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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

			C Name of organization	01-2009 and ending 12-31	-2009	D Employer i	dentification number
_	•	oplicable Please use IRS	Houston Hospitals Inc				
_	iress cha	label or	Doing Business As			71-10452 E Telephone	
	me char	type. See				(478) 922	2-4281
_	ial retur	Instruc-	Number and street (or P O bo PO Box 2886	x if mail is not delivered to street	address) Room/suit		ots \$ 286,791,469
Ter	minated	tions.					
_ Am	ended r	eturn	City or town, state or country, Warner Robins, GA 31099	and ZIP + 4			
App	olication	pending					
			me and address of principal (officer	H(a) Is t	— hıs a group retı	
		· ·	W PhilipsIII x 2886		affıl	ıates?	ΓYes Γ Nο
			r Robins, GA 31099		H(b) Are	all affiliates incl	uded?
					, ,		st (see instructions)
Та	x-exem	pt status 🔽 501(c	c) (3) ◀ (insert no))(1) or	H(c) Gro	oup exemption	number 🟲
w	ebsit e	: ► www hhc org					
C For	n of ora	anization 🔽 Corpora	ition Trust Association Ot	her ▶ -	L Year of	formation 2009	M State of legal domicile GA
	rt I	Summary	Rion (Hase) Haselation (Se	THE P	2 (ca) of	Torridation 2003	11 State of regar doffficier of
			ne organization's mission or i	most significant activities			
		•	ealthcare of the communities	we serve by providing patie	nt-focused, high	-quality, cost-	effective services while
<u>3</u>		promoting health a	and wellness				
sovemance							
Đ.							
Ş	2	Check this box 🛏	if the organization discont	inued its operations or disp	osed of more tha	n 25% of its ne	t assets
	3	Number of voting	members of the governing bo	ody (Part VI, line 1a)			3
ACUMINES &	4	Number of indepe	ndent voting members of the	governing body (Part VI, lii	ne 1 b)		4
ļ	5	Total number of e	mployees (Part V, line 2a)				5 2,393
<u>ş</u>	6	Total number of v	olunteers (estimate if neces:	sary)			6
•	7a	Total gross unrela	ated business revenue from F	Part VIII, column (C), line 1	2		7a
	ь	Net unrelated bus	ıness taxable ıncome from F	orm 990-T, line 34			7b
					Pr	ior Year	Current Year
	8	Contributions an	d grants (Part VIII, line 1h)				59,633
ΞE	9	Program service	revenue (Part VIII, line 2g)	🗀		245,414,548	
Revenue	10	Investment inco	me (Part VIII, column (A), li			5,941,407	
æ	11		Part VIII, column (A), lines !			684,842	
	12	Total revenue—a	add lines 8 through 11 (must	equal Part VIII, column (A), line		
			<u> </u>				252,100,430
	13		ar amounts paid (Part IX, co				0
	14	·	or for members (Part IX, colu				0
Ø.	15	Salaries, other c 10)	ompensation, employee ben	nes 5-		103,290,620	
38	16a	•	draising fees (Part IX, colum	n (A.) line 11e)	_		0
Expenses	ь		penses (Part IX, column (D), line 2				
Ω	17		(Part IX, column (A), lines 1				128,571,250
	18	•	Add lines 13-17 (must equa				231,861,870
	19		penses Subtract line 18 from				20,238,560
27 30 00		, to to find the first of the	F = S S S S S S S S S S S S S S S S S			ng of Current	, ,
net Assets of Fund Balances						Year	End of Year
3 W. O	20	Total assets (Pa	rt X, line 16)				316,122,258
Z Z	21	Total liabilities (Part X, line 26)				139,269,962
ž Z	22	Net assets or fur	nd balances Subtract line 2:	from line 20			176,852,296
Pai	rt II	Signature Bl	ock				
			erjury, I declare that I have exami correct, and complete Declaration				
		and belief, it is tide,	correct, and complete Deciaration	or preparer (other than officer) is	based on an inform	ation of which pier	Marer has any knowledge
Sign	1	*****			201	0-11-15	
Here	2	Signature of office	er		Date	е	
		Frank Powell CFG					
		Type or print nam	ne and title				
		Preparer's		Date	Check If		ntıfyıng number
Paid		signature			self- empolyed 🕨 🔽	- (see instruction	ons)
	arer's	Firm's name (or your	rs 👠 Pershing Yoakley & Associate	s P C			
Jse (if self-employed), address, and ZIP + 4				EIN Þ	
	-	auuicss, aliu ZIP + 4	one cherokee Mills 2220 Sut	пенапи		Phone no	(865) 673-0844
			Knoxville, TN 379192363			There he h	

