THE BOARD OF TRUSTEES FOR ATRIUM MEDICAL CENTER ATRIUM MEDICAL CENTER HAS THE AUTHORITY TO REMOVE TRUSTEES AT ANY REGULAR OR SPECIAL MEETING OR BY WRITTEN CONSENT IN ADDITION TO REMOVAL BY ATRIUM HEALTH SYSTEM, A TRUSTEE MAY BE REMOVED FROM OFFICE WITH APPROVAL BY ATRIUM HEALTH SYSTEM BY THE AFFIRMATIVE VOTE OF NOT LESS THAN TWO-THIRDS OF THE ENTIRE BOARD OF TRUSTEES PREMIER HEALTH PARTNERS HAS THE RIGHT TO REQUEST THAT ATRIUM HEALTH SYSTEM REMOVE A TRUSTEE OF THE CORPORATION IF PHP HAS DETERMINED THAT SUCH TRUSTEE IS FRUSTRATING THE GOALS AND PURPOSES OF PREMIER HEALTH PARTNERS NETWORK SUCH REMOVAL SHALL NOT BE UNREASONABLY REFUSED BY ATRIUM HEALTH SYSTEM PART VI, SECTION A, QUESTION 7B PREMIER HEALTH PARTNERS DEVELOPS AND OVERSEES THE IMPLEMENTATION OF THE STRATEGIC PLAN FOR ATRIUM MEDICAL CENTER, WHICH ADDRESSES SUCH MATTERS AS LOCATION OF CLINICAL AND ADMINISTRATIVE EXPENSES AND THE CONSOLIDATION OF SUCH SERVICES ATRIUM MEDICAL CENTER SHALL COMPLY WITH AND IMPLEMENT THIS PLAN AND SHALL NOT TAKE ANY ACTION THAT MATERIALLY DEPARTS FROM THIS PLAN WITHOUT PREMIER HEALTH PARTNERS' APPROVAL ATRIUM MEDICAL CENTER DEVELOPS AND SUBMITS AN ANNUAL CAPITAL AND OPERATING BUDGET TO PREMIER HEALTH PARTNERS FOR APPROVAL ATRIUM MEDICAL CENTER SHALL ADOPT AND IMPLEMENT THE CAPITAL AND OPERATING BUDGET SO APPROVED AND/OR REVISED FOR IT BY PREMIER HEALTH PARTNERS ATRIUM MEDICAL CENTER PERIODICALLY DEVELOPS AND SUBMITS A BUSINESS PLAN TO PREMIER HEALTH PARTNERS FOR APPROVAL ATRIUM MEDICAL CENTER SHALL IMPALENT THE BUSINESS PLAN APPROVED BY PHP PREMIER HEALTH PARTNERS IS THE SOLE AGENT TO NEGOTIATE ALL RELATIONSHIPS WITH PAYORS ON BEHALF OF ATRIUM MEDICAL CENTER WITH ALL THIRD PARTY PAYORS AND ALTERNATIVE DELIVERY SYSTEMS INCLUDING, BUT NOT LIMITED TO INSURERS ATRIUM MEDICAL CENTER MUST HAVE APPROVAL FROM PREMIER HEALTH PARTNERS TO BORROW IN ANY FISCAL YEAR, GUARANTEE IN ANY YEAR, OR INCUR ANY LIEN OR OTHER ENCUMBRANCE ON ANY PROPERTY IN AN AMOUNT EQUAL TO OR GREATER THAN \$500,000 ATRIUM MEDICAL CENTER MUST SEEK PREMIER HEALTH PARTNERS' APPROVAL FOR ACQUISITIONS, SALE OR TRANSFER OF ANY MATERIAL ASSET USED IN PREMIER HEALTH PARTNERS' ACTIVITIES PART VI, SECTION B, QUESTION 11A THIS 990 TAX RETURN AND ATTACHED SCHEDULES (THE RETURN) ARE PREPARED BY A STAFF MEMBER IN THE FINANCIAL ACCOUNTING DEPARTMENT OF PREMIER HEALTH PARTNERS (PHP), OF WHICH ATRIUM MEDICAL CENTER IS A MEMBER IT IS REVIEWED BY THE SUPERVISOR, MANAGER AND DIRECTOR OF THE FINANCIAL ACCOUNTING OF PHP AND SUBSEQUENTLY SENT TO ERNST & YOUNG U.S. LLP FOR THEIR REVIEW AFTER ALL CHANGES FROM THE ABOVE GROUP ARE MADE, THE RETURNS IS REVIEWED BY THE VICE PRESIDENT/CONTROLLER OF PHP A FINAL VERSION OF THE RETURN IS SENT TO ERNST & YOUNG U.S. LLP FOR A FINAL REVIEW AND THEN PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW THE BOARD OF DIRECTORS IS PROVIDED AN ELECTRONIC COPY AT LEAST ONE WEEK PRIOR TO THE BOARD MEETING AT THE MEETING, THE DIRECTOR OF FINANCIAL ACCOUNTING OF PHP SHARES DETAILED INFORMATION ON COMPENSATION AND COMMUNITY BENEFIT AS WELL AS ADDRESSES ANY OTHER QUESTIONS FROM THE BOARD OF DIRECTORS, PENDING THEIR REVIEW THE 990 TAX RETURN IS ALSO SHARED WITH THE AUDIT COMMITTEE OF PHP THE INFORMATION IS MAILED OUT TO THEM AT LEAST ONE WEEK PRIOR TO THE MEETING AT THE MEETING THE VICE PRESIDENT/CONTROLLER OF PHP SHARES DETAILED INFORMATION ON COMPENSATION AND COMMUNITY BENEFIT, AS WELL AS ADDRESSES ANY OTHER QUESTIONS FROM THE COMMITTEE PART VI, SECTION B, QUESTION 12C PREMIER HEALTH PARTNERS (PHP), OF WHICH ATRIUM MEDICAL CENTER IS A MEMBER, REQUIRES ALL BOARD MEMBERS, OFFICERS, EXECUTIVES AND MANAGEMENT PERSONNEL TO ANNUALLY REVIEW THE PHP COMPREHENSIVE CONFLICT OF INTEREST STATEMENT, AN EXPLANATORY MEMORANDUM, THE ANTITRUST COMPLIANCE POLICY AND COMPLETE AN INDIVIDUAL QUESTIONNAIRE DISCLOSING AN POTENTIAL CONFLICTS AS DEFINED IN THE CONFLICTS OF INTEREST