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Form **990** 

Department of the Treasury
Internal Revenue Service

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

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

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

2009

OMB No 1545-0047

pen to Public

			ar, or tax year beginning 01-01-200  C Name of organization	9 and ending 12-31-2009		D Employer id	dentification number
_	eck ıf ap	Fiedse	MEMORIAL HOSPITAL - WEST VOLUSIA	INC			
Add	dress cha	ange use IRS label or	Doing Business As			59-32568 E Telephone	
Nar	me chan	nge print or type. See	Florida Hospital Deland			2 relephone	
_ <sub>Init</sub>	tial retur	n <b>Specific</b>	Number and street (or P O box if mai	I is not delivered to street address	3) Room/suite	(386) 943	
– Ter	mınated	Instruc- tions.	701 WEST PLYMOUTH AVENUE	i is not delivered to street address	,, resim, sains	<b>G</b> Gross receipt	ts \$ 119,522,051
_	ended r		City or town state or country and 71	1 1 4			
_			City or town, state or country, and ZIF DELAND, FL 32720	′ + 4			
App	olication	pending					
		F Na	me and address of principal officer		<b>H(a)</b> Is th	- ıs a group retu	rn for
		Daryl			affilia		┌ Yes ┌ No
			/EST PLYMOUTH AVENUE ND,FL 32720				
			13,12 32,20			l affiliates inclu	
Ta	x-exemi	nt status 🔽 501/	c) (3) <b>4</b> (insert no )	□ 527			t (see instructions)
				1 327	H(c) Grou	ıp exemption r	iumber <b>F</b>
W	ebsit e	:► WWW FHDEL	AND ORG				
<b>(</b> Forr	n of org	anization 🔽 Corpora	ation Trust Association Other		L Year of fo	rmation 1994	M State of legal domicile FL
	rt I	Summary				I	
			ne organization's mission or most s	ignificant activities			
			OF MEDICAL CARE TO THE CO		JGH THE OF	PERATIONOF	A 156 BED HOSPITAL
ر د							
₹							
GOVERNATIVE							
5	2	Check this box 🕨	if the organization discontinued	its operations or disposed o	of more than	25% of its net	tassets
5	3	Number of voting	members of the governing body (P	art VI, line 1a)			<b>3</b> 17
ő		_	ndent voting members of the gover	•			<b>4</b> 9
<u>15</u>							<b>5</b> 1,145
Ĕ			mployees (Part V, line 2a)				
Acuviues &			olunteers (estimate if necessary)				6150
•	7a	Total gross unrela	ated business revenue from Part V	III, column (C), line 12 .	•	:	<b>7a</b> 84,665
	b	Net unrelated bus	iness taxable income from Form 9	90-T, line 34			<b>7b</b> 26,814
					Prio	r Year	<b>Current Year</b>
	8	Contributions ar	ıd grants (Part VIII, line 1h) 🔒 .			28,663	34,908
9	9	Program service	revenue (Part VIII, line 2g) .			110,482,450	117,840,785
	10		me (Part VIII, column (A), lines 3			90,598	1,646,358
		Tilvestillelit liitt	ine (Fait VIII, Column (A), mies 3	, 4, aliu / u / u		90,390	1,040,330
Ž.						·	
Revenue	11	Other revenue (	Part VIII, column (A), lines 5, 6d,	8c, 9c, 10c, and 11e)			0
Hev		Other revenue ( Total revenue—a	Part VIII, column (A), lines 5, 6d, and lines 8 through 11 (must equal	8c, 9c, 10c, and 11e) Part VIII, column (A), line		110.601.711	0
Rev	11 12	Other revenue (I Total revenue—a 12)	Part VIII, column (A), lines 5, 6d, add lines 8 through 11 (must equal	8c, 9c, 10c, and 11e) Part VIII, column (A), line		110,601,711	119,522,051
ЖеН	11 12 13	Other revenue (I Total revenue—a 12) Grants and simil	Part VIII, column (A), lines 5, 6d, add lines 8 through 11 (must equal	8c, 9c, 10c, and 11e)  Part VIII, column (A), line		110,601,711	0
Rev	11 12 13 14	Other revenue (I Total revenue—a 12) Grants and simil Benefits paid to	Part VIII, column (A), lines 5, 6d, add lines 8 through 11 (must equal equa	8c, 9c, 10c, and 11e)  Part VIII, column (A), line  A), lines 1-3)			119,522,051
	11 12 13	Other revenue (I Total revenue—a 12) Grants and simil Benefits paid to Salaries, other of	Part VIII, column (A), lines 5, 6d, add lines 8 through 11 (must equal	8c, 9c, 10c, and 11e)  Part VIII, column (A), line  A), lines 1-3)		174,293	119,522,051 180,877 0
	11 12 13 14 15	Other revenue (I Total revenue—a 12)	Part VIII, column (A), lines 5, 6d, add lines 8 through 11 (must equal ar amounts paid (Part IX, column (or for members (Part IX, column (A)) ompensation, employee benefits (F)	8c, 9c, 10c, and 11e)  Part VIII, column (A), line  A), lines 1-3)  Part IX, column (A), lines 5-			119,522,051
	11 12 13 14 15	Other revenue (I Total revenue—a 12) Grants and simil Benefits paid to Salaries, other c 10) Professional fun	Part VIII, column (A), lines 5, 6d, add lines 8 through 11 (must equal ar amounts paid (Part IX, column (or for members (Part IX, column (A) ompensation, employee benefits (Fdraising fees (Part IX, column (A),	8c, 9c, 10c, and 11e)  Part VIII, column (A), line  A), lines 1-3)  Part IX, column (A), lines 5-		174,293	119,522,051 180,877 0
	11 12 13 14 15	Other revenue (I Total revenue—a 12) Grants and simil Benefits paid to Salaries, other o 10) Professional fun Total fundraising ex	Part VIII, column (A), lines 5, 6d, add lines 8 through 11 (must equal ar amounts paid (Part IX, column (A) or for members (Part IX, column (A) ompensation, employee benefits (F) draising fees (Part IX, column (A), penses (Part IX, column (D), line 25)	8c, 9c, 10c, and 11e)  Part VIII, column (A), line  A), lines 1-3)  Oart IX, column (A), lines 5-  line 11e)		174,293	119,522,051 180,877 0
	11 12 13 14 15	Other revenue (I Total revenue—a 12) Grants and simil Benefits paid to Salaries, other o 10) Professional fun Total fundraising ex	Part VIII, column (A), lines 5, 6d, add lines 8 through 11 (must equal ar amounts paid (Part IX, column (or for members (Part IX, column (A) ompensation, employee benefits (Fdraising fees (Part IX, column (A),	8c, 9c, 10c, and 11e)  Part VIII, column (A), line  A), lines 1-3)  Part IX, column (A), lines 5-  line 11e)		174,293	119,522,051 180,877 0
	11 12 13 14 15 16a b	Other revenue (I Total revenue—a 12) Grants and simil Benefits paid to Salaries, other c 10) Professional fun Total fundraising ex Other expenses	Part VIII, column (A), lines 5, 6d, add lines 8 through 11 (must equal ar amounts paid (Part IX, column (A) or for members (Part IX, column (A) ompensation, employee benefits (F) draising fees (Part IX, column (A), penses (Part IX, column (D), line 25)	8c, 9c, 10c, and 11e)  Part VIII, column (A), line  A), lines 1-3)  Oart IX, column (A), lines 5-  line 11e)  Id, 11f-24f)	-	174,293	0 119,522,051 180,877 0 52,654,625
	11 12 13 14 15 16a b	Other revenue (I Total revenue—a 12) Grants and simil Benefits paid to Salaries, other o 10) Professional fun Total fundraising ex Other expenses Total expenses	Part VIII, column (A), lines 5, 6d, add lines 8 through 11 (must equal ar amounts paid (Part IX, column (or for members (Part IX, column (A) ompensation, employee benefits (For draising fees (Part IX, column (A), penses (Part IX, column (D), line 25)   (Part IX, column (A), lines 11a-1:	8c, 9c, 10c, and 11e)  Part VIII, column (A), line  A), lines 1-3)  Part IX, column (A), lines 5-  line 11e)  Id, 11f-24f)  IX, column (A), line 25)	-	174,293 49,395,580 56,363,264	0 119,522,051 180,877 0 52,654,625 0
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Expenses	11 12 13 14 15 16a b 17 18	Other revenue (I Total revenue—a 12) Grants and simil Benefits paid to Salaries, other o 10) Professional fun Total fundraising ex Other expenses Total expenses	Part VIII, column (A), lines 5, 6d, add lines 8 through 11 (must equal ar amounts paid (Part IX, column (A) ompensation, employee benefits (F) draising fees (Part IX, column (A), penses (Part IX, column (D), line 25) 10 (Part IX, column (A), lines 11a-1; Add lines 13-17 (must equal Part	8c, 9c, 10c, and 11e)  Part VIII, column (A), line  A), lines 1-3)  Part IX, column (A), lines 5-  line 11e)  Id, 11f-24f)  IX, column (A), line 25)	Beginning	174,293 49,395,580 56,363,264 105,933,137 4,668,574	0 119,522,051 180,877 0 52,654,625 0 59,441,859 112,277,361
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Expenses	11 12 13 14 15 16a b 17 18 19	Other revenue (I Total revenue—a 12) Grants and simil Benefits paid to Salaries, other o 10) Professional fun Total fundraising ex Other expenses Total expenses Revenue less ex	Part VIII, column (A), lines 5, 6d, add lines 8 through 11 (must equal ar amounts paid (Part IX, column (A) ompensation, employee benefits (For arising fees (Part IX, column (A), penses (Part IX, column (D), line 25)   (Part IX, column (D), lines 11a-1: Add lines 13-17 (must equal Part penses Subtract line 18 from line	8c, 9c, 10c, and 11e)  Part VIII, column (A), line  A), lines 1-3)  Part IX, column (A), lines 5-  line 11e)  Id, 11f-24f)  IX, column (A), line 25)  12	Beginning	174,293 49,395,580 56,363,264 105,933,137 4,668,574 g of Current /ear 98,961,312	119,522,051 180,877 0 52,654,625 0 59,441,859 112,277,361 7,244,690 End of Year 105,900,410
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Fund Balances Expenses	11 12 13 14 15 16a b 17 18 19 20 21 22 THI	Other revenue (I Total revenue—a 12)  Grants and simil Benefits paid to Salaries, other o 10) Professional fun Total fundraising ex Other expenses Total expenses Revenue less ex  Total liabilities (I Net assets or fu  Signature B  Under penalties of pand belief, it is true,  ****** Signature of office Lynn C Addiscott Type or print nar	Part VIII, column (A), lines 5, 6d, add lines 8 through 11 (must equal ar amounts paid (Part IX, column (A) ompensation, employee benefits (For a line) of the column (A), penses (Part IX, column (B), line 25) (Part IX, column (B), line 25) (Part IX, column (A), lines 11a-1: Add lines 13-17 (must equal Part penses Subtract line 18 from line art X, line 16)	8c, 9c, 10c, and 11e)  Part VIII, column (A), line  A), lines 1–3)  Part IX, column (A), lines 5-  line 11e)  IX, column (A), line 25)  12  Inne 20  Freturn, including accompanying sparer (other than officer) is based	Beginning Y	174,293 49,395,580 56,363,264 105,933,137 4,668,574 g of Current ear 98,961,312 51,845,929 47,115,383 tatements, and to	119,522,051  180,877  0  52,654,625  0  59,441,859  112,277,361  7,244,690  End of Year  105,900,410  52,219,157  53,681,253  o the best of my knowledge arer has any knowledge
Fand Basences Expenses	11 12 13 14 15 16a b 17 18 19 20 21 22 THII	Other revenue (I Total revenue—a 12)  Grants and simil Benefits paid to Salaries, other o 10) Professional fun Total fundraising ex Other expenses Total expenses Revenue less ex  Total liabilities (I Net assets or fu  Signature B  Under penalties of pand belief, it is true,  ****** Signature of office Lynn C Addiscott Type or print nair	Part VIII, column (A), lines 5, 6d, add lines 8 through 11 (must equal ar amounts paid (Part IX, column (A) ompensation, employee benefits (For a line) of the column (A), penses (Part IX, column (B), line 25) (Part IX, column (B), line 25) (Part IX, column (A), lines 11a-1: Add lines 13-17 (must equal Part penses Subtract line 18 from line art X, line 16)	8c, 9c, 10c, and 11e) Part VIII, column (A), line	Beginning Y	174,293 49,395,580 56,363,264 105,933,137 4,668,574 g of Current 'ear 98,961,312 51,845,929 47,115,383 tatements, and toon of which prepared	119,522,051  180,877  0  52,654,625  0  59,441,859  112,277,361  7,244,690  End of Year  105,900,410  52,219,157  53,681,253  o the best of my knowledge arer has any knowledge
Paid Balances Expenses of Card Balances Card Balances	11 12 13 14 15 16a b 17 18 19 20 21 22 rt III	Other revenue (I Total revenue—a 12) Grants and simil Benefits paid to Salaries, other o 10) Professional fun Total fundraising ex Other expenses Total expenses Revenue less ex  Total liabilities (I Net assets or fu  Signature B  Under penalties of pand belief, it is true,  ***** Signature of office Lynn C Addiscott Type or print nair  Preparer's signature  Firm's name (or you	Part VIII, column (A), lines 5, 6d, add lines 8 through 11 (must equal ar amounts paid (Part IX, column (A) or for members (Part IX, column (A) ompensation, employee benefits (For draising fees (Part IX, column (A), penses (Part IX, column (D), line 25)   (Part IX, column (A), lines 11a-1: Add lines 13-17 (must equal Part penses Subtract line 18 from line lint X, line 16)	8c, 9c, 10c, and 11e) Part VIII, column (A), line	Beginning Y	174,293 49,395,580 56,363,264 105,933,137 4,668,574 g of Current /ear 98,961,312 51,845,929 47,115,383 tatements, and toon of which prepared to the control of the control	119,522,051  180,877  0  52,654,625  0  59,441,859  112,277,361  7,244,690  End of Year  105,900,410  52,219,157  53,681,253  o the best of my knowledge arer has any knowledge
Fand Basences Expenses	11 12 13 14 15 16a b 17 18 19 20 21 22 rt III	Other revenue (I Total revenue—a 12)  Grants and simil Benefits paid to Salaries, other o 10) Professional fun Total fundraising ex Other expenses Total expenses Revenue less ex  Total liabilities (I Net assets or fu  Signature B  Under penalties of pand belief, it is true,  ****** Signature of office Lynn C Addiscott Type or print nar  Preparer's signature  Firm's name (or you if self-employed),	Part VIII, column (A), lines 5, 6d, add lines 8 through 11 (must equal ar amounts paid (Part IX, column (A) or for members (Part IX, column (A) ompensation, employee benefits (For draising fees (Part IX, column (A), penses (Part IX, column (D), line 25)   (Part IX, column (D), line 25)   (Part IX, column (A), lines 11a-1: Add lines 13-17 (must equal Part penses Subtract line 18 from line art X, line 16)	8c, 9c, 10c, and 11e) Part VIII, column (A), line	Beginning Y	174,293 49,395,580 56,363,264 105,933,137 4,668,574 g of Current 'ear 98,961,312 51,845,929 47,115,383 tatements, and toon of which prepared	119,522,051  180,877  0  52,654,625  0  59,441,859  112,277,361  7,244,690  End of Year  105,900,410  52,219,157  53,681,253  o the best of my knowledge arer has any knowledge
Paid Belances  Expenses  Paid Belances  Paid Belances	11 12 13 14 15 16a b 17 18 19 20 21 22 rt III	Other revenue (I Total revenue—a 12) Grants and simil Benefits paid to Salaries, other o 10) Professional fun Total fundraising ex Other expenses Total expenses Revenue less ex  Total liabilities (I Net assets or fu  Signature B  Under penalties of pand belief, it is true,  ***** Signature of office Lynn C Addiscott Type or print nair  Preparer's signature  Firm's name (or you	Part VIII, column (A), lines 5, 6d, add lines 8 through 11 (must equal ar amounts paid (Part IX, column (A) or for members (Part IX, column (A) ompensation, employee benefits (For draising fees (Part IX, column (A), penses (Part IX, column (D), line 25)   (Part IX, column (D), line 25)   (Part IX, column (A), lines 11a-1: Add lines 13-17 (must equal Part penses Subtract line 18 from line art X, line 16)	8c, 9c, 10c, and 11e) Part VIII, column (A), line	Beginning Y	174,293 49,395,580 56,363,264 105,933,137 4,668,574 g of Current /ear 98,961,312 51,845,929 47,115,383 tatements, and toon of which prepared to the control of the control	119,522,051  180,877  0  52,654,625  0  59,441,859  112,277,361  7,244,690  End of Year  105,900,410  52,219,157  53,681,253  o the best of my knowledge arer has any knowledge
Paid Balances Expenses	11 12 13 14 15 16a b 17 18 19 20 21 22 rt III	Other revenue (I Total revenue—a 12)  Grants and simil Benefits paid to Salaries, other o 10) Professional fun Total fundraising ex Other expenses Total expenses Revenue less ex  Total liabilities (I Net assets or fu  Signature B  Under penalties of pand belief, it is true,  Lynn C Addiscott Type or print nar  Preparer's signature  Firm's name (or you if self-employed), address, and ZIP + 4	Part VIII, column (A), lines 5, 6d, add lines 8 through 11 (must equal ar amounts paid (Part IX, column (A) or for members (Part IX, column (A) ompensation, employee benefits (For draising fees (Part IX, column (A), penses (Part IX, column (D), line 25)   (Part IX, column (D), line 25)   (Part IX, column (A), lines 11a-1: Add lines 13-17 (must equal Part penses Subtract line 18 from line art X, line 16)	Part VIII, column (A), line  A), lines 1–3)  Part IX, column (A), lines 5-  line 11e)  IX, column (A), line 25)  12  Inne 20  Freturn, including accompanying sharer (other than officer) is based  Date  Date  Classification of the column of	Beginning Y  chedules and s on all informat  2010- Date  neck if if- inpolyed	174,293  49,395,580  56,363,264 105,933,137 4,668,574 g of Current /ear  98,961,312 51,845,929 47,115,383  tatements, and toon of which prepared to the control of which prepared to the control of the c	119,522,051  180,877  0  52,654,625  0  59,441,859  112,277,361  7,244,690  End of Year  105,900,410  52,219,157  53,681,253  o the best of my knowledge arer has any knowledge