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

To improve the healthcare of the communities we serve by providing patient-focused, high-quality, cost-effective services while promoting health and wellness

2	Did the organization undertake an the prior Form 990 or 990-EZ?			which were not listed on	Yes ✓ No
	If "Yes," describe these new servi	ces on Schedule O			
3	Did the organization cease condus				Yes ✓ No
	If "Yes," describe these changes	on Schedule O			
4	Describe the exempt purpose ach Section 501(c)(3) and 501(c)(4) allocations to others, the total ex	organizations and secti	on 4947(a)(1) trusts are	e required to report the amoun	
4a	(Code) (Expens	ses \$ 190,225,721	ıncludıng grants of \$) (Revenue \$	245,336,790)
	The hospitals' primary program activity Care, Intermediate Care, Labor and Del admissions, 67,501 patient days, 2,100 included 2,425 inpatients, 8,562 outpat services 75,664 diagnostic radiology pro density scans and 8,504 mammograms	ivery, Post Partum, Nursery, births and 77,515 emergend lents, 3,265 pain clinic patier ocedures, 37,829 CT scans, 1	Pediatrics and Wound Ostomy by room visits. The healthcare ats and 7,833 endoscopy patie 8,724 nuclear medicine proced	Care The utilization data includes system provided surgical services to ints The healthcare system provided ures, 14,859 ultrasound scans, 6,80	14,696 adult and pediatric 22,085 patients, which the following imaging
	(Code) (Expens	ses \$ 768.154	ıncludıng grants of \$) (Revenue \$	77,758)
	Educare, the community education depa luncheons, blood pressure screenings ar cancer, breastfeeding, cardiac health, cl tobacco cessation, walking and weight l	nd exercise classses, and var nildbirth, cooking, diabetes, c	ious education classes and sup	port groups in the following areas a	Izheimers, arthritis, breast
4c	(Code) (Expens	ses \$	ıncludıng grants of \$) (Revenue \$)
	Other program services (Descri	he in Schedule O \			
	(Expenses \$	including grants of	f\$) (Revenue \$)
	Total program service expenses		<u> </u>		•
	. J.a. program service expenses	4 10,00,00	-		

Part IV	Check	list 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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
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? If "Yes," complete Schedule D, Part V	10		Νο
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		No
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	ļ		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the 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? <i>If</i> " <i>Yes,"</i> complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "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		Νο
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		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		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 IV	28a		Νο
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
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		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		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	IRS Filings	and Tax	Compliance
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			Yes	No
la	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?	1c		
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 instructions)	2b	Yes	
la	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	2-		NI -
L	return?	3a 3b		Νο
a	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		Νo
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			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
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		
•	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
b	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		Νο
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to 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		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
)	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			
L	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)			
	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			

Michael Fowler 233 N Houston Road Warner Robins, GA 31093

(478) 542-7826

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.