POLICY THIS IS ACCOMPLISHED WITH A MEMO SENT OUT ANNUALLY FROM THE CHAIRMAN OF THE BOARD AND CHIEF EXECUTIVE OFFICER OF PHP TO ALL BOARD MEMBERS, EXECUTIVE DIRECTORS, MANAGEMENT PERSONNEL, PURCHASING DEPARTMENT STAFF AND AUTHORIZED PURCHASERS THIS MEMO INCLUDES A COMPREHENSIVE CONFLICTS OF INTEREST STATEMENT THAT EACH INDIVIDUAL MUST SIGN IT ALSO INCLUDES AN EXPLANATORY MEMORANDUM OF SPECIFIC ACTIVITIES THAT MIGHT GIVE CAUSE TO A CONFLICT AND AN INDIVIDUAL QUESTIONNAIRE TO DISCLOSE ALL SUCH ACTIVITIES THIS QUESTIONNAIRE MUST BE COMPLETED AND SIGNED BY THE INDIVIDUAL LAST, THIS MEMO INCLUDES A COPY OF THE ANTITRUST COMPLIANCE POLICY THAT MUST BE SIGNED BY THE INDIVIDUAL ALL OF THESE DOCUMENTS ARE SENT TO THE CORPORATE COMPLIANCE OFFICER THE CORPORATE COMPLIANCE DEPARTMENT ENSURES THAT ALL FORMS ARE RETURNED AND RETAINS THE DOCUMENTS FOR FIVE YEARS IN ADDITION, AT EACH MEETING OF THE BOARD OR ANY BOARD COMMITTEE, FOLLOWING APPROVAL OF THE MINUTES, THE BOARD COMMITTEE CHAIR SHALL REQUEST ANY BOARD MEMBER WHO PERCEIVES A POTENTIAL CONFLICT OF INTEREST ON ANY OF THE MEETING'S AGENDA ITEMS TO DISCLOSE THE POTENTIAL CONFLICT ADDITIONALLY, ANY BOARD OR BOARD COMMITTEE MEETING WHERE THE SUBJECT OF CONFLICTS OF INTEREST IS DISCUSSED, THE NORMALLY TAKEN MINUTES SHALL CONTAIN THE NAME OF THE PARTY DISCUSSING A POTENTIAL CONFLICT OF INTEREST, THE NATURE OF THE POTENTIAL CONFLICT OF INTEREST AND WHETHER A CONFLICT OF INTEREST WAS FOUND TO EXIST IF A CONFLICT OF INTEREST DOES EXIST, THE MEMBER WILL BE EXCUSED FROM PARTICIPATING IN ANY DISCUSSION OR VOTING ON THE PARTICULAR AGENDA ITEM THE CORPORATE COMPLIANCE OFFICER REPORTS THE RESULTS OF THE PHP CONFLICTS INTEREST QUESTIONNAIRES NO LESS THAN ANNUALLY TO THE BOARD OF TRUSTEES BY WAY OF THE COMPLIANCE AND AUDIT COMMITTEE THIS REVIEW IS DOCUMENTED IN THE MINUTES OF THE MEETING PERIODICALLY, THE INTERNAL AUDIT DEPARTMENT WILL REVIEW A SAMPLE OF COMPLETED CONFLICT OF INTEREST QUESTIONNAIRES AND REPORT THE RESULTS TO THE COMPLIANCE AND AUDIT COMMITTEE THE ANNUAL CONFLICTS OF INTEREST QUESTIONNAIRES ARE SUMMARIZED BY PERSON IN A WORD DOCUMENT AND SENT ELECTRONICALLY TO THE FINANCE DEPARTMENT FOR ANY NECESSARY DISCLOSURES REQUIRED ON THE 990 TAX RETURN PART VI, SECTION B, QUESTION 15 PREMIER HEALTH PARTNERS, OF WHICH ATRIUM MEDICAL CENTER IS A MEMBER, FOLLOWS A MARKET BASED COMPENSATION PHILOSOPHY DESIGNED TO ATTRACT AND RETAIN THE EXECUTIVE TALENT REQUIRED TO MEET THE HIGH PERFORMANCE STANDARDS OF OUR BOARD AND OUR COMMUNITY PREMIER HEALTH PARTNERS ANNUALLY REVIEWS EXECUTIVE COMPENSATION SURVEY DATA FOR A NATIONAL PEER GROUP OF SYSTEMS AND HOSPITALS THAT ARE SIMILAR IN SIZE AND COMPLEXITY TO PREMIER HEALTH PARTNERS AND ITS SUBSIDIARIES THE DATA FOR THE SURVEY IS PROVIDED BY A THIRD PARTY CONSULTANT GROUP THAT IS INDEPENDENT OF PREMIER HEALTH PARTNERS THIS REPORT INCLUDES COMPARABILITY FOR KEY EXECUTIVES, VICE PRESIDENTS AND DIRECTOR LEVEL POSITION THE INDEPENDENT COMPARABILITY DATA IS REVIEWED BY THE EXECUTIVE COMPENSATION COMMITTEE ON AN ANNUAL BASIS THIS COMMITTEE IS COMPRISED OF THREE MEMBERS, ALL OF WHICH ARE INDEPENDENT THIS COMMITTEE REVIEWS IN DETAIL THE COMPENSATION FOR THE PHP CEO, PHP CFO AND THE HOSPITAL CEOS OTHER POSITIONS ARE REVIEWED AT A HIGH LEVEL FOR REASONABLENESS ALL THE MEETING MINUTES ARE DOCUMENTED AND KEPT ON FILE ALONG WITH ANY COMPARABILITY DATA AND THE CONSULTANT REPORT AFTER THE COMPENSATION COMMITTEE REVIEWS AND APPROVES THE COMPENSATION ACTIONS, THE PROCESS IS AUDITED BY THE INTERNAL AUDIT DEPARTMENT THE EXECUTIVE COMPENSATION COMMITTEE PRESENTS THE COMPENSATION ACTIONS TO THE PREMIER HEALTH PARTNERS BOARD ANNUALLY PART VI, SECTION C, QUESTION 19 THE GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC WHEN REQUIRED BY LAW OR ACCREDITATION PURPOSES PART VII, COLUMN B OFFICERS WORKED AN AVERAGE OF 40 HOURS SPREAD OVER THE ENTITIES LISTED IN SCHEDULE R</p>