## Part III Statement of Program Service Accomplishments

1	Briefly	describe	the	organization's	mission
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Adventist Health System Sunbelt Healthcare Corporation, and all of its subsidiary org	ganizations, was established by the Seventh-Day
Adventist Church to bring a ministry of healing and health to the communities served	Our mission is to extend the healing ministry of Christ

2	Did the organization under the prior Form 990 or 99				which were not listed on	┌ Yes ┌ No
	If "Yes," describe these r	new services on S	chedule O			
3	Did the organization ceasservices?				nducts, any program	┌ Yes ┌ No
	If "Yes," describe these o	changes on Sched	dule O			
4		01(c)(4) organıza	tions and secti	on 4947(a)(1) trusts ar	largest program services by re required to report the am ervice reported	
4a	(Code	) (Expenses \$	103,418,973	ıncludıng grants of \$	180,877 ) (Revenue \$	117,756,120 )
	OPERATION OF A 156-BED AG PATIENT DAYS	CUTE CARE HOSPITAL			ENT YEAR THERE WERE 8,664 PA	
4b	(Code	) (Expenses \$		ıncludıng grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
4d	Other program services	(Describe in Sc	hedule O )			
	(Expenses \$	ınc	luding grants o	f \$	) (Revenue \$	)
4e	Total program service e	xpenses <b>►</b> \$	103,418,97	3		

art TV	Checklist	of Dec	nuired	Sche	dulas
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Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any 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.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
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	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? 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	12	Yes	
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			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		l No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Yes	

Par	t 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		No
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		Νο
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		Νο
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		Νο
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		Νο
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νo
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		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	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Part I	31		N o
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		Νο
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		Νο
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?	38	Yes	

Part V	Statements	Regarding	Other IR	S Filings and	Tax Compliance
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			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		-	-
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	2b	Yes	
За	Instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νο
b	If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
ā	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
a	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?	6a		Νo
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
•	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	file Form 8282?	7c		Νo
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f _		Νo
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
11	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
3	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
)	Sponsoring organizations maintaining donor advised funds.	-		
а	Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

701 West Plymouth Ave DeLand, FL 32720 (386) 943-4870

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.

Se	ction A. Governing Body and Management						
			Yes	No			
_							
1a	Enter the number of voting members of the governing body 1a 17						
Ь	Enter the number of voting members that are independent 1b 9						
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	Yes				
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		Νο			
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο			
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο			
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				
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? $\cdot$ $\cdot$	7b	Yes				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a	Yes				
ь	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		Νo			
	<b>ction B. Policies</b> (This Section B requests information about policies not required by the Internal venue Code.)						
			Yes	No			
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo			
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							
		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	425	V				
c	to conflicts?	12b	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?						
	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		Νο			
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					
Se	ction C. Disclosure						
17	List the States with which a copy of this Form 990 is required to be filed▶						
18	Section 6104 requires an organization to make its Form 1023 (or 1024 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	ne oraa	nızatıor	n <b>▶</b> -			
	DEBORA THOMAS	· gu		. •			

# Part VIII 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 i	not compen	ffice	r, dırector, trustee	or key employee						
<b>(A)</b> Name and Title	(B) Average hours	(C) e Position (check all that apply)				I		( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

1b Total	. •	2,265,526	3,950,285	643,086

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►21

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				Yes	No
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such	3		3		No
	4	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such	4	Yes	

### 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	<b>(C)</b> Compensation
Central Florida Medical Imaging 1035 Medical Ctr Dr 151 Orange City, FL 32763	Radiology Interpretive Services	1,397,442
DeLand Anesthesiology Group 291 Southhall Lane Maitland, FL 32751	Anesthesia Services	1,345,315
Monti Eligibility & Denial Solutions 540 S Pine Meadow Dr DeBary, FL 32713	Medicaid Eligibility Services	654,999
STEWART MARCHMANACT 1220 Willis Ave Daytona Beach, FL 32114	Psychiatric Services	502,050
VISTA STAFFING SOLUTIONS 275 E 200 S Salt Lake City, UT 84111	Locum Tenens Physicians	477,880
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►24	who received more than	

Page 8

Νo

Form 9								Page <b>9</b>
Part \	<u>/1111</u>	Statement o	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
芸芸	1a	Federated cam	paigns 1a					
Contributions, gifts, grants and other similar amounts	ь	Membership du	es <b>1b</b>					
υğ	с	Fundraising eve	ents <b>1</b> c					
#£ ne	d	Related organiz	ations 1d					
<u>₹</u>	e	Government grants	s (contributions) <b>1e</b>	11,282				
tion ≅	f	All other contribution	ons, gifts, grants, and <b>1f</b>	23,626	į	į		
ê Ž	g		butions included in					
a tr		lines 1a-1f\$_						
ပြွန်	h	Total. Add lines	s 1a-1f	· · · •	34,908			
<u> </u>				Business Code				
Program Serwce Revenue	2a	Net patient revenu	e	900,099	116,757,578	116,757,578		
	Ь	Cafeteria revenue		722,210	587,214	515,124	72,090	
	С	Medical office build	lın	531,120	405,070	405,070		
	d	Health ED/Therapy	<u>'</u>	900,099	55,923	55,923		
Ē	e	Lab Revenue		621,500	12,575		12,575	
200	f	All other progra	am service revenue		22,425	22,425		
ΔŤ	g	Total. Add lines	s 2a – 2f		117,840,785			
	3	Investment inc	ome (including dividen	ds, interest				
			aramounts)	<b>⊢</b>	807,954			807,954
	4		stment of tax-exempt bond	· · · · · · · · · · · · · · · · · · ·				
	5	Royalties						
	6a	Gross Rents	(ı) Real	(II) Personal				
	ь	Less rental						
	l c	expenses Rental income						
		or (loss)						
	d	Net rental inco	me or (loss)  (i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory Less cost or	838,404	(11)				
	Ь	other basis and sales expenses						
	С	Gain or (loss)	838,404					
	d	Net gaın or (los	s)	►	838,404			838,404
une H	8a	events (not inc \$						
Other Revenue		See Part IV, lin	s reported on line 1c) ne 18 a					
ŧ	b		penses <b>b</b> (loss) from fundraising					
•	9a	Gross income f	rom gaming activities ne 19	events				
	b c	Less direct expenses b  Net income or (loss) from gaming activities		vities				
		Gross sales of returns and allo	inventory, less owances .					
	Ь	less costofa	a oods sold b					
	c		(loss) from sales of inve	entory ►				
		Miscellaneous		Business Code				
	11a							
	ь							
	С							
	d	All other reven	ue					
	е	Total. Add lines	s 11a-11d					
	12	Total revenue.	See Instructions .	▶	119,522,051	117,756,120	84,665	1,646,358

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

_	Section 501(c)(3) and 501(c)(4) organizations mu				
	ll other organizations must complete column (A) but are not required to	complete column	s (B), (C), and ( (B)	(C)	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV , line 21 $$	180,877	180,877		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,331,491		1,331,491	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	38,662,272	38,662,272		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,399,711	1,371,017	28,694	
9	Other employee benefits	8,237,741	8,212,753	24,988	
10	Payroll taxes	3,023,410	2,961,430	61,980	
11	Fees for services (non-employees)				
а	Management				
b	Legal	38,164		38,164	
c	Accounting	88,000		88,000	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	13,034,718	10,295,791	2,738,927	
12	Advertising and promotion	547,014		547,014	
13	Office expenses	17,624,568	17,004,101	620,467	
14	Information technology	3,520,951	677,465	2,843,486	
15	Royalties				
16	Occupancy	2,360,379	2,360,379		
17	Travel	69,200		69,200	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	49,039		49,039	
20	Interest	1,762,115	1,762,115		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,815,758	4,815,758		
23	Insurance	1,429,987	1,424,987	5,000	
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)				
а	Bad Debt expense	9,383,500	9,383,500		
ь	Repairs & maintenance	2,400,798	2,400,798		
С	State Tax Indigent Asse	1,312,643	1,312,643		
d	Purchased services	292,335	207,218	85,117	
e					
f	All other expenses	712,690	385,869	326,821	
25	Total functional expenses. Add lines 1 through 24f	112,277,361	103,418,973	8,858,388	0
26	Joint costs. Check here ► ☐ 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				

Parit X Balance Sheet (A) (B) Beginning of year End of vear 2.102 2.700 1 1 Cash—non-interest-bearing . . . . . . . . . . . . 35,304,550 2 42,220,226 2 3 3 4 14.771.379 4 13.600.457 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Notes and loans receivable, net . . . . . 1,309,291 Inventories for sale or use . . . . . . 1,130,923 3,200,105 3,289,734 Prepaid expenses and deferred charges . . . . . . . . . . . . Land, buildings, and equipment cost or other basis Complete 75.382.040 10a 10a Part VI of Schedule D 43,674,625 **10c** 10b 30.719.380 44.662.660 b Less accumulated depreciation . . . . 11 11 12 12 Investments—other securities See Part IV, line 11 . . . . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 104,884 14 274,500 772.744 15 540.842 15 16 98,961,312 16 105,900,410 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 6.437.968 5.455.978 17 17 Accounts payable and accrued expenses 18 18 51,658 19 54,757 19 20 20 Liabilities 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 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties . . . . 108,000 24 63,000 46.230.293 45.663.432 25 Other liabilities Complete Part X of Schedule D . . . . . 25 26 **Total liabilities.** Add lines 17 through 25 . . . . . 51,845,929 52,219,157 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 47,115,383 53,681,253 27 27 Unrestricted net assets . . . . 28 28 0 Temporarily restricted net assets . . . . . Fund 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 47,115,383 33 Total net assets or fund balances . . . . 33 53,681,253 34 Total liabilities and net assets/fund balances . . . . . 98.961.312 34 105,900,410

## Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
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	<b>2</b> c	Yes	
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?	3a		No
Ь	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	3b		

Form **990** (2009)

OMB No 1545-0047

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

Department of the Treasury

Name of the organization

Internal Revenue Service

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

**Public Charity Status and Public Support** 

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

Inspection

Employer identification number

MEMORIAL HOSPITAL - WEST VOLUSIA INC 59-3256803 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) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 7 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II ) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 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 Type III - Other ┌ Type I **b** Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 11g(i) and (III) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	Is the organization organization col (i) lis	(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?		ne tion in ganized	(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	֥ <i>)</i>		
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b)</b> 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	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) <b>Dublic Support</b> Subtract line F from						
6	<b>Public Support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b</b> ) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	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						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and <b>stop here</b>						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
<b></b>	and <b>stop here.</b> The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	<b>▶</b> □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and <b>stop here.</b> The organization				,		▶
17a	10%-facts-and-circumstances test-	<b>-2009.</b> If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization				gaao., quu		<b>▶</b> ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

**▶**□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support	T			1	T	I
cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 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 Gross receipts from activities that						
3	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	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2,						
/a	and 3 received from disqualified				1		
	persons						
b	A mounts 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						
	rom line 6 ) ction B. Total Support						
	ndar year (or fiscal year beginning						
cuic	in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	<b>(d)</b> 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar						
	sources						
ь	Unrelated business taxable						
	income (less section 511 taxes) from businesses acquired after						
	June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
13	IV ) Total support (Add lines 9, 10c,						
13	11 and 12 )						
14	First Five Years If the Form 990 is for	or the organizat	ion's first, second	l, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orgar	
	check this box and <b>stop here</b>						<b>►</b> □
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	
16	Public support percentage from 200	-		.,,		16	
	Table support personage nom 200	o o o modulo / i / i	arc 111, mrs 15			10	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ae			
17	Investment income percentage for 2				n (f))	17	
18	Investment income percentage from	•		•		18	
	33 1/3% support tests—2009. If the		•		d line 15 is more		line 17 is not
1.7a	more than 33 1/3%, check this box a					u.ii 23 1/3/0 dill	. IIIC 17 13 110t
	organization	•厂		•			
ь	33 1/3% support tests—2008. If the	organization di	d not check a box	on line 14 or line	e 19a, and line 16	5 is more than 33	1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493302003150

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

**Political Campaign and Lobbying Activities** 

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

Open to Public Inspection

separate political organization If none, enter -0-

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

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

Se   Se   If the	ection 501(c)(3) organizations that ection 501(c)(3) organizations that	t have filed Form 5768 (election under t have NOT filed Form 5768 (election under s," to Form 990, Part IV, Line 5 (Pro	section 501(h)) ( nder section 501	Complete Part II-A Do not co (h)) Complete Part II-B Do r	mplete Part II-B not complete Part II-A
Na	me of the organization MORIAL HOSPITAL - WEST VOLUSIA INC	·		Employer ider	ntification number
				59-3256803	
Par	t I-A Complete if the or	ganization is exempt under s	section 501(	c) or is a section 527	organization.
1	Provide a description of the or	ganızatıon's dırect and ındırect politic	al campaign act	tivities in Part IV	
2	Political expenditures			▶	\$
3	V olunteer hours				
Par	t I-B Complete if the or	ganization is exempt under s	section 501(	c)(3).	
1		e tax incurred by the organization und			\$
2		tax incurred by organization manage			\$
3	,	ection 4955 tax, did it file Form 472			⊤ Tyes □ No
4a	Was a correction made?	,,	,		☐ Yes ☐ No
ь	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under s	section 501(	c) except section 50:	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for sec	ction 527 exemp	pt function activities 🕨	\$
2	Enter the amount of the filing o	rganızatıon's funds contributed to oth	ner organizations	s for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	and on Form 112	.0-POL, line 17b ►	¢
4	Did the filing organization file <b>I</b>	Form 1120-POL for this year?			↑ —   Yes   No
5	State the names, addresses ar were made For each organizat contributions received that we	nd employer identification number (EI ion listed, enter the amount paid from re promptly and directly delivered to iittee (PAC) If additional space is ne	i the filing organ a separate politi	ızatıon's funds Also enter t cal organızatıon, such as a	s to which payments the amount of political
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a

e Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	)(3) and file	d Form 5768	(election
	Check   If the filing organization belongs to a Check   If the filing organization checked box		d" provisions apply	,		
<u> </u>	Limits on Lobbying E  (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 18	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,000,000				
		•				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)				
h	Subtract line 1g from line 1a If zero or less, enter	er -0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı
	Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	<b>(e)</b> Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					