In Enter the number of voting members of the governing body	Se	ction A. Governing Body and Management					
Describe number of voting members that are independent. 10						Yes	No
Describe number of voting members that are independent. 10							
Describe number of voting members that are independent. 10	1_	Enter the number of voting members of the governing heady	45	1			
2 Did any officer, director, frustee, or key employee have a family relationship or a business relationship with any other officer, director, frustee, or key employees of the rofficer, director, frustees, or key employees to a meanagement of property of the rofficer, directors or trustees, or key employees to a meanagement of property of the rofficer, directors or trustees, or key employees to a meanagement of property of the presence of the organization and society of the organization have away significant changes to its organizational documents since the prince from \$90 was here. 10 In the organization become aware during the year of a material diversion of the organization's assetto? 20 Does the organization have members, or stockholders? 31 A reas years are also organization have members or stockholders? 32 A reas years are also organization have members or stockholders? 33 A reas years are also organization of the governing body? 44 A rea any decisions of the governing body subject to approval by members, stockholders, or other persons? 45 A reas years are also organization or other persons who may election or undertaken during the year by the following 45 A reas year stockholders, or other persons who may election or undertaken during the year by the following 46 The governing body? 47 A reas year stockholders, or other persons who may election or undertaken during the year by the following 48 Yes 49 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the year year by the following 40 Is the end or any officer, director, trustee, or key employees listed in Part VII, Section A, who cannot be reached at the year year by the following 40 Is the end or profiter of the profite or profite or profiter or persons are consistent with those of the organization or profiter or profiter or persons are consistent with those of the organization or provided a copy of this Form 990 to all members of its governing body before filing the form of the							
subtraction of the communities with authority to act on behalf of the governing body? 10 Est be organization have members, stockholders, or other persons who may elect one or more members of the governing body? 11 Est between the subtraction of the organization was always sumflicant the organization of the organization was aware during the year of a material diversion of the organization sasets? 12 Dest the organization have members or stockholders? 13 Dest the organization have members or stockholders? 14 Dest the organization chave members or stockholders? 15 Dest the organization have members or stockholders? 16 Dest the organization or the poverning body subject to approval by members, stockholders, or other persons? 17 Dest be organization contemporaneously document the meetings hald or written actions undertaken during the variety by the following service by the followi		,					
supervision of officers, directors or trustees, or key employees to a management company or other person? A Dot the organization make any significant changes to its organizational documents since the prior Form 990 was 14	2				2		Νo
Social process the organization become aware during the year of a material diversion of the organization's assets? Social power to be organization have members or stockholders? Color the organization have members or stockholders? Color the organization have members, stockholders, or other persons who may electione or more members of the governing body? Color the organization of the governing body subject to approval by members, stockholders, or other persons? Color the programmation of the governing body subject to approval by members, stockholders, or other persons? Color the programmation of the governing body subject to approval by members, stockholders, or other persons? Color the programmation and the governing body? Color the programmation and the governing body? Color the following Color the programmation and the governing body? Color the programmation and the governing body before the governing body the Internation and the governing body the foreign the form Color the governing body the foreign the form Color the governing body before filing the form Color the governing the governing body before filing the governing the gover	3				3		Νο