**SCHEDULE R
(Form 990)****Related Organizations and Unrelated Partnerships****2009**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. ► See separate instructions.

**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**Name of the organization**
atrium medical center**Employer identification number**
31-1079309**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
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PREMIER HEALTH PARTNERS

40 WEST 4TH STREET

SUPPORT ORG

OH

501(C)(3)

11-I NA

DAYTON, OH 45402
31-1446699

atrium health system

40 WEST 4TH STREET

PARENT

OH

501(C)(3)

11-I NA

DAYTON, OH 45402
31-0537492

atrium medical center foundation

1 MEDICAL CENTER DR

SUPPORT ORG

OH

501(C)(3)

11-II ATRIUM HLTH

MIDDLETOWN, OH 45044
31-1079213

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?
MIDDLETOWN SURGERY CENTER LLC 5950 INNOVATION DR FRANKLIN, OH45005 20-5160579	SURGERY CENTE	OH	AHS	RELATED	-672,407	6,671,990	Yes	0	Yes No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
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Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- l Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b		No
1c	Yes	
1d	Yes	
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o	Yes	
1p	Yes	
1q	Yes	
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	(b) Transaction type(a-r)	(c) Amount involved
(1) ATRIUM MEDICAL CENTER FOUNDATION		C	90,225
(2) ATRIUM MEDICAL CENTER FOUNDATION		O	597,756
(3) ATRIUM MEDICAL CENTER FOUNDATION		P	353,267
(4) ATRIUM MEDICAL CENTER FOUNDATION		Q	2,500,000
(5) MIDDLETOWN SURGERY CENTER LLC		D	249,634
(6)			

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Are all partners section 501(c)(3) organizations?	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	
			Yes	No	Yes	No	Yes	No