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	1)	(b)
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νο	
c	Media advertisements?		Νο	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo	
i	Other activities? If "Yes," describe in Part IV	Yes		5,431
j	Total lines 1c through 1i			5,431
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

### Part III-A 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".

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

Also, complete this part for any additional information

Dues, assessments and similar amounts from members

Ident if ier	Return Reference	Explanation
Part II-B, Line 11	Explanation of Other Lobbying	American Hospital Association and Florida Hospital Association
	Activities	Dues

1

DLN: 93493302003150

OMB No 1545-0047

Open to Public Inspection

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

Name of the organization **Employer identification number** MEMORIAL HOSPITAL - WEST VOLUSIA INC 59-3256803 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

		(a) Donor advised funds		(b) Funds and other accounts
Т	otal number at end of year			
Д	aggregate contributions to (during year)			
Δ	aggregate grants from (during year)			
Α	aggregate value at end of year			
	Old the organization inform all donors and donor adv funds are the organization's property, subject to the		nor adv	ısed Yes No
ι	Old the organization inform all grantees, donors, and used only for charitable purposes and not for the ber conferring impermissible private benefit			
art	<b>Conservation Easements.</b> Complete	ıf the organization answered "Yes" t	to Fori	n 990, Part IV, line 7.
Г Г	Purpose(s) of conservation easements held by the o Preservation of land for public use (e g , recreat Protection of natural habitat Preservation of open space	ion or pleasure) Preservation of ai		rically importantly land area od historic structure
	Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	ified conservation contribution in the form	n of a c	onservation
				Held at the End of the Year
٦	Total number of conservation easements		2a	
٦	Fotal acreage restricted by conservation easements		2b	
1	Number of conservation easements on a certified his	storic structure included in (a)	2с	
1	Number of conservation easements included in (c) a	cquired after 8/17/06	2d	
	Number of conservation easements modified, transferral that the taxable year	erred, released, extinguished, or terminat	ed by t	he organization during
1	Number of states where property subject to conserv	ation easement is located 🗠		
	Does the organization have a written policy regardin enforcement of the conservation easements it holds		dling o	fviolations, and <b>Yes N</b>
9	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easer	nents d	luring the year 🗠
A	Amount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easement	s durın	g the year ► \$
	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sec	ction	ΓYes ΓN
	In Part XIV, describe how the organization reports coalance sheet, and include, if applicable, the text of the organization's accounting for conservation eases	the footnote to the organization's financia		
		nents		
t	Organizations Maintaining Collection Complete if the organization answered	ons of Art, Historical Treasures,	or Ot	her Similar Assets.
t rt		ons of Art, Historical Treasures, "Yes" to Form 990, Part IV, line 8. 116, not to report in its revenue statem for public exhibition, education or resear	ent and	balance sheet works of
t rtt	Complete if the organization answered  If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held	ens of Art, Historical Treasures, "Yes" to Form 990, Part IV, line 8.  116, not to report in its revenue statement or public exhibition, education or researmancial statements that describes these is 116, to report in its revenue statement public exhibition, education, or research	ent and ch in fu tems and bal	I balance sheet works of urtherance of public service, ance sheet works of art,
rt II	Complete If the organization answered of the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its first the organization elected, as permitted under SFAS assets held for	ens of Art, Historical Treasures, "Yes" to Form 990, Part IV, line 8.  116, not to report in its revenue statement of public exhibition, education or resear nancial statements that describes these is 116, to report in its revenue statement of public exhibition, education, or research is	ent and ch in fu tems and bal	I balance sheet works of urtherance of public service, ance sheet works of art,
rt II	Complete If the organization answered of the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its first the organization elected, as permitted under SFAS instorical treasures, or other similar assets held for provide the following amounts relating to these items	ens of Art, Historical Treasures, "Yes" to Form 990, Part IV, line 8.  116, not to report in its revenue statement of public exhibition, education or resear nancial statements that describes these is 116, to report in its revenue statement of public exhibition, education, or research is	ent and ch in fu tems and bal	I balance sheet works of urtherance of public service, ance sheet works of art, erance of public service,
trt	Complete If the organization answered of the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its first the organization elected, as permitted under SFAS instorical treasures, or other similar assets held for provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1	ens of Art, Historical Treasures, "Yes" to Form 990, Part IV, line 8.  116, not to report in its revenue statement or public exhibition, education or researmental statements that describes these is 116, to report in its revenue statement public exhibition, education, or research of the second se	ent and ch in fu tems and bal in furth	I balance sheet works of urtherance of public service, ance sheet works of art, erance of public service,
Tt	Complete If the organization answered of the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its first the organization elected, as permitted under SFAS aistorical treasures, or other similar assets held for 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	ens of Art, Historical Treasures, "Yes" to Form 990, Part IV, line 8.  116, not to report in its revenue statement or public exhibition, education or researmental statements that describes these is 116, to report in its revenue statement public exhibition, education, or research of the second se	ent and ch in fu tems and bal in furth	I balance sheet works of urtherance of public service, ance sheet works of art, erance of public service,

Part	Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tı</u>	reası	ures, or C	<u> the</u>	r Similar	Asse	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne fol	lowing	that a	re a signific	ant u	ise of its coll	ectior	ו	
а	Public exhibition		d	Γ	Loan	orexc	:hange prog	rams				
b	Scholarly research		e	Γ	Othe	r						
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ain hov	w the	y furthe	erthe	organızatıor	ı's e>	kempt purpos	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					nılar	Г	Yes	Г No
Par	Part IV, line 9, or reported an an						n answere	d "Y	es" to Forn	n 990	),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterm	ediary	for c	ontribu	utions	or other ass	ets	not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving t	able		Г			A mou	ınt	
c	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance						Ī	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X. lin	e 21?				L		1	Г	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV									,		,
	t V Endowment Funds. Complete		n ans	were	ed "Ye	s" to	Form 990	. Par	t IV. line 1	0.		
		(a)Current Year		<b>)</b> Prior `			wo Years Back		Three Years Ba		)Four Y	ears Back
1a	Beginning of year balance											
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨	%										
b	Permanent endowment 🕨 %											
С	Term endowment ► %											
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	ation	thata	are held	dand	admınıstere	d for	the		Yes	No
	(i) unrelated organizations								[	3a(i)	103	110
	(ii) related organizations								_	Ba(ii)		
ь	If "Yes" to 3a(II), are the related organizatio									3b		<u> </u>
4	Describe in Part XIV the intended uses of th	e organızatıon's en	dowm	ent fu	ınds							
Par	t VI Investments—Land, Buildings	s, and Equipme	nt. S	ee F	orm 9	90, P	art X, line	10.	_			
	Description of investment				Cost or s (invest		( <b>b)</b> Cost or o basis (othe		(c) Accumula depreciatio		<b>(d)</b> Bo	ok value
1a	and						5,805	5,832				5,805,832
Ь	Buildings						39,574	,433	13,477	,479	2	6,096,954
c I	easehold improvements											
d I	Equipment						27,780	,020	16,911	,661	1	0,868,359
e (	Other						2,221		330	,240		1,891,515
Tota	. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colui	mn (B,	), line	10(c).)	)		-	►	$\neg \dagger$		4,662,660
									Schedul	e D (F	orm 9	90) 2009

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	2.	
(a) Description of security or category	( <b>b)</b> Book value		d of valuation
(including name of security) Financial derivatives		Cost of end-of	-year market value
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	e Form 990, Part X, line : T		d af
(a) Description of investment type	( <b>b)</b> Book value		d of valuation -year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, III  (a) Descrip			(b) Book value
			. ,
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 1 <b>Part X</b> Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	(b) //mount		
Payable to third parties	1,400,747		
Due to affiliated	412,039		
Credit balances in A/R	433,464		
Interco Alloc of TE Bond Proceeds	42,603,756		
Leases Payable	714,426		
Other current liabilities	99,000		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶	45,663,432		
· · · · · · · · · · · · · · · · · · ·	. 5,555,752		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	119,522,051
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	112,277,361
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	7,244,690
4	Net unrealized gains (losses) on investments	4	4,505
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-683,325
9	Total adjustments (net) Add lines 4 - 8	9	-678,820
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	6,565,870
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	114,038,794
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	190,275
3	Subtract line <b>2e</b> from line <b>1</b>	3	113,848,519
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines <b>4a</b> and <b>4b</b>	4c	5,673,532
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	119,522,051
	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	
1	Total expenses and losses per audited financial statements	1	106,603,828
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV) 2d	1	
e	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	106,603,828
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	5,673,533
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	112,277,361

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

## 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

Ident if ier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	The audited financial statements of the Hospital contain the following FIN 48 footnote - The Hospital follows the Income Taxes Topic of the ASC (ASC 740), which prescribes the accounting for uncertainty in income tax positions recognized in financial statements ASC 740 prescribes a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return
Part XI, Line 8 - Other Adjustments		Gifts and Grants 11000 Transfer to Affiliated Entities - 724857 Investment gain amortization 30532
Part XII, Line 2d - Other Adjustments		Foundation net revenue included in audit 190275
Part XII, Line 4b - Other Adjustments		non-operating expense net in audit 5673532
Part XIII, Line 4b - Other Adjustments		non-operating expense net in audit 5673532 rounding 1

# OMB No 1545-0047

Open to Public **Inspection** 

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

Department of the Treasury Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20. ► Attach to Form 990. ► See separate instructions.

**Hospitals** 

Name of the organization MEMORIAL HOSPITAL - WEST VOLUSIA INC

**Employer identification number** 

59-3256803 **Charity Care and Certain Other Community Benefits at Cost** Yes No 1a Does the organization have a charity care policy? If "No," skip to question 6a . . . . 1a Yes Yes 1h 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 most hospitals Applied uniformly to all hospitals Generally tailored to individual hospitals Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients 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 За Yes 100% 150% 200% Other 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 . . . . . Yes 300% **▼** 400% 200% 350% 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 Does the organization's policy provide free or discounted care to the "medically indigent"? . . . . . . 4 Yes Does the organization budget amounts for free or discounted care provided under its charity care policy? . . . 5a Yes If "Yes," did the organization's charity care expenses exceed the budgeted amount? . . . . 5b Νo If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care? . . . . . . . . . . . . . . . . . . 5c Does the organization prepare an annual community benefit report? . Yes 6a 6b If "Yes," does the organization make it available to the public? . . . . . . . . . Yes Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H

7	Charity Care and Certain O	ther Commun	nty 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
а	Charity care at cost (from Worksheets 1 and 2)			8,613,679		8,613,679	8 370 %
b	Unreimbursed Medicaid (from Worksheet 3, column a)			17,804,732	9,292,535	8,512,197	8 270 %
С	Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d	<b>Total</b> Charity Care and Means-Tested Government Programs			26,418,411	9,292,535	17,125,876	16 640 %
e	Other Benefits Community health improvement services and community benefit operations (from (Worksheet 4)			160,309	0	160,309	0 150 %
f	Health professions education (from Worksheet 5)			15,174	0	15,174	0 010 %
g	Subsidized health services (from Worksheet 6)			0	0		
h	Research (from Worksheet 7)			0	0		
i	Cash and in-kind contributions to community groups (from Worksheet 8)			418,479	0	418,479	0 410 %
j	<b>Total</b> Other Benefits			593,962		593,962	0 570 %
k	Total. Add lines 7d and 7j			27,012,373	9,292,535	17,719,838	0
For	Privacy Act and Panerwork Reduct	ion Act Notice	see the Insti	ructions for Form 990	Cat No. 50192	Schedule H (Fo	rm 000\ 2000

Pa	rt II Community Buildin	ng Activitie	<b>s</b> Complete t	his table if the o	rganızat	ion cor	iducted any commur	nity b	uıldın	g
	activities.	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total communit building expense		rect offse revenue	etting (e) Net communit building expense		(f) Pero total ex	
_1_	Physical improvements and housing									
2	Economic development									
3	Community support									
4	Environmental improvements									
5	Leadership development and training for community members									
7	Coalition building  Community health improvement advocacy									
8	Workforce development			4,5	i52		4	,552		0 %
9	Other			17-	.52		<u> </u>	,332		0 70
10	Total			4,5	52		4	,552		
Par	t IIII Bad Debt, Medicar	e, & Collec	tion Practic	es						
Sect	ion A. Bad Debt Expense								Yes	No
1	Does the organization report b Statement No 15?	•		ce with Heathcare	Financial • • •	Manage	ment Association	1	Yes	
2	Enter the amount of the organ	zatıon's bad d	ebt expense (a	t cost)		2	2,275,499			
3	Enter the estimated amount of attributable to patients eligible					3	586,389			
4	Provide in Part VI the text of t In addition, describe the costi rationale for including other ba	ng methodolog	gy used in deter	rmining the amoun			·			
	ion B. Medicare					1 1				
5	Enter total revenue received for					-	28,197,494			
6	Enter Medicare allowable cost					6	28,482,067			
7 8	Subtract line 6 from line 5 Th Describe in Part VI the extent Also describe in Part VI the c Check the box that describes Cost accounting system	to which any osting method the method us	shortfall reporte ology or source ed	ed in line 7 should used to determin	be treate					
		1, 00	ist to charge rai	tio I	Other					
	ion C. Collection Practices									
9a 9b	Does the organization have a visit of the street of the organization of the organizati				olloction :	···	s to be followed for	9a	Yes	
90	patients who are known to qua							9b	Yes	
Pa	rt IV Management Com	panies and	Joint Ventu	res				_		
	(a) Name of entity	(t	o) Description of pr activity of entity		(c) Organı profit % o ownersh	r stock	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	pro	e) Physio ofit % or ownersh	stock
1										
2								1		
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										

Part V Facility Information									
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Florida Hospital Deland 701 W Plymouth Ave	Х	Х						Х	
Deland, FL 32720 Digestive Health Specialists 1070 N Stone St Deland, FL 32720	^	^						^	Physician Services
Dr Bautista Surgeon 1431 Orange Camp Rd 118 Deland,FL 32724									Physician Services
Digestive Health Center 651 W Plymouth Ave Deland,FL 32720									Ambulatory Endoscopy Center
Florida Hospital Deland Women's Wellness 777 Deltona Blvd 2 Deltona,FL 32725									Outpatient Physician Clinic
Dr Hill Family Practice 742 N Volusia Ave Deland,FL 32724									Outpatient Physician Clinic

Schedule H (Form 990) 2009 Page

# 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

Part I, Line 6a The filing organization is a wholly owned subsidiary of Adventist Health System Sunbelt Healthcare Corporation (AHSSHC) AHSSHC serves as the parent organization to 18 tax-exempt 501(c)(3) hospital organizations that operate 37 hospitals in ten states within the U.S. The system of organizations under the control and ownership of AHSSHC is known as "Adventist Health System" (AHS) All hospital organizations within AHS collect, calculate, and report the community benefits they provide to the communities they serve AHS organizations exist solely to improve and enhance the local communities they serve AHS has a system-wide community benefits accounting policy that provides guidelines for its health care provider organizations to capture and report the costs of services provided to the underprivileged and to the broader community On an annual basis, the community benefits of all AHS organizations are consolidated and reported in the AHS Annual Report document prepared by Adventist Health System Sunbelt Healthcare Corporation