5 Does the organization have members or stockholders? 7 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 8 Are any discussions of the governing body subject to approval by members, stockholders, or other persons? 9 Are any discussions of the governing body subject to approval by members, stockholders, or other persons? 9 Each committee with authority to act on behalf of the governing body? 10 Each committee with authority to act on behalf of the governing body? 11 Se there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organizations manling address? If If Yes, Provide the names and addresses in Schedule 0 10 Does the organization have local chapters, branches, or affiliates? 10 If Yes, I does the organization have local chapters, branches, or affiliates? 11 Has the organization have local chapters, branches, or affiliates? 12 If Yes, I does the organization have local chapters, branches, or affiliates, and branches to ensure their operations are consistent with those of the organization? 12 If Yes, I does the organization have a written policies and procedures governing the activities of such chapters, final their organization and procedures governing body before filing the form? 12 If Yes, I does the organization have a written policies and procedures governing body before filing the form? 13 Possible organization have a written which the organization to review the Form 990 14 Organization for the process, if any, used by the organization to review the Form 990 15 Are officers, directors or trustees, and key employees required to disclose annually interests that could give insection conflicts? 16 Does the organization have a written whistleblower policy? 17 Does the organization have a written whistleblower policy? 18 Does the organization have a written whistleblower policy? 19 Does the organization in governments and enforce compliance with the policy? If	4		since t	he prior Form 990 was	4		No
The presence of the organization have members, stockholders, or other persons who may elect one or more members of the poverning body? A reamy decisions of the governing body subject to approval by members, stockholders, or other persons? 7 by 4 cs. 1 by 1 the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 3 The governing body? 5 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organizations mailing address? If Yes," provide the names and addresses in Schedule O. 5 Section B. Policies (This Section B requests information about policies not required by the Internal Presence Code.) 10 Does the organization have local chapters, branches, or affiliates? 10 Does the organization have local chapters, branches, or affiliates? 11 Has the organization have local chapters, branches, or affiliates? 12 Does the organization provided a copy of this Form 990 to all members of its governing body before filing the form? affiliates, and branches to ensure their operations are consistent with those of the organization? 12 Does the organization have a written conflict of interest policy? If No. go to line 13 13 Does the organization requisity and consistently monitor and enforce compliance with the policy? If Yes, describe organization requisity and consistently monitor and enforce compliance with the policy? If Yes, and the organization have a written document retention and destruction policy? 13 Ves describe organization have a written document retention and destruction policy? 14 Obes the organization have a written document retention and destruction policy? 15 Dold 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? 15 Dold the organization have a written document retention and destruction poli	5	Did the organization become aware during the year of a material diversion of the org	anızat	ıon's assets?	5		Νo
soverning body? 7. 76 Yes b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 76 s Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following s The governing body? 88 yes b Each committee with authority to act on behalf of the governing body? 88 yes b Each committee with authority to act on behalf of the governing body? 89 Is there any officer, director, fursises, 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 0 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code). 10	6	Does the organization have members or stockholders?			6	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? . 88 Yes b Each committee with authority to act on behalf of the governing body? . 88 Yes committee with authority to act on behalf of the governing body? . 88 Yes b Each committee with authority to act on behalf of the governing body? . 88 Yes committee with authority to act on behalf of the governing body? . 9 No Section B. Policies (This Section B requiests information about policies not required by the Internal Revenue Code.)	7a				7a	Yes	
year by the following a The governing body? b Each committee with authority to act on behalf of the governing body? class the governing body? b Each committee with authority to act on behalf of the governing body? class the governing body? class the committee with authority to act on behalf of the governing body? class the committee with authority to act on behalf of the governing body? class the committee with authority to act on behalf of the governing body? class the committee with authority to act on behalf of the governing body and decreased in the government of the governmen	b	Are any decisions of the governing body subject to approval by members, stockhold	lers, o	r other persons?	7b	Yes	
Beach committee with authority to act on behalf of the governing body? 1 sthere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached to organization's mailing address's If "ves," provide the names and address's sensor in Schedule O. 9	8	- · · · · · · · · · · · · · · · · · · ·	ons ur	ndertaken during the			
State the any officer, director, trustee, or key employed listed in Part VIII, Section A, who cannot be reached at the organization's maining address? If "Yes," provide the names and addresses in Schedule O. Section B, Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Very No.	а	The governing body?			8a	Yes	