Part I, Line 7f Bad debt expense of \$9,383,500 was included on Form 990, Part IX, line 25, but subtracted for purposes of calculating the percentage of total expenses in column (f) of line 7

Part I, Line 7 The amounts of costs reported in the table in line 7 of Part I of Schedule H were determined by utilizing a cost-to-charge ratio derived from Worksheet 2, Ratio of Patient Care Cost-to-Charges, contained in the Schedule H instructions

Part III, Line 4 Costing Methodology The amounts of bad debt expense, at cost, reported on line 2 and 3 of Section A of Part III were determined utilizing a ratio of patient care cost to charges as shown on Worksheet A contained in the instructions for Schedule H, Part III, line 3 Discounts and payments on patient accounts are recorded as adjustments to revenue, not bad debt expense Methodology for Determining the Estimated Amount of Bad Debt Expense that May Represent Patients who Could Have Qualified under the Filing Organization's Charity Care Policy Self-pay patients are required to complete a Patient Financial Assistance Application Short Form (PFAA) If the PFAA is not completed after reasonable attempts to obtain it are exhausted, patient information is processed through a Scorer product The Scorer product utilizes publicly available data, such as credit reports, to assess an individual patient's financial viability. Patients who earn a certain score on the Scorer product are considered to qualify as non-state charity patients. An amount up to \$1,000 of such a patient's bill is written off as bad debt expense, while the remaining portion of the patient's bill is considered to be non-state charity. The amount written off as bad debt expense for those patients who potentially qualify as non-state charity using the Scorer product is the amount shown on line 3 of Section A of Part III Rationale for Including Certain Bad Debts in Community Benefit The filing organization is dedicated to the view that medically necessary health care for emergency and non-elective patients should be accessible to all, regardless of age, gender, geographic location, cultural background, physician mobility, or ability to pay. The filing organization treats emergency and nonelective patients regardless of their ability to pay or the availability of third-party coverage. By providing health care to all who require emergency or non-elective care in a non-discriminatory manner, the filing organization is providing health care to the broad community it serves As a 501(c)(3) hospital organization, the filing organization maintains a 24/7 emergency room providing care to all whom present When a patient's arrival and/or admission to the facility begins within the Emergency Department, triage and medical screening are always completed prior to registration staff proceeding with the determination of a patient's source of payment. If the patient requires admission and continued non-elective care, the filing organization provides the necessary care regardless of the patient's ability to pay. The filing organization's operation of a 24/7 Emergency Department that accepts all individuals in need of care promotes the health of the community through the provision of care to all whom present. Current Internal Revenue Service guidance that tax-exempt hospitals maintain such emergency rooms was established to ensure that emergency care would be provided to all without discrimination. The treatment of all at the filing organization's Emergency Department is a community benefit. Under the filing organization's Charity Care Policy, every effort is made to obtain a patient's necessary financial information to determine eligibility for charity care. However, not all patients will cooperate with such efforts and a charity care eligibility determination can not be made. In this case, a patient's portion of a bill that remains unpaid for a certain stipulated time period is wholly or partially classified as bad debt. Bad debts associated with patients who have received care through the filing organization's Emergency Department should be considered to be community benefit as charitable hospitals exist to provide such care in pursuit of their purpose of meeting the need for emergency medical care services available to all in the community. Financial Statement Footnote Related to Accounts Receivable and Allowance for Uncollectible Accounts The filing organization received a separate audited financial statement for the current year. The applicable footnote from the separate audited financial statements that addresses accounts receivable, the allowance for uncollectible accounts, and the provision for bad debts is as follows. The Hospital serves certain patients whose medical care costs are not paid at established rates. These patients include those sponsored under government programs such as Medicare and Medicaid, those sponsored under private contractual agreements, charity patients, and other uninsured patients who have limited ability to pay Patient service revenue is reported at estimated net realizable amounts from patients, third-party payors, and others for services rendered The Hospital is subject to retroactive revenue adjustments due to future audits, reviews, and investigations. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews, and investigations. Adjustments to revenue related to prior periods increased patient service revenue by approximately \$386,000 for the year ended December 31, 2009 Revenue from the Medicare and Medicaid programs represents approximately 33% of the Hospital's patient service revenue for the year ended December 31, 2009 Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. The Hospital grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor arrangements. To the extent the Hospital realizes additional losses resulting from higher credit risk for patients who are not identified as meeting or do not meet the charity definition described below, such additional losses are included in the provision for bad debts Other than the accounts receivable related to the Medicare and Medicaid programs, there are no significant concentrations of accounts receivable due from an individual payor at December 31, 2009 The provision for bad debts is based on management's assessment of historical and expected net collections, considering business and economic conditions, trends in healthcare coverage, and other collection

Medicare Shortfall as Community Benefit As a 501(c)(3) organization, the filing organization provides emergency and non-elective care to all regardless of ability to pay All hospital services are provided in a non-discriminatory manner to patients who are covered beneficiaries under the Medicare program. As a public insurance program, Medicare provides a pre-established reimbursement rate/amount to health care providers for the services they provide to patients. In some cases, the reimbursement amount provided to a hospital may exceed its costs of providing a particular service or services to a patient. In other cases, the Medicare reimbursement amount may result in the hospital experiencing a shortfall of reimbursement received over costs incurred. In those cases where an overall shortfall is generated for providing services to all Medicare patients, the shortfall amount should be considered as a benefit to the community. Tax-exempt hospitals are required to accept all Medicare patients regardless of the profitability, or lack thereof, with respect to the services they provide to Medicare patients. The population of individuals covered under the Medicare program is sufficiently large so that the provision of services to the population is a benefit to the community and relieves the burdens of government. In those situations where the provision of services to the total Medicare patient population of a tax-exempt hospital during any year results in a shortfall of reimbursement received over the cost of providing care, the tax-exempt hospital has provided a benefit to a class of persons broad enough to be considered a benefit to the community Despite a financial shortfall, a tax-exempt hospital must and will continue to accept and care for Medicare patients Typically, tax-exempt hospitals provide health care services based upon an assessment of the health care needs of their community as opposed to their taxable counterparts where profitability often drives decisions about patient care services that are offered. Patient care provided by taxexempt hospitals that results in Medicare shortfalls should be considered as providing a benefit to the community and relieving the burdens of government Part III, Section B, Lines 5-7 The IRS instructions for Schedule H, Part III, Section B, lines 5-7 specifically indicate to include only those allowable costs and Medicare reimbursements that are reported in the organization's Medicare cost report for the year This reporting does not take into account those costs and revenues associated with hospital employed physicians who are treating Medicare patients at hospital-owned clinic and physician practice sites. Accordingly, the net result of treating Medicare patients from a financial perspective may differ as reported for financial reporting purposes and community benefit reporting purposes from the surplus or shortfall shown on line 7 of Section B of Part III of Schedule H Part III, Line 9b At the time of patient registration, non-elective self-pay patients are informed of the minimum discount available under the filing organization's self-pay discount policy. Such patients are also informed of the filing organization's charity care policy and told that they

indicators. Throughout the year, management assesses the adequacy of the allowance for uncollectible accounts based upon the payor composition and aging of accounts receivable as well as retrospective reviews of subsequent cash collections. The results of these reviews are then used to make any modifications to the provision for bad debts to establish an estimated allowance for uncollectible accounts

Part III, Line 8 Costing Methodology Medicare allowable costs were calculated using a cost-to-charge ratio Rationale for Including a

Accounts receivable are written off after collection efforts have been followed in accordance with the Hospital's policies

patient Partial charity accounts result when a financial assistance eligibility determination allows for a percentage reduction but leaves the patient with a self-pay balance. If the patient complies with the agreed-upon payment plan, the filing organization does not pursue any collection action with respect to the patient. However, if a patient does not make any payments for three consecutive months, the account may be referred for further collection activity. The filing organization does not pursue collection of amounts from patients determined to qualify for a 100% reduction in charges under its charity care policy Part V The filing organization had no other facilities that were not required to be licensed, registered, or similarly recognized as a health care facility under state law in the current tax year Part VI, Line 8 The annual community benefit report contained in the annual report prepared by Adventist Health System Sunbelt Healthcare Corporation (AHSSHC) on behalf of the entire AHS System of healthcare organization is not filed with any state agencies

will be required to submit necessary financial data in order to potentially receive any additional discounts. Percentage discounts are applied to a patient's account (from a 100% discount to a 30% discount) based upon the patient's household income as a percentage of the Federal Poverty Guidelines Under the filing organization's policies, payment plans for partial charity accounts will be individually developed with the

2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves Part VI, Line 2 The filing organization does not currently conduct any formal annual health care needs assessment. However, a variety of practices and processes are in place to ensure that the filing organization is responsive to the health needs of its community. Such practices and processes involve the following 1. A hospital operating/community board composed of individuals broadly representative of the

community, community leaders, and those with specialized medical training and expertise, 2 Post-discharge patient follow-up related to the

- on-going care and treatment of patients who suffer from chronic diseases, 3 Sponsorship and participation in community health and wellness activities that reach a broad spectrum of the filing organization's community, and 4. Collaboration with other local community groups to address the health care needs of the filing organization's community
- 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 Part VI, Line 3 Florida Hospital Deland has a process in place whereby patients are informed about the Hospital's Charity Care Policy and other forms of financial assistance, such as self-pay discounts. Signage is posted in the Emergency Room indicating that financial assistance is available for those self-pay patients meeting eligibility requirements. After EMTALA medical screening and stabilization requirements are met, registration personnel will secure financial information on as many self-pay patients as possible at the time of service. For those who appear to qualify for Medicaid or under the Hospital's Charity Care Policy, the financial counselors will continue to work with those patients until final account resolution is achieved. All other self-pay patients are covered under this process. At any time during the process that data is provided showing that a patient qualifies for assistance under the Charity Care Policy the discounts extended under that policy will be applied As part of the billing process, the Hospital includes the application for charity care assistance along with the initial patient bill. The Hospital's charity care application is also available to patients on the Hospital's web-site in both an English and Spanish version
- Additionally, the Hospital's financial counselors are available to work with every patient during the first 120 days of the billing process to assist the patient with completing charity care applications and investigating other potential sources of third-party assistance. The
- determination of a patient's eligibility for charity care is made on a case-by-case basis. Various factors are considered in that determination Each individual patient who is identified as potentially being eligible to receive charity care is seen by a financial counselor at the Hospital The financial counselor will work with the patient to make sure that other sources of assistance (public or otherwise) have been sought to the fullest extent possible. When other forms of assistance are not available or have been exhausted, the Hospital will gather certain financial information from the patient to determine the patient's ability to pay based upon level of income 4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic Part VI, Line 4 The filing organization (the Hospital) is a fully certified 156-bed acute care hospital located in DeLand, Florida The Hospital has more than 150 physicians on staff and provides a wide spectrum of quality medical and surgical health care services to the residents of the community served. The Hospital employs more than 1,000 health care professionals and was named among the top 100 companies for working families by the primary Orlando, FL newspaper for the years 2007-2009 Services offered at the Hospital include radiation and medical oncology, cardiopulmonary services, an orthopaedic center and rehabilitation services, and a women's health center. There is an affiliate hospital located within approximately 12 miles of the Hospital A total of 5 other competing hospitals are located within a radius of 25 miles or less from the Hospital's primary hospital facility DeLand, Florida is located along the Interstate Highway 4 corridor between Daytona Beach, FL and Orlando, FL The Hospital's primary service area contains a population of approximately 140,000 with a total marketplace population of over 787,000 The median household income in DeLand was approximately \$38,000 in 2008 High school
- graduates account for approximately 37% of the community served by the Hospital, with about 10% having a bachelor's degree or higher The unemployment rate in Volusia County, FL is about 10.6% Approximately 46% of the Hospital's patients in 2009 were Medicare patients,
- about 17% were Medicaid patients, and the remaining percentage were patients covered under commercial insurance and self-pay patients For 2009, about 72% of the Hospital's in-patients were admitted through the Hospital's Emergency Department 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 Part VI, Line 5 The costs of community building activities reported on Part II of Schedule H primarily represent the costs associated with providing education for the filing organization's staff physicians and employees. The filing organization's provision of these educational programs/activities to staff physicians and employees provides an opportunity for health care professionals to enhance their skills and expertise and keep up-to-date with the latest advancements in medical procedures and technology. In addition, training opportunities are often provided on-site at the filing organization's hospital facility, thereby allowing for health care professionals to be more readily available to assist in meeting immediate patient care needs. Education and training provided to the facility's workforce is vital in assisting health care professionals directly involved in patient care with keeping abreast of the latest developments in their respective areas of expertise, learning possible new and innovate ways of delivering care to patients, and understanding the newest technologies available for the treatment of
- patients 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.) Part VI, Line 6 The provision of community benefit is central to Florida Hospital Deland's mission of service and compassion. Restoring and promoting the health and quality of life of those in the communities served by the Hospital is a function of "extending the healing ministry of Christ" and embodies the Hospital's commitment to its values and principles. The Hospital commits substantial resources to provide a broad range of services to both the underprivileged as well as the broader community. In addition to the community benefit information provided in Parts I, II and III of this Schedule H, the Hospital captures and reports the benefits provided to its community through faith-based care Examples of such benefits include the cost associated with chaplaincy care programs and mission peer reviews and mission conferences During the current year, Hospital provided \$203,956 of benefit with respect to the faith-based and spiritual needs of the community in conjunction with its operation of a community hospital. The Hospital also provides benefits to its community's infrastructure by investing in capital improvements to ensure that facilities and technology provide the best possible care to the community. During the current year, the Hospital expended \$5,344,680 in new capital improvements. As a faith-based mission-driven community hospital, the Hospital is

continually involved in monitoring its community, identifying unmet health care needs and developing solutions and programs to address those needs. In accordance with its conservative approach to fiscal responsibility, surplus funds of the Hospital are continually being

System Sunbelt Healthcare Corporation (AHSSHC) The system is known as Adventist Health System (AHS) AHSSHC is an organization

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served Part VI, Line 7 Florida Hospital Deland is a part of a faith-based healthcare system of organizations whose parent is Adventist Health

invested in resources that improve the availability and quality of delivery of health care services and programs to its community

exempt from federal income tax under IRC Section 501(c)(3) AHSSHC and its subsidiary organizations operate 37 hospitals in 10 states throughout the U.S., primarily in the Southeastern portion of the U.S. AHSSHC and its subsidiaries also operate 17 nursing home facilities and other ancillary health care provider facilities, such as ambulatory surgery centers and diagnostic imaging centers. As the parent organization of the AHS system, AHSSHC provides executive leadership and other professional support services to its subsidiary organizations Professional support services include among others corporate compliance, legal, human resources, reimbursement, risk management, and tax as well as treasury functions. The provision of these executive and support services on a centralized basis by AHSSHC. provides an appropriate balance between providing each AHS subsidiary hospital organization with mission-driven consistent leadership and support while allowing the hospital organization to focus its resources on meeting the specific health care needs of the community it serves The reader of this Form 990 should keep in mind that this reporting entity may differ in certain areas from that of a stand-alone hospital organization due to its inclusion in a larger system of healthcare organizations. As a part of a system of hospitals and other health care organizations, the filing organization benefits from reduced costs due to system efficiencies, such as large group purchasing discounts, and the availability of internal resources such as internal legal counsel. Each AHS subsidiary pays a management fee to AHSSHC for the internal services provided by AHSSHC As a result, management fee expense reported by a AHS subsidiary organization may appear greater in relation to management fee expense that may be reported by a single stand-alone hospital. The single stand-alone hospital would likely report costs associated with management and other professional services on various expense line items in its statement of revenue and expense as opposed to reporting such costs in one overall management fee expense. As the reporting of the Form 990 is done on an entity by entity basis, there is no single Form 990 that captures the programs and operations of AHS as a whole. The reader is directed to visit the web-site of AHS at www adventisthealthsystem com to learn more about the mission and operations of AHS and to access AHS's annual

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I (Form 990)

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

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

► Attach to Form 990

OMB No 1545-0047

2009

DLN: 93493302003150

Open to Public

Department of the Treasury Internal Revenue Service

Daytona Beach, FL 32120

Name of the organization
MEMORIAL HOSPITAL - WEST VOLUSIA INC

Employer identification number

59-3256803

Part I General Inform	nation on Grants	and Assistance				<b>'</b>	
<ul><li>Does the organization main the selection criteria used</li><li>Describe in Part IV the or</li></ul>	I to award the grants	or assistance?					√ Yes
Form 990, Part I	V, line 21 for any i	Governments and recipient that received 0) if additional space	d more than \$5,000	. Check this box if n	io one recipient rece	eived more than \$5,0	00. Use
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Sunsystem Development Corp dba Florida Hospital Deland Foundation111 N Orlando Ave Winter Park, FL 32789	592219301	501 (c)(3)		132,617	cost	general admınıstratıve support	provision of general administrative support
DeLand Area Chamber of Commerce Inc336 N Woodland Deland,FL 32720	590217110	501 (c)(6)	5,760				General Support
DeLand Seventh Day Adventist Church220 N Kepler Rd Deland, FL 32724	593120525	501 (c)(3)	12,000				General Support
Good Samaritan Health Clinic of West Volusia Inc 312 W New York Ave Deland, FL 32720	300408193	501 (c)(3)	4,000	4,500	other	Food	General Support
Stetson University Inc421 N Woodland Blvd Deland,FL 32724	590624416	501 (c)(3)	10,000				General Support
Easter Seals Society of Volusia and Flagler Counties IncPO Box 9117	590722785	501 (c)(3)	12,000				General Support

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

1					
(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Grants are generally made only to related organizations that are exempt from Federal Income Tax under 501(c)(3), or to other local charitable organizations, or to other 501(c)(3) organizations that are a part of the group exemption ruling issued to the General Conference of Seventh-Day Adventists Accordingly, the filing organization has not established specific procedures for monitoring the use of grant funds in the United States as the filing organization does not have a grant making program that would necessitate such procedures

DLN: 93493302003150

**Employer identification number** 

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

**Compensation Information** 

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

MEN	MORIAL HOSPITAL - WEST VOLUSIA INC			- 1			
				59-3256803			
Pa	rt I Questions Regarding Compensatio	n					
						Yes	Νο
1a	Check the appropriate box(es) if the organization pro	vided ai	ny of the following to or for a person l	isted in Form			
	990, Part VII, Section A, line 1a Complete Part III		•				
	First-class or charter travel	厂	Housing allowance or residence for	personal use			
	▼ Travel for companions	Г	Payments for business use of perso	nal residence			
	✓ Tax idemnification and gross-up payments	Г	Health or social club dues or initiat	on fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chau	ffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc				1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive				2	Yes	
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all the		·	3			
	Compensation committee	Г	Written employment contract				
	Independent compensation consultant	Г	Compensation survey or study				
	Form 990 of other organizations	Г	Approval by the board or compensa	tion committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	, Section A , line 1a with respect to t	he filing organization			
а	Receive a severance payment or change-of-control	paymen	t?		4a	Yes	
Ь	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?		4b	Yes	
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	e applicable amounts for each item i	n Part III			
	Only 501(c)(3) and 501(c)(4) organizations only me	ust comp	olete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	lıne 1a,	did the organization pay or accrue a	ny			
а	The organization?				5a		Νo
b	,				5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a,	did the organization pay or accrue a	ny			
а	The organization?				6a	Yes	
b	Any related organization?				6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," of the section of the s			n-fixed	7		Νo
8	Were any amounts reported in Form 990, Part VII, is subject to the initial contract exception described in		·				
	in Part III	iireys s	sectivii 33 4330-4(d)(3)/ 11	rescline	8		Νo
9	If "Yes" to line 8, did the organization also follow th section 53 4958-6(c)?	e rebutta	able presumption procedure describe	d in Regulations	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

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation				(F) Compensation
		(i) Base (ii) Bonus & Incentive compensation		(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Michael Schultz	(I) (II)	0 502,081	0 151,725	0 264,670	0 95,831	0 33,656	0 1,047,963	184,036
Joel D Johnson	(ı) (ıı)	0 288,359	0	0 112,102	0 44,473	0 26,830	0 471,764	92,350
Womack H Rucker	(ı) (ıı)	0 231,830	0 46,739	0 252,462	0 20,991	0 21,289	0 573,311	0 75,565
Lewis Seifert	(ı) (ıı)	0 315,701	0 79,700	0 103,739	0 52,049	0 22,899	0 574,088	0 56,183
DARYLTOL	(ı) (ıı)	0 271,672	0 27,194	0 93,501	0 43,240	0 26,867	0 462,474	0 82,985
SANDRA K JOHNSON	(ı) (ıı)	0 354,451	0 86,446	0 177,803	0 42,094	0 37,144	0 697,938	0 127,986
Nigel Hinds	(ı) (ıı)	0 165,670	0 13,356	0 16,361	0 6,409	0 17,528	0 219,324	0
Steve Otto	(ı) (ıı)	0 112,661	0 10,599	0 86,920	0 11,140	0 24,816	0 246,136	0
Randy Surber	(ı) (ıı)	0 151,389	0 13,851	0 19,303	0 5,675	0 11,222	0 201,440	0
David F Elijah MD	(ı) (ıı)	412,216 0	23,346 0	0	13,343 0	3,520	452,425 0	0
Paul B Goldberg MD	(I) (II)	410,220 0	23,346 0	0	13,343	8,862	455,771 0	0
Martın GF Prado MD	(ı) (ıı)	403,808 0	23,346 0	0	12,134 0	10,290	449,578	0
Bharatkumar C Patel MD	(1)	370,173 0	23,346 0	30,054 0	13,343 0	5,77 <b>4</b> 0	442,690 0	0
Joel Bautista MD	(ı) (ıı)	341,104 0	0	2,000	8,443 0	9,881	361,428 0	0

### Part III Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanation
		As discussed in our response to Section B, Part VI, Question 15a & b, the filing organization is a part of the system of healthcare organizations known as Adventist Health System (AHS) Members of the filing organization's executive management team that hold the position of Vice-President or above are compensated by and on the payroll of Adventist Health System Sunbelt Healthcare Corporation (AHSSHC), the parent organization of AHS AHSSHC is exempt from federal income tax under IRC Section 501(c)(3). The filing organization reimburses AHSSHC for the salary and benefit cost of those executives on the payroll of AHSSHC that provide services and are on the management team of the filing organization. For administrative ease, executive employees on the payroll of AHSSHC who provide services at AHS subsidiary organizations receive reimbursements of travel and other business-related expenses from the subsidiary organization. Travel for companions. AHSSHC has a Corporate Executive Policy that provides a benefit to allow for a traveling AHSSHC executive to have his or her spouse accompany the executive on two business trips each year. Typically, reimbursement is only provided to Vice Presidents and above and is limited to one business trip per year and the annual AHS President's Council business meeting. The AHSSHC Corporate Executive Spousal Travel Policy was originally approved and reviewed by the AHSSHC Board Strategy. Compensation Committee, an independent body of the AHSSHC Board of Directors. All spousal travel costs reimbursed to the executive are considered taxable compensation to the executive. Tax Indemnification and gross-up payments. AHS has a system-wide policy addressing gross-up payments provided in connection with employer-provided benefits/other taxable items. Under the policy, certain taxable business-related moving expenses, taxable items provided in connection with employees at the Director level and above are eligible for gross-up payments on gifts received for board of director services. Discretiona
		During the year ending December 31, 2009, Steve Otto received severance payments in the amount of \$61,921. Pursuant to the AHSSHC Corporate Executive Policy governing executive severance, severance agreements for executives operating at the Vice President level and above are entered into upon eligibility to facilitate the transition to subsequent employment following an involuntary separation from employment with AHS Part I, Line 4b. As discussed in Line 1a above, executives on the filing organization's management team that hold the position of Vice-President or above are compensated by and on the payroll of Adventist Health System (AHS) and the contribution that each executive makes to the success of AHS, AHS provides to eligible executives participation in the AHS Executive FLEX Benefit Program (the Plan). The purpose of the Plan is to offer eligible executives an opportunity to elect from among a variety of supplemental benefits, including deferred compensation benefits taxable under Internal Revenue Code (RE) Section 457 (f), to individually tailor a benefits program appropriate to each executive's needs. The Plan provides eligible participants a pre-determined benefits allowance credit that is equal to a percentage of the executive's base pay from which is deducted the cost of mandatory and elective employee benefits. The pre-determined benefits allowance credit percentage is approved by the AHS Board Strategy & Compensation Committee, an independent committee of the Board Directors of AHSSHC. Any funds that remain after the cost of mandatory and elective benefits are subtracted from the pre-determined benefits annual amount are contributed, at the employee's option, to either an IRC 457 (f) deferred compensation account or to an IRC 457 (b) eligible deferred compensation account by the AHS entities and Vice Presidents of all AHS entities whose base salary is at least \$189,000. The Plan was amended in 2009 and required mandatory account distributions in 2009. Going forward the Plan provides for a class yea
		The filing organization's physician compensation formula is designed to result in total compensation that would be reasonable for each physician. Since implementing the productivity-based incentive compensation model, the financial losses from the operations of organization's physician practices have significantly decreased, and established physician practices have generally become profitable. The filing organization utilizes national survey productivity, cost, and compensation data in formulating all aspects of the compensation plan. Physician compensation arrangements include a ceiling or reasonable maximum on the amount a physician may earn. The filing organization's employed physicians enter into a written agreement that requires the physicians to provide medical care to individuals who are referred by the filing organization. Pursuant to the agreement, an individual may not be rejected as a patient by a physician due to race, sex, age, color, creed, national origin or inability to pay. The filing organization's compensation arrangement does not use a method of compensation that is based upon a percentage of the organization's net income. Rather, under the compensation arrangement, physician base salary is set based on Fair Market. Value benchmarks, and any additional compensation is based on a percentage of the practice/location net revenue.
Supplemental Information		PART I, QUESTION 3 AS NOTED IN OUR RESPONSE TO QUESTION 15 OF PART VI OF FORM 990, THE INDIVIDUAL WHO SERVES AS THE CEO OF THE FILING ORGANIZATION IS COMPENSATED BY ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION (AHSSHC) FOR THAT INDIVIDUAL'S ROLE IN SERVING AS THE CEO COMPENSATION AND BENEFITS PROVIDED TO THIS INDIVIDUAL ARE DETERMINED PURSUANT TO POLICIES, PROCEDURES, AND PROCESSES OF AHSSHC THAT ARE DESIGNED TO ENSURE COMPLIANCE WITH THE INTERMEDIATE SANCTIONS LAWS AS SET FORTH IN IRC SECTION 4958 AHSSHC USES ALL OF THE FOLLOWING TO ESTABLISH COMPENSATION OF THE CEO - COMPENSATION COMMITTEE, - INDEPENDENT COMPENSATION CONSULTANT, - COMPENSATION SURVEY OR STUDY, AND - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

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# **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.

DLN: 93493302003150

Inspection

OMB No 1545-0047

Name of the organization
MEMORIAL HOSPITAL - WEST VOLUSIA INC

**SCHEDULE 0** 

Department of the Treasury Internal Revenue Service

(Form 990)

Employer identification number

ldentifier	Return	Explanation	
Form 990, Part VI, Section A, ine 2	Reference	Thomas Corbyons, MD and Brent Schlapper, DO - Business Relationship Thomas Corbyons, MD and Hendrik Dinkla, MD - Business Relationship Mark Hollmann, MD and W Ben Flowers - Business Relationship	
Form 990, Part VI, Section A, ine 6		Memorial Hospital-West Volusia, Inc. (the filing organization) has one member. The sole member of the filing organization is Memorial Health Systems, Inc. (MHS) Memorial Health Systems Inc. is a Florida, not-for-profit corporation that is exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). There are no other classes of membership in the filing organization.	
Form 990, Part VI, Section A, ine 7a		The sole member of the filing organization is MHS. The Board of Directors of the filing organization are appointed by the sole member, MHS, who has the right to elect, appoint or remove any member of the Board of Directors of the filing organization	
Form 990, Part VI, Section A, ine 7b		MHS, as the sole member of the filing organization, has certain reserved powers as set forth in the Bylaw's of the filing organization. These reserved powers include the following a) to approve and disapprove the executive and/or administrative leadership of the filing organization, and their salaries, b) to adopt, amend, restate, and repeal the Articles of Incorporation or Bylaw's of the filing organization, c) to set limits and terms for the borrowing of funds in excess of \$100,000, d) to approve or disapprove certain purchases or sales of personal property or real property equal to or in excess of established dollar thresholds, e) to approve or disapprove the annual operating and capital budgets of the filing organization, f) to direct the placement of funds and capital of the filing organization, g) to establish general guiding policies, and approve or disapprove material changes in services offered by the filing organization, and h) to approve the appointment of an auditing firm and election of the fiscal year for the filing organization	
Form 990, Part VI, Section B, ine 11		The filing organization's 2009 Form 990 was reviewed by the Board Chairman, Board Finance Committee Chair, CEC and by the CFO prior to its filing with the IRS. The review conducted by the Board Chairman, Board Finance Committee Chair, CEO and the CFO did not include the review of any supporting workpapers that were used in preparation of the 2009 Form 990, but did include a review of the entire Form 990 and all supporting schedules	
Form 990, Part VI, Section B, ine 12c		The Conflict of Interest Policy of the filing organization applies to members of its Board of Directors and its principal officers (to be known as Interested Persons). In connection with any actual or possible conflict of interests, any member of the Board of Directors of the filing organization or any principal officer of the filing organization (i.e., Interested Persons) must disclose the existence of any financial interest with the filing organization and must be given the opportunity to disclose all material facts concerning the financial interest/arrangement to the Board of Directors of the filing organization or to any members of a committee with board delegated powers that is considering the proposed transaction or arrangement. Subsequent to any disclosure of any financial interest/arrangement and all material facts, and after any discussion with the relevant Board member or principal officer, the remaining members of the Board of Directors or committee with board delegated powers shall discuss, analyze, and vote upon the potential financial interest/arrangement to determine if a conflict of interest exists. According to the filing organization's Conflict of Interest Policy, an Interested Person may make a presentation to the Board of Directors (or committee with board delegated powers), but after such presentation, shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement that results in a conflict of interest Each Interested Person, as defined under the filing organization's Conflict of Interest Policy, shall annually sign a statement which affirms that such person has received a copy of the Conflict of Interest Policy, has read and understands the policy, has agreed to comply with the policy, and understands that the filing organization is a charitable organization that must primarily engage in activities which accomplish one or more of its exempt purposes the filing organization operates in a manner consistent with its charitable purposes.	
Form 990, Part VI, Section B, ine 15		The top-tier parent of the filing organization is Adventist Health System Sunbelt Healthcare Corporation (AHSSHC) AHSSHC is the parent organization of a healthcare system, known as Adventist Health System, that operates hospitals, nursing home facilities, and other healthcare provider organizations. AHSSHC is exempt from federal income tax under IRC Section 501(c)(3) pursuant to a group ruling issued to the General Conference of Seventh-da Adventists. The individuals who serve as the CEO, CFO or Vice President of the filing organization are compensated by AHSSHC Compensation and benefits provided to these individuals is determined pursuant to policies, procedures, and processes of AHSSHC that are designed to ensure compliance with the intermediate sanctions laws as set forth in IRC Section 4958. AHSSHC has taken steps to ensure that processes are in place to satisfy the rebuttable presumption of reasonableness standard as set forth in Treasury Regulation 53.4958-6 with respect to its active executive-level positions. The AHSSHC Board Strategy and Compensation Committee (the Committee) serves as the governing body for all executive compensation matters. The Committee is composed of certain members of the Board of Directors (the Board) of AHSSHC Voting members of the Committee include only individuals who serve on the Board as independent representatives of the community, who hold no employment positions with AHSSHC and who do not have relationships with any of the individuals whose compensation is under their review that impacts their best independent judgment as fiduciaries of AHSSHC. The Committee's role is to review and approve all components of the executive compensation plan of AHSSHC. As an independent governing body with respect to executive compensation policy and policy changes. In such executive will often confer in executive sessions on matters of compensation policy and policy changes. In such executive sessions, no members of management of AHSSHC are present. The Committee is advised by an independe	
Form 990, Part VI, Section C, ine 19		As discussed in our response to Question 15a & b in Section B of this Part VI, the filing organization is a part of the system of healthcare organizations known as Adventist Health System (AHS). Each year, AHS publishes an annual report document that includes a financial report for the relevant year as well as a community benefit report. The financial report and community benefit report are presented on a consolidated basis and represent all of the activities, results of operations, and financial position at year-end of the entire AHS system. In addition, the audited consolidated financial statements of AHS and of the AHS "Obligated Group" are filed annually with the Municipal Securities Rulemaking Board (MSRB). The "Obligated Group" is a group of AHSSHC subsidiaries that are jointly and severally liable under a Master Trust Indenture that secures debt primarily issued on a tax-exempt basis. Unaudited quarterly financial statements prepared in accordance with Generally Accepted Accounting Principles (GAAP) are also filed with MSRB for AHS on a consolidated basis and for the grouping of AHS subsidiaries comprising the "Obligated Group". The filing organization does not generally make its governing documents or conflict of interest policy available to the public	

ldentifier	Return Reference	Explanation	
Part VII, Section A		For those Board of Director members and key employees who devote less than full-time to the filing organization (based upon the average number of hours per week shown in column (B) on page 7 of the return) the compensation amounts shown in columns (E) and (F) on page 7 were provided in conjunction with that person's responsibilities and roles in serving in an executive leadership position within Adventist Health System	