section B. Policies (This Section B requests information about policies not required by the Interval Revenue Code.) Folicion B. Policies (This Section B requests information about policies not required by the Interval Revenue Code.) Folicion B. Policies (This Section B requests information about policies not required by the Interval Code.) Folicion B. Policio B. P	b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
Note the organization have local chapters, branches, or affiliates? 10 loes the organization have local chapters, branches, or affiliates? 11 l'His the organization provided a copy of this Form 990 to all members of the organization? 12 l'Boscribe in Schedule O the process, if any, used by the organization review the Form 990 13 l'Poscribe in Schedule O the process, if any, used by the organization review the Form 990 14 l'Does the organization have a written conflict of interest policy? If "No," go to line 13 15 l'Poscribe in Schedule O the process, and key employees required to disclose annually interests that could give riss a conflicts? 16 l'Poscribe in Schedule O how this is done 17 l'Poscribe in Schedule O how this is done 18 l'Poscribe in Schedule O how this is done 19 l'Poscribe in Schedule O how this is done 19 l'Poscribe in Schedule O how this is done 19 l'Poscribe in Schedule O how this is done 19 l'Poscribe in Schedule O how this is done 19 l'Poscribe in Schedule O how this is done 19 l'Poscribe in Schedule O how this is done 19 l'Poscribe in Schedule O how this is done 19 l'Poscribe in Schedule O how this is done 20 l'Poscribe in Schedule O how this is done 21 l'Poscribe in Schedule O how this is done 22 l'Poscribe in Schedule O how this is done 23 l'Poscribe in Schedule O how this is done 24 l'Poscribe in Schedule O how this is done 25 l'Poscribe in Schedule O how this is done 26 l'Poscribe in Schedule O how this is done 27 l'Poscribe in Schedule O how this is done 28 l'Poscribe in Schedule O how this is done 29 l'Poscribe in Schedule O how this is done 20 l'Poscribe in Schedule O how this is done 20 l'Poscribe in Schedule O how this is done 20 l'Poscribe in Schedule O how this is done 20 l'Poscribe in Schedule O how this is done 20 l'Poscribe in Schedule O how this is done 20 l'Poscribe in Schedule O how this is done 21 l'Poscribe in Schedule O how this is done 22 l'Poscribe in Schedule O how this is done 23 l'Poscribe in Schedule O how this is done 24 l'Posc		organization's mailing address? If "Yes," provide the names and addresses in Sched	lule O		9		Νο
Yes No No No No No No No N			requi	ired by the Internal			
10a No b If "Yes," does the organization have local chapters, branches, or affiliates? 11	ке	venue Code.)				Vac	No
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11A Describe in Schedule O the process, if any, used by the organization to review the Form 990	102	Does the organization have local chanters branches or affiliates?			102	163	
affiliates, and branches to ensure their operations are consistent with those of the organization? 10 11 12 13 15 15 15 15 15 15 15					100		110
11		affiliates, and branches to ensure their operations are consistent with those of the o	rganız	ation?	10b		
Does the organization have a written conflict of interest policy? If "No," go to line 13		Tras the organization provided a copy of this Form 990 to an members of its governi	ng boo	ly belove illing the lotti.	11	Yes	
A re officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	11A	Describe in Schedule O the process, if any, used by the organization to review the F	orm 9	90			
to conflicts?	12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	Yes	
describe in Schedule O how this is done	b			_	12b	Yes	
14 Does the organization have a written document retention and destruction policy?	c		th the	policy? If "Yes,"	12c	Yes	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official	13	Does the organization have a written whistleblower policy?	•		13	Yes	
independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official	14	Does the organization have a written document retention and destruction policy?	-		14	Yes	
the officers or key employees of the organization	15	· · · · · · · · · · · · · · · · · · ·					
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?		, , , , , , , , , , , , , , , , , , , ,			15a	Yes	
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	b	, , ,	•		15b	Yes	
taxable entity during the year?		If "Yes" to line a or b, describe the process in Schedule O (See instructions)					
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?	16a		orsım	ılar arrangement with a	16a	Yes	
Section C. Disclosure 17 List the States with which a copy of this Form 990 is required to be filed ►GA 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.	b						
List the States with which a copy of this Form 990 is required to be filed ►GA 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 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					16b		Νο
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 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.	Se	ction C. Disclosure					
(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.	17	List the States with which a copy of this Form 990 is required to be filed ▶ GA					
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	18	(3)s only) available for public inspection. Indicate how you make these available. C					
interest policy, and financial statements available to the public. See Additional Data