Part X, Line 2 The amounts shown on line 2 of Part X of this return includes the filing organization's interest in a central investment pool maintained by adventist Health System Sunbelt Healthcare Corporation, the filing organization's top-tier parent. The investments in the central investment pool are rule market value.					
For Paperwork Reduction Act Notice, see the Instructions for Form 990	Cat No 51056K	Schedule O (Form 990) 2009			

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DLN: 93493302003150

SCHEDULE R (Form 990)

## **Related Organizations and Unrelated Partnerships**

► 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.

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part I

Name of the organization

MEMORIAL HOSPITAL - WEST VOLUSIA INC

59-3256803

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

Primary activity

(c)
Legal domicile (state
or foreign country)

(d) Total income (e) End-of-year assets (f) Direct controlling entity

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)

Exempt Code section

Public charity status (if section 501(c)(3))

Direct controlling entity

See Additional Data Table

Yes

No

Yes

No

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

(h) (i) (j) (c) (e) **(f)** Share of total income Disproprtionate Code V—UBI (a) Name, address, and EIN of (b) General or Legal (d) (g) Predominant income Primary activity domicile Direct controlling Share of end-of-year allocations? amount in box 20 of managing (related, unrelated, Schedule K-1 partner? related organization (state or entity assets excluded from tax (Form 1065) foreign under sections 512country) 514)

See Additional Data Table

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.)

(f) (a)
Name, address, and EIN of related organization (c) (h) (d) (e) (g) (b) Share of total Legal domicile Direct controlling Percentage Primary activity Type of entity Share of ıncome (state or entity (C corp, S corp, end-of-year ownership foreign or trust) assets country)

See Additional Data Table

(3)

(4)

(5)

(6)

Sched	dule R (Form 990) 2009		Рa	ge <b>3</b>
Pa	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		Yes	No
<b>1</b> Du	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to other organization(s)	1b	Yes	l
С	Gift, grant, or capital contribution from other organization(s)	1c	Yes	1
d	Loans or loan guarantees to or for other organization(s)	1d		No
e	Loans or loan guarantees by other organization(s)	1e		No
f	Sale of assets to other organization(s)	1f		No
g	Purchase of assets from other organization(s)	1g	Yes	
h	Exchange of assets	1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
ı	Performance of services or membership or fundraising solicitations by other organization(s)	11	Yes	
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n	Sharing of paid employees	1n	Yes	
o	Reimbursement paid to other organization for expenses	10	Yes	
р	Reimbursement paid by other organization for expenses	1р	Yes	
q	O ther transfer of cash or property to other organization(s)	1q		No
•		1r		No
r	O ther transfer of cash or property from other organization(s)	<u></u>		
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			
	(b)  Transaction  Name of other organization  Are type (a, r)  Are type (a, r)		( <b>c)</b> t involv	ed
(1) Se	type(a-r) type(a-r)			
(2)				

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)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)**Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

**Additional Data** 

Adventist Bolingbrook Hospital

Adventist GlenOaks Hospital

Adventist Health Mid-America Inc

Shawnee Mission, KS66204

Adventist Health Partners Inc

1000 Remington Blvd Ste 200

Adventist Health System Affiliated Benefit Trust

Adventist Health System Sunbelt Healthcare Corporation

701 Winthrop Avenue Glendale Heights, IL60139

9100 W 74th Street

Bolingbrook, IL60440

111 N Orlando Avenue

Winter Park, FL32789

111 N Orlando Avenue Winter Park, FL32789

1035 Red Bud Road

Calhoun, GA 30701 58-1425000

111 N Orlando Avenue

Winter Park, FL32789

602 Courtland Street

120 North Oak Street Hinsdale, IL60521 36-2276984

Bolingbrook, IL60440

AHSCentral Texas Inc

San Marcos, TX78666

1301 Wonder World Drive

Apopka Health Care Properties Inc

Battle Creek Adventist Hospital

1000 Remington Blvd Ste 200 Bolingbrook, IL60440

Beaver Dam Health Care Manor Inc

Behavioral Health Resources Inc

Bolingbrook Hospital Foundation

1000 Remington Blvd N Entrance 2nd

Burleson Nursing & Rehab Center Inc

Caldwell Health Care Properties Inc

Central Texas Medical Center Foundation

Chickasaw Health Care Properties Inc

Chippewa Valley Hospital & Oakview Care Center Inc

Bradford Heights Health & Rehab Center Inc

36-3354567

74-2621825

38-1359189

36-4249805

90-0494445

20-5782342

301 Huguley Blvd Burleson, TX76028 20-5782243

1333 West Main Princeton, KY42445 51-0605680

74-2259907

1301 Wonder World Drive San Marcos, TX78666

250 S Chickasaw Trail Orlando, FL32825 51-0605681

1220 Third Avenue West Durand, WI54736 39-1365168

Cobb Medical Associates LLC

Courtland Health Care Properties Inc

Dairy Road Health Care Properties Inc

East Orlando Health & Rehab Center Inc

Creekwood Place Nursing & Rehab Center Inc

3949 South Cobb Drive SE

Smyrna, GA 300806342

730 Courtland Street Orlando, FL32804 51-0605682

683 E Third Street Russellville, KY42276

20-5782260

51-0605684

7350 Dairy Road Zephyrhills, FL33540

250 S Chickasaw Trail Orlando, FL32825 20-5774748

Emory-Adventist Inc

3949 South Cobb Drive Smyrna, GA30080 58-2171011

58-2617089

602 Courtland Street Orlando, FL32804 58-2255884

111 N Orlando Avenue Winter Park, FL32789

Bolingbrook, IL60440

950 Highpoint Drive Hopkinsville, KY42240

305 E Oak Street Apopka, FL32703 51-0605694

Adventist Hinsdale Hospital

AHS Midwest Management Inc

1000 Remington Blvd Ste 200

Orlando, FL32804 74-2578952

59-1479658

Adventist Health SystemGeorgia Inc

Adventist Health SystemSunbelt Inc

Adventist Health SystemTexas Inc

36-3208390

52-1347407

36-4138353

26-6422966

59-2170012

## Return to Form

Direct Controlling

Entity

Adventist Health

SystemSunbelt Inc

Sunbelt Health Care

Adventist Health

Adventist Health SystemSunbelt Inc

AHS Midwest

Corporation

N/A

Management Inc

Adventist Health System Sunbelt Healthcare

Adventist Health System

Adventist Health System

Adventist Health System Sunbelt Healthcare

Sunbelt Healthcare

Sunbelt Healthcare

Corporation

Corporation

Corporation

Adventist Health

Adventist Health

509(a)(3) Type Adventist Health System

Corporation

Centers Inc

Homes Inc

Adventist Health SystemSunbelt Inc

Midwest Health

Sunbelt Health Care

Sunbelt Health Care

Foundation

Centers Inc

Centers Inc

Centers Inc

Adventist Health

SystemSunbelt Inc

509(a)(3) Type | Sunbelt Health Care

509(a)(3) Type Sunbelt Health Care

III-F

Centers Inc

Adventist Health

SystemSunbelt Inc

Emory-Adventist Inc

Sunbelt Health Care

Sunbelt Health Care

Sunbelt Health Care

Adventist Health

SystemSunbelt Inc

Centers Inc

Centers Inc

Centers Inc

Centers Inc

509(a)(3) Type Sunbelt Health Care

SystemSunbelt Inc

Sunbelt Healthcare

Sunbelt Health Care

Adventist Health

SystemSunbelt Inc

South Central Nursing

SystemSunbelt Inc

SystemSunbelt Inc

Centers Inc

Software ID: **Software Version:** 

(a)

Name, address, and EIN of related organization

**EIN:** 59-3256803

(b)

Primary Activity

Operation of Hospital &

Operation of Hospital &

Related Services

Healthcare Related

Operate out-patient

Promotion of Healthcare

Management Services

Operation of Hospital &

Operation of Hospital &

Operation of Hospital &

Operation of Occupational

Hith Clinic & Physician

Provide Office Space -

Medical Professionals

Operation of Hospital &

Fund-raising for Tax-

Operation of Home for the

Aged/Healthcare Delivery

Operation of Home for the

Aged/Healthcare Delivery

Lease to Related

Fund-raising for Tax-

exempt hospital

Lease to Related

Related Services

Operation of Hospital &

Operation of Phyisican

Operation of Home for the

Aged/Healthcare Delivery

Operation of Home for the

Aged/Healthcare Delivery

Operation of Hospital &

Practices & Medical

Lease to Related

Lease to Related

O rganızatıon

Related Svcs

Organization

Services

O rganization

O rganızatıon

exempt hospital

Lease to Related

Related Services

Inactive

Inactive

O rganization

Related Services

Practice Mgmt

Related Services

Related Services

Inactive

physician clinics

Services

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

Torin 550, Schedule R, Fart II	Identification of Related Tax	Exchipt of gamizations

	Related Services		
500 Remington Blvd			
Bolingbrook, IL60440			
65-1219504			
Adventist Care Centers - Courtland Inc	Operation of Home for the Aged/Healthcare Delivery	FL	501(c)(3)
730 Courtland Street			
Orlando, FL32804			
20-5774723			

(c)

Legal Domicile

(State

or Foreign

Country)

ΙL

ΙL

KS

ΙL

FL

FL

GΑ

FL

ΤX

ΙL

ΙL

TX

GΑ

МΙ

ΚY

TN

ΙL

KY

 $\mathsf{TX}$ 

GΑ

ΤX

GΑ

WI

GΑ

GΑ

ΚY

GΑ

FL

GΑ

Name: MEMORIAL HOSPITAL - WEST VOLUSIA INC

(d)

Exempt Code

section

501(c)(3)

(e)

Public charity

status

(If 501(c)(3))

170(b)(1)(A)(III)

170(b)(1)(A)(III)

509(a)(3) Type I

170(b)(1)(A)(III)

509(a)(3) Type I

509(a)(3) Type I

170(b)(1)(A)(III)

170(b)(1)(A)(III)

170(b)(1)(A)(III)

509(a)(3) Type I

509(a)(3) Type

170(b)(1)(A)(III)

509(a)(3) Type II

170(b)(1)(A)(vi)

509(a)(2)

509(a)(2)

170(b)(1)(A)(vı)

170(b)(1)(A)(III)

170(b)(1)(A)(III)

509(a)(3) Type

509(a)(2)

509(a)(2)

170(b)(1)(A)(III)

509(a)(2)

509(a)(2)

509(a)(2)

Form 990, Schedule R, Part II - Identification of Rela	ted Tax-Exempt Organiza	itions			
(a) Name, address, and EIN of related organization	( <b>b)</b> Primary Activity	(c) Legal Domicile (State or Foreign Country)	<b>(d)</b> Exempt Code section	(e) Public charity status (if 501(c)(3))	<b>(f)</b> Direct Controlling Entity
Fletcher Hospital Inc	Operation of Hospital &	NC	501(c)(3)	170(b)(1)(A)(III)	Adventist Health System
100 Hospital Drive Hendersonville, NC28792 56-0543246	Related Svcs				Sunbelt Healthcare Corporation
FLNC Inc	Operation of Home for the Aged/Healthcare Delivery	FL	501(c)(3)	509(a)(2)	Sunbelt Health Care Centers Inc
3355 E Semoran Blvd Apopka, FL32703 20-5774761	A ged/Healthcare Delivery				Centers Inc
Florida Hospital College of Health Sciences Inc (630 Year End)	Education/Operation of School	FL	501(c)(3)	1	Adventist Health SystemSunbelt Inc
671 Lake Winyah Drive Orlando, FL32803 59-3069793					
Florida Hospital DeLand Auxiliary Inc	Volunteer support services	FL	501(c)(3)		Memorial Hospital West Volusia Inc
701 West Plymouth Avenue Deland, FL32720 59-3425543					V Glusia Tile
Florida Hospital Waterman Inc	Operation of Hospital & Related Services	FL	501(c)(3)	170(b)(1)(A)(III)	Adventist Health System Sunbelt Healthcare
1000 Waterman Way Tavares, FL32778 59-3140669					Corporation
Florida Hospital Wesley Chapel Inc	Inactive	FL	501(c)(3)		Adventist Health System Sunbelt Healthcare
2528 Bruce B Downs Blvd CR 581 S Wesley Chapel, FL33543 20-3965753					Corporation
Florida Hospital Zephyrhills Inc	Operation of Hospital & Related Services	FL	501(c)(3)	170(b)(1)(A)(III)	A dventist Health SystemSunbelt Inc
7050 Gall Blvd Zephyrhills, FL33541 59-2108057					
Florida Physicians Medical Group Inc	Operation of Phylsican Practices & Medical Services	FL	501(c)(3)		A dventist Health SystemSunbelt Inc
900 Winderley Place Maitland, FL32751 59-3214635					,
Foundation for Shawnee Mission Medical Center Inc	Fund-raising for Tax-exempt hospital	KS	501(c)(3)	509(a)(3) Type I	Shawnee Mission Medical Center Inc
9100 W 74th Street Shawnee Mission, KS66204 48-0868859	·				
GlenO aks Hospital Foundation	Fund-raising for Tax-exempt hospital	IL	501(c)(3)	170(b)(1)(A)(vi)	Midwest Health Foundation
303 East Army Trail Road Suite 400 Bloomingdale, IL60108 36-3926044	·				
Hays Memorial Hospital Association of Seventh-Day Adventists	Lease of Hospital Personnel	тх	501(c)(3)	509(a)(3) Type II	Adventist Health System Sunbelt Healthcare
1301 Wonder World Drive San Marcos, TX78667	'	1			Corporation
74-1362785  HealthPlex Management Inc	Support of affiliated tax	TN	501(c)(3)	509(a)(3) Type I	A dventist Health
111 N Orlando Avenue Winter Park, FL32789	exempt hospital				SystemSunbelt Inc
62-1289269 Hinsdale Hospital Foundation	Fund-raising for Tax-exempt	IL	501(c)(3)	170(b)(1)(A)(vı)	Midwest Health
7 Salt Creek Lane Suite 203 Hinsdale, IL60521 52-1466387	hospital				Foundation
In-Motion Rehab Inc	Therapy services to tax	KS	501(c)(3)	509(a)(3) Type II	Sunbelt Health Care
602 Courtland Street Ste 200 Orlando, FL32804 20-8023411	exempt nursing homes				Centers Inc
Jellico Community Hospital Inc	Operation of Hospital & Related Services	TN	501(c)(3)	170(b)(1)(A)(III)	Adventist Health System Sunbelt Healthcare
188 Hospital Lane Jellico, TN 37762 62-0924706	Related Services				Corporation
La Grange Memorial Hospital Foundation	Fund-raising for Tax-exempt hospital	IL	501(c)(3)	170(b)(1)(A)(vi)	Midwest Health Foundation
5101 S Willow Springs Rd La Grange, IL60525 30-0247776	liospicai				Foundation
Memorial Health Systems Foundation Inc	Fund-raising for Tax-exempt	FL	501(c)(3)	170(b)(1)(A)(vi)	Memorial Health Systems Inc
770 West Granada Blvd	inospitui ,	1			Jystems The

Operation of Hospital &

Physician healthcare

Support of subsidiary

Operation of Home for the

Aged/Healthcare Delivery

Provision of support to the

Volunteer support services

nursing home division

Support Health Care

Services

EMS Services

Foundations

services to the community

Related Services

Related Services

Related Services

Related Services

Lease to Related

Related Services

Organization

FL

FL

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170(b)(1)(A)(III)

170(b)(1)(A)(III)

170(b)(1)(A)(III)

170(b)(1)(A)(III)

170(b)(1)(A)(III)

170(b)(1)(A)(III)

509(a)(3) Type II N/A

509(a)(2)

III-O

Adventist Health

Memorial Health Systems Inc

Memorial Health

Adventist Health System

Adventist Health System

Sunbelt Healthcare

Metroplex Adventist

Sunbelt Health Care

Centers Inc

Centers Inc

A merica Inc

509(a)(3) Type II | Sunbelt Health Care

509(a)(3) Type Adventist Health Mid-

509(a)(2) Jellico Community Hospital Inc

509(a)(3) Type Memorial Health III-F Systems Inc

Corporation

Hospital Inc

Sunbelt Healthcare

Systems Inc

Corporation

509(a)(3) Type Sunbelt Health Care

III-F | Centers Inc

SystemSunbelt Inc

770 West Granada Blvd Ormond Beach, FL32174

Memorial Health Systems Inc

301 Memorial Medical Parkway Daytona Beach, FL32117

Memorial Hospital - Flagler Inc

60 Memorial Medical Parkway Palm Coast, FL32164

701 West Plymouth Avenue

Memorial Hospital - West Volusia Inc

Merriam Health Care Properties Inc

Metroplex Adventist Hospital Inc

Metroplex Clinic Physicians Inc

31-1771522

59-0973502

59-2951990

61-0594620

Deland, FL32720 59-3256803

Memorial Hospital Inc

210 Marie Langdon Drive

Manchester, KY40962

9700 West 62nd Street Merriam, KS66203 36-4595806

2201 S Clear Creek Road

2201 S Clear Creek Road Kılleen, TX76549 11-3762050

Midwest Health Foundation

Mills Health & Rehab Center Inc

602 Courtland Street Ste 200

Mıssourı Adventist Health Inc

301 Memorial Medical Parkway Daytona Beach, FL32117

Ormond Beach Memorial Hospital Auxiliary Inc

120 North Oak Street Hınsdale, IL60521 35-2230515

Mission Strategies Inc

Orlando, FL32804 20-5982365

9100 W 74th Street Shawnee Mission, KS66204

188 Hospital Lane Jellico, TN37762 26-2653616

North Regional EMS Inc

43-1224729

59-1721962

500 Beck Lane Mayfield, KY42066 20-5782320

Kılleen, TX76549 74-2225672

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations (c) (d) (e) Legal Domicile (b) (f) Exempt Code Public charity Direct Controlling Name, address, and EIN of related organization Primary Activity (State section status or Foreign Entity (if 501(c)(3))Country) Operation of Home for the Sunbelt Health Care Overland Park Nursing & Rehab Center Inc KS 501(c)(3) 509(a)(2) Centers Inc 509(a)(3) Type GΑ 501(c)(3) Sunbelt Health Care III-F Centers Inc 170(b)(1)(A)(III) Adventist Health System CO 501(c)(3) Sunbelt Healthcare Corporation TN501(c)(3) 509(a)(2) Sunbelt Health Care Centers Inc

Aged/Healthcare Delivery

Provision of Healthcare

Healthcare Quality

Provide administrative

support to tax exempt

Fund-raising for Tax-

exempt hospital

Lease to Related

\_ease to Related

Lease to Related

Related Services

Operation of Hospital &

Management Support

Management Support

Real Estate

Real Estate

Real Estate

Real Estate

Management Support

Lease to Related

Medical Office Building for

Operation of Hospital &

Physician healthcare

services to the community

Operation of Home for the

Aged/Healthcare Delivery

Operation of Home for the

Aged/Healthcare Delivery

Management Services

Fund Raising for Affiliated

Tax-Exempt Hospitals

Related Services

O rganization

Hospital

Organization

Operation of Home for the

Aged/Healthcare Delivery

Organization

Organization

Inactive

nursing homes

Services

Services

ΚY

FL

FL

FL

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KY

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GΑ

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FL

FL

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TN

FL

501(c)(3)

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501(c)(2)

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501(c)(3)

501(c)(3)

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501(c)(3)

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501(c)(3)

501(c)(3)

501(c)(3)

509(a)(2)

509(a)(2)

509(a)(3) Type

170(b)(1)(A)(vi)

509(a)(3) Type

III-F

509(a)(2)

509(a)(3) Type

170(b)(1)(A)(III)

III-F

III-O

III-O

509(a)(3) Type

509(a)(3) Type

509(a)(3) Type

509(a)(3) Type I

170(b)(1)(A)(III)

170(b)(1)(A)(III)

509(a)(2)

509(a)(2)

170(b)(1)(A)(vi)

III-F

N/A

III-F

509(a)(3) Type II Sunbelt Health Care

509(a)(3) Type II | Sunbelt Health Care

509(a)(3) Type | Sunbelt Health Care

Sunbelt Health Care

Sunbelt Healthcare

Sunbelt Healthcare Corporation

PorterCare Adventist

Health System

Centers Inc

Centers Inc

Centers Inc

Centers Inc

Centers Inc

A merica Inc

509(a)(3) Type South Central Inc

Sunbelt Health Care

Sunbelt Health Care

Sunbelt Health Care

Adventist Health Mid-

South Central Inc

South Central Nursing

Homes Properties Inc

South Central Nursing

Homes Properties Inc

South Central Nursing Homes Properties Inc

South Central Nursing Homes Properties Inc

Sunbelt Health Care

Southwest Volusia

Adventist Health

Adventist Health SystemSunbelt Inc

Sunbelt Health Care

Sunbelt Health Care

Sunbelt Healthcare

Sunbelt Healthcare

Adventist Health System

Centers Inc

Centers Inc

Corporation

Corporation

509(a)(3) Type II Adventist Health System

SystemSunbelt Inc

Healthcare Corporation

Centers Inc

Adventist Health System

Adventist Health System

Centers Inc

Corporation

Centers Inc

6501 West 75th Street Overland Park, KS66204 20-5774821	A ged/Healthcare Delivery	
Paragon Health Care Properties Inc	Lease to Related Organization	
950 Highpoint Drive Hopkinsville, KY42240 51-0605686		
Portercare Adventist Health System (630 Year End)	Operation of Hospital & Related Services	
2525 S Downing Street		
Denver, CO80210		
84-0438224		
Portland Nursing & Rehab Center Inc	Operation of Home for the Aged/Healthcare Delivery	
215 Highland Circle Drive		
Portland, TN 37 148		
20-5774842		
Princeton Health & Rehab Center Inc	O peration of Home for the	

1333 West Main Princeton, KY42445 20-5782272

601 E Rollins Street

111 N Orlando Avenue Winter Park, FL32789

Resource Personnel Inc

Orlando, FL32804 20-8040875

Denver, CO80210 84-0745018

Orlando, FL32804 37-0908840

683 East Third Street Russellville, KY42276

1900 Medical Parkway San Marcos, TX78666

1900 Medical Parkway San Marcos, TX78666

6501 West 75th Street Overland Park, KS66204

9100 W 74th Street

111 North Orlando Ave Winter Park, FL32789

602 Courtland Street Orlando, FL32804 61-1242373

111 North Orlando Ave Winter Park, FL32789

602 Courtland Street Orlando, FL32804 59-3689740

38250 A Avenue Zephyrhills, FL33542

1055 Saxon Blvd

1055 Saxon Blvd

Orange City, FL327638468

Orange City, FL327638468

1301 Wonder World Drive San Marcos, TX78666

51-0605679

59-3281591

59-3149293

20-8814408

718 Goodwin Lane Leitchfield, KY42754 20-5782288

305 East Oak Street Apopka, FL32703 20-5774856

Orlando, FL32804 58-1473135

111 N Orlando Avenue

Winter Park, FL32789

59-2219301

Sunbelt Health Care Centers Inc

SunSystem Development Corporation

602 Courtland Street Ste 200

Shawnee Mission, KS66204

South Central Nursing Homes Inc

South Central Properties III Inc

South Central Properties IV Inc

South Central Properties VI Inc

South Central Properties Inc

South Pasco Health Care Properties Inc

Southwest Volusia Health Services Inc

Southwest Volusia Healthcare Corporation

Specialty Physicians of Central Texas Inc

Spring View Health & Rehab Center Inc

Sunbelt Health & Rehab Center - Apopka Inc

51-0605691

51-0605693

20-5782224

48-0952508

48-0637331

59-3686109

59-3692860

59-3692862

59-3692857

59-3651692 South Central Inc

602 Courtland Street Ste 200

2525 South Downing Street

Rollins Bedford Corporation

602 Courtland Street Ste 200

Russellville Health Care Properties Inc

San Marcos Health Care Properties Inc

San Marcos Nursing & Rehab Center Inc

Shawnee Mission Health Care Inc

Shawnee Mission Medical Center Inc

South Central Nursing Homes Properties Inc

Rocky Mountain Adventist Healthcare Foundation (630 Year

Orlando, FL32803 59-1191045

26-3789368

Princeton Professional Services Inc

Quality Circle for Healthcare Inc

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary Activity	(c) Legal Domicile (State or Foreign Country)	<b>(d)</b> Exempt Code section	(e) Public charity status (if 501(c)(3))	<b>(f)</b> Direct Controlling Entity
Tarrant County Health Care Properties Inc 301 Huguley Blvd Burleson, TX76028 51-0605677	Lease to Related Organization	GA	501(c)(3)	III-F	Centers Inc
Taylor Creek Health Care Properties Inc 718 Goodwin Lane Leitchfield, KY42754 51-0605678	Lease to Related Organization	GA	501(c)(3)		Sunbelt Health Care Centers Inc
The Volunteer Auxiliary of Florida Hospital - Flagler Inc  60 Memorial Medical Parkway Palm Coast, FL32164 59-2486582	Volunteer support services	FL	501(c)(3)	509(a)(3) Type III-F	Memorial Hospital Flagler Inc
Trinity Nursing & Rehab Center Inc  9700 West 62nd Street Merriam, KS66203 20-5774890	Operation of Home for the Aged/Healthcare Delivery	KS	501(c)(3)	509(a)(2)	Sunbelt Health Care Centers Inc
West Kentucky Health Care Properties Inc 500 Beck Lane Mayfield, KY42066 51-0605676	Lease to Related Organization	GA	501(c)(3)	509(a)(3) Type III-F	Sunbelt Health Care Centers Inc
Zephyr Haven Health & Rehab Center Inc 38250 A Avenue Zephyrhills, FL33542 20-5774930	Operation of Home for the Aged/Healthcare Delivery	FL	501(c)(3)	509(a)(2)	Sunbelt Health Care Centers Inc
Zephyrhills Health & Rehab Center Inc 7350 Dairy Road Zephyrhills, FL33540 20-5774967	Operation of Home for the Aged/Healthcare Delivery	FL	501(c)(3)	509(a)(2)	Sunbelt Health Care Centers Inc

## Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

											j)
<b>(a)</b> Name, address, and EIN of	<b>(b)</b> Primary activity	Domicile	Direct	Predominant	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year	Dispro	prtionate	(i) Code V-UBI amount	Gene	eral or agıng
related organization	ary decivity	(State or	Controlling Entity	unrelated,	(\$)	assets (\$)	- 3 - 6		on Box 20 of K-1		ner?
		Foreign Country)		excluded from tax under		.,,			(\$)		
		Country)		sections 512-514)			<b>V</b> = =	NI-		<b>v</b> -	AI -
Appalachian Therapy Services	Therapy Staffing	l NC	N/A	ĺ	1	1	Yes 	No 	I	Yes	No 
LLC	,g		,								
100 Hospital Drive											
Hendersonville, NC28792 20-2463851											
Clear Creek MOB Ltd	Real Estate	TX	N/A								
2201 S Clear Creek Rd											
Kılleen, TX76549 74-2609195											
	Medical Equipment	FL	N/A								
2450 Maitland Center Pkwy Ste											
200 Maitland, FL32751											
20-2392253			21.42								
·	Home Infusion Services	FL	N/A								
2450 Maitland Center Pkwy Ste 200											
Maitland, FL32751 59-3142824											
KCCCSMMC Cancer Center	Equipment Rental	KS	N/A								
LLC											
9100 W 74th Street											
Shawnee Mission, KS66204 27-0909763											
Plainfield Area Primary Care Physicians LLC	Medical Services	IL	N/A								
911 N Elm Street Ste 215 Hınsdale, IL60521											
32-0182318 San Marcos MRI LP		TV	N. /A								
	Imaging & Testing	TX	N/A								
1330 Wonder World Drive Ste 202											
San Marcos, TX78666 77-0597972											
Shawnee Mission Open MRI	Imaging & Testing	KS	N/A								
LLC											
9100 W 74th Street Box 2923 Shawnee Mission, KS66201											
27-0011796											
Shawnee Mission Pain Center LLC	Pain Mgmt Services	KS	N/A								
9100 W 74th Street											
Shawnee Mission, KS66204											
20-8642766 Shawnee Mission Prairie Star	Surgical Center	KS	N/A				1				
Surgery Center LLC											
23401 Prairie Star Parkway											
Lenexa, KS66227 36-4634843											
Shawnee Mission Regional	Healthcare Mgmt	KS	N/A				1				
Cardiac & Vascular Center LLC											
PO Box 2923 Shawnee Mission, KS66201											
48-1243913											
Shawnee Mission Surgery Center LLC	Surgical Services	KS	N/A								
PO Box 2923											
Shawnee Mission, KS66201											
48-1243914 Skyland MRI LLC	Imaging & Testing	NC	N/A				1				
100 Hospital Drive			·								
Hendersonville, NC28792											
04-3646559 Surgical Center Associates	Medical Services	FL	N/A				1				
LTD		'-	,.								
1000 South Orlando Ave											
Winter Park, FL32789 62-1600422											
			ı	·			•		1	'	1

Form 990, Schedule R, Part IV - Iden (a) Name, address, and EIN of related organization	(b)	(c) Legal Domicile (State or Foreign	ations Taxable as (d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	or Trust (f) Share of total income (\$)	(g) Share of end-of-year assets	<b>(h)</b> Percentage ownership
Adventist Health System Capital Trust I 111 N Orlando Avenue Winter Park, FL32789 58-6352241	Bond Investment	Country) FL	N/A	Т		(\$)	
Adventist Health Sys Sunbelt Healthcare Corp Employee Benefit Trust 111 N Orlando Avenue Winter Park, FL32789 58-1318939	Administration of Self-Insured Benefit Plans	FL	N/A	Т			
AHS Services Inc 11801 South Freeway Fort Worth, TX76028 75-2049583	Medical Equipment	ТХ	N/A	С			
Apopka Medical Plaza Condominium Association Inc 601 East Rollins Street Orlando, FL32803 59-3000857	Condo Association	FL	N/A	С			
Altamonte Medical Plaza Condominium Association Inc 601 East Rollins Street Orlando, FL32803 59-2855792	Condo Association	FL	N/A	С			
Arapahoe Medical Building I Inc (630 Year End) 2525 S Downing Street Denver, CO80210 84-1574506	Real Estate Leasing	CO	N/A	С			
Arapahoe Medical Building II Inc (630 Year End) 2525 S Downing Street Denver, CO80210 84-1574507	Real Estate Leasing	со	N/A	С			
CC MOB Inc 2201 S Clear Creek Road Killeen, TX76549 74-2616875	Real Estate Rental	ТХ	N/A	С			
Central Texas Medical Associates 1301 Wonder World Drive San Marcos, TX78666 74-2729873	Physician Clinics	ТХ	N/A	С			
Central Texas Provider's Network 1301 Wonder World Drive San Marcos, TX78666 74-2827652	Physician Hospital Org	тх	N/A	С			
Florida Hospital Flagler Medical Office Association Inc 60 Memorial Medical Parkway Palm Coast, FL32164 26-2158309	Condo Association	FL	N/A	С			
Florida Hospital Healthcare System Inc 602 Courtland Street Orlando, FL32804 59-3215680	РНО/ТРА	FL	N/A	С			
Florida Medical Plaza Condo Association Inc 601 East Rollins Street Orlando, FL32803 59-2855791	Condo Association	FL	N/A	С			
Florida Memorial Health Network Inc 770 W Granada Blvd Ste 317 Ormond Beach, FL32174 59-3403558	Physician Hospital Org	FL	N/A	С			
Harvard Park East Inc (630 Year End) 2525 S Downing Street Denver, CO80210 84-1574365 Huguley Alliance Foundation	Real Estate Leasing Inactive	ТХ	N/A	c			
11801 South Freeway Fort Worth, TX76115 75-2642209 Huguley Medical Associates Inc	Physician	тх	N/A	С			
11801 South Freeway Burleson, TX76028 75-2547668 Metroplex Adventist Hospital CRNA	Clinics	TX	N/A	С			
2201 S Clear Creek Road Killeen, TX76549 26-0760794	hospital through the provision of allied health professionals						
Midwest Management Services Inc 9100 West 74th Street Shawnee Mission, KS66204 48-0901551 North American Health Services Inc & Subs	Real Estate Rental Lessor/Holding	KS TN	N/A	С			
111 N Orlando Avenue Winter Park, FL32789 62-1041820 Ormond Professional Condo Association (430	Co	FL	N/A	С			
Year End) 770 W Granada Blvd Ste 101 Ormond Beach, FL32174 59-2694434	Association						
Park Ridge Property Owner's Association Inc 1 Park Place Naples Road Fletcher, NC28732 03-0380531 Porter Affiliated Hith Services Inc dba	Condo Association Healthcare	N C	N/A	C			
Diversified Affiliated Hith Svcs 2525 S Downing Street Denver, C080210 84-0956175	Services	CO	N/A				
Porter Medical Plaza Inc (630 Year End) 2525 S Downing Street Denver, C080210 84-1574369	Real Estate Leasing	CO	N/A	С			
San Marcos Regional MRI Inc 1301 Wonder World Drive San Marcos, TX78666 77-0597968	Holding Company	TX	N/A	С			
The Garden Retirement Community Inc 602 Courtland Street Ste 200 Orlando, FL32804 59-3414055	Real Estate Rental	FL	N/A	С			
Form 990, Schedule R, Part V - Trans		Related Organiz (a) other organization	ations			<b>(b)</b> Transaction type(a-r)	<b>(c)</b> A mount Involved (\$)
(1) Florida Memorial Health Network  (2) Adventist Health SystemSunbelt Inc.	lba Florida Hospit	al				O	3,461,957
(3) SouthWest Volusia Healthcare corpora		N	202,478				
(4) SouthWest Volusia Healthcare corpora	ation					L	285,948
(5) Memorial Hospital - Flagler Inc  (6) Memorial Health System Inc dba FH O	rmond Memorial					N O	248,383
(7) Memorial Health System Inc dba FH O		L	1,036,257				
(8) Memorial Health System Inc dba FH O  (9) Adventist Health System Sunbelt Hea		N L	115,893				
(10) Adventist Health System Sunbelt He						0	6,664,953
(11) Sunsystem Development Corp dba Fl  (12) Sunsystem Development Corp dba Fl		С	40,027				
(13) Adventist Health System Sunbelt He	•					В	602,725

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DLN: 93493302003150

OMB No 1545-0172

Form **4562** 

## **Depreciation and Amortization** (Including Information on Listed Property)

 $A\,tta\,c\,h\,m\,e\,n\,t$ 

Department of the Treasury Internal Revenue Service	•	See separate instruction	s. 🟲 Attach	to your tax retur	n.		Sequence No 67
Name(s) shown on return		Business or a	ictivity to which	this form relates	Iden	t if y in	g number
MEMORIAL HOSPITAL - Y	WEST VOLUSIA		,			-	
Part I Election 1	To Expense (	Form 990-T   Certain Property Un		179	59-3	32568	0.3
	•	sted property, comple			te Part I.		
<b>1</b> Maxımum amount See	the instructions	for a higher limit for cert	taın busınesses			1	250,000
2 Total cost of section 1	79 property plac	ed in service (see instru	ctions) .			2	
<b>3</b> Threshold cost of sect	on 179 property	/ before reduction in limit	atıon (see ınstr	uctions)		3	800,000
4 Reduction in limitation	Subtract line 3	from line 2 If zero or les	s, enter - 0 -			4	
<b>5</b> Dollar limitation for tax	year Subtract	line 4 from line 1 If zero	or less, enter - 0	0- If married filin	g		
separately, see instruc	tions					5	
			(1-) (11-	//			<u> </u>
6 (a) [	Description of pr	operty		(business use only)	(c) Elected	cost	
6							
<b>7</b> Listed property Enter t	the amount from	line 29		. 7			
8 Total elected cost of s	ection 179 prop	erty Add amounts in col	umn (c), lines 6	and 7		8	
<b>9</b> Tentative deduction E	nter the <b>smaller</b>	of line 5 or line 8 .				. 9	
10 Carryover of disallowed	d deduction from	line 13 of your 2008 Fo	rm 4562 .			10	
<b>11</b> Business income limitation	Enter the smaller of	business income (not less tha	n zero) or line 5 (se	ee instructions) .		11	
<b>12</b> Section 179 expense of	leduction Add li	nes 9 and 10, but do not	enter more tha	n line 1 <u>1</u> • •		12	
13 Carryover of disallowed	d deduction to 2	010 Add lines 9 and 10,	less line 12	. 13			
Note: Do not use Part .							
		Allowance and Othe				ropert	y ) (See instructions )
14 Special depreciation al		lified property (other than	listed property	) placed in servic	e during the		
tax year (see instruction						14	
15 Property subject to sec		election				15	
16 Other depreciation (inc		On mote uncluded listed in		· · · · ·		16	1,466
Part IIII MACRS De	preciation (i	ر <u>Do not</u> include listed Se	ection A	ee instructions.	)		
17 MACRS deductions for	assets placed i			2009		17	
18 If you are electing t					e or more		
general asset accou		<u>-</u>	_	-	<b>▶</b> Γ		
		Service During 200				<u>'</u> recia	tion System
		(c) Basis for					•
(a) Classification of	(b) Month and	depreciation	(d) Recovery	(-) (	(6) M - H-		(g)Depreciation
property	year placed in service	(business/investment use	period	(e) Convention	(f) Metho		deduction
		only—see instructions)					
<b>19a</b> 3-year property							
<b>b</b> 5-year property							
c 7 - year property							
d 10-year property							
e 15-year property  f 20-year property							
g 25-year property			25 yrs		S/L	_	
<b>h</b> Residential rental			27 5 yrs	мм	S/L		
property			27 5 yrs	ММ			
i Nonresidential real			39 yrs	мм	S/L		
property				ММ	S/L		
	n C—Assets Plac	ed in Service During 2009	9 Tax Year Using	g the Alternative	Depreciat ior	1 Syst	em
<b>20a</b> Class life					S/L		
<b>b</b> 12-year			12 yrs		S/L		
c 40-year	v (soo instriis	tions)	40 yrs	MM	S/L	1	
Part IV Summar 21 Listed property Enter a	y (see instruc	•				21	
22 Total. Add amounts fro			and 20 in calif	on (a) and line 21	Entar hara		
		urn Partnerships and S				22	1,466
23 For assets shown abov portion of the basis att			t year, enter the	e 23			

Part V
Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense,

compl	ete <b>only</b>	24a, 24b, colui	mns (a	) thro	ugh (c)	of Sec	ction	A, al	ll of .	Sectioi	n B, a	nd Se	ction (	C if ap	oplicat	ole.
Section A—Deprec																
<b>24a</b> Do you have evidenc	e to support	the business/investi	ment use	claime	d? ┌ Yes	. ⊢ <sub>No</sub>			<b>24b</b> If	"Yes," ı	s the ev	/ idence	written?		sГNo	)
										1						
(a) Type of property (list Distorbicles first)	( <b>b)</b> Pate placed II service	(c) Business/ In investment use percentage	(d) Cost or ot basıs	or other   basis for depreciation   basis for depreciation   basis for depreciation			- 11	(f) (g) Recovery Method/ period Convention			(h) Depreciation/ deduction			(i) Elected section 1 cost		
25Special depreciation allow 50% in a qualified busine			olaced in s	service (	during the	tax year	and u	sed mo	re tha	in 25						
<b>26</b> Property used more	•	•	ıness u:	s e							- 1					
		%														
		%									_					
	orless in a		ssuse													
		%							S/L	-						
		%							S/L					]		
20 0 dd		%	7 5-4			21 .		4	S/L		_			+-		
28 Add amounts in col		_				ne 21,	page .	1 .	•		8		20	+		
29 Add amounts in col	umn (I), IIr				mation	·	· ·	• Va	biol	•			29			
Complete this section f	or vehicle:										r relat	ed per	son			
f you provided vehicles to y	our employe	es, first answer the q	uestions	ın Sectio	on C to see	ıf you n	neet ar	exce	otion t	o comple	ting this	section	for thos			
<b>30</b> Total business/investment miles driven during the year ( <b>do not</b> include commuting miles)			the _	-	a) icle 1	V e hı	•	V	(c) ehic		V e h i	d) cle 4	<b>V</b> ehı	-	V e hı	f) cle 6
<b>31</b> Total commuting m	ıles drıven	during the year	.  -													
32 Total other persona	ıl(noncomr	muting) miles driv	en													
33 Total miles driven o	during the	year Add lines 3	。													
through 32			·  _													
<b>34</b> Was the vehicle ava	aılable for	personal use		Yes	No	Yes	No	Ye	es	No	Yes	No	Yes	No	Yes	No
during off-duty houi	rs? .													<u> </u>		<u> </u>
<b>35</b> Was the vehicle use owner or related pe	rson?	· · · · ·	5%													
<b>36</b> Is another vehicle a	avaılable f	or personal use?														
<b>Section</b> Answer these questions 5% owners or related p	s to detern										-				not moi	re tha
<b>37</b> Do you maintain a vemployees?		•	t prohib	ıts all	personal •	use of	vehic	les,ı	nclud	ling cor	nmutir	ig, by y	our •	Y	es	No
<b>38</b> Do you maintain a vemployees? See the																
<b>39</b> Do you treat all use	ofvehicle	s by employees a	as perso	nal us	e? .											
40 Do you provide mor vehicles, and retain	e than five	vehicles to your	•			rmatio	n fron	n your	r emp	loyees	about	the us	e of the	e 🗀		
<b>41</b> Do you meet the red			· Ified aut	 tomobı	le demor	- nstratio	n use	? (Se	e ins	tructio	ns)		· 		-+	
Note: If your answe	r to 37, 38	3, 39, 40, or 41 is	s "Yes,"	do no	t comple	te Sect	ion B	for th	ne co	vered v	ehicle:	S				
Part VI Amortiz		<u> </u>													I	
		(b)		(0	-)			(d)		(e	:)			(f)		
(a)		Date		A mort	-			ode		A morti			A mo	rtızatı	on for	
Description of co	STS	amortization begins		amo	unt		se	ction		perio percei			t	hıs yea	ar	
<b>42</b> A mortization of cos	ts that be		2009 ta:	x year	(see ins	truction	ns)				<u> </u>					
<b>43</b> A mortization of cos	ts that be	gan before your 2	009 tax	year						•	43					

44 Total. Add amounts in column (f) See the instructions for where to report . . .

44

#### Software ID: Software Version:

**EIN:** 59-3256803

Name: MEMORIAL HOSPITAL - WEST VOLUSIA INC

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

(A)	(B)							(D)	(E)	(F)		
Name and Title	A verage hours	Pos	that a			II		Reportable compensation	Reportable compensation	Estimated amount of other		
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations		
Mıchael Schultz Chairman	30	Х						0	918,476	129,487		
Thomas Corbyons MD Member	30	X						56,203	0	0		
Taver Cornett Member	30	X						0	0	0		
Joyce Cusack Member	30	X						0	0	0		
Hendrık Dınkla MD Member	30	X						142,297	0	0		
Doreen Courtheyn member	30	X						0	0	0		
Joel D Johnson Member	30	X						0	400,461	71,303		
Womack H Rucker Member	30	Х						0	531,031	42,280		
Lewis Seifert Secretary	30	X						0	499,140	74,948		
Brent Schlapper DO member (end 10/09)	30	X						3,617	0	0		
Mark Hollmann MD Member (beg 10/09)	30	X						450	0	0		
Lorna Jean Hagstrom Member	30	X						0	0	0		
DARYLTOL CEO / DIRECTOR	40 00	X		Х				0	392,367	70,107		
Clarence Davenport Member	30	X						0	0	0		
W Ben Flowers Member	30	X						0	0	0		
Mark Zımmerman Member	30	X						0	0	0		
James Scheiner Member	30	X						0	0	0		
SANDRA K JOHNSON Member	30	X						0	618,700	79,238		
Nigel Hinds CFO	40 00			Х				0	195,387	23,937		
Steve Otto COO (end 9/09)	40 00				X			0	210,180	35,956		
Randy Surber COO (beg 9/09)	40 00				Х			0	184,543	16,897		
Patricia Scott CNO (end 3/09)	40 00				X			16,466	17,296	2,625		
Pat Stark CNO (beg 4/09)	40 00				X			0	142,653	61,547		
David F Elijah MD Physician	40 00					X		435,562	0	16,863		
Paul B Goldberg MD Physician	40 00					X		433,566	0	22,205		

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

(A) Name and Title	(B) A verage	(C) Position (check all						<b>(D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
	hours per week	Individual trustee or director	that Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	compensation from the organization (W- 2/1099-MISC)	compensation from related organizations (W- 2/1099- MISC)	amount of other compensation from the organization and related organizations
Martin GF Prado MD PHysician	40 00					×		427,154	0	22,424
Bharatkumar C Patel MD physician	40 00					X		423,573	0	19,117
Joel Bautista MD physician	40 00					X		343,104	0	18,324

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 revenue	900,099	116,757,578	116,757,578		
Cafeteria revenue	722,210	587,214	515,124	72,090	
Medical office buildin	531,120	405,070	405,070		
Health ED/Therapy	900,099	55,923	55,923		
Lab Revenue	621,500	12,575		12,575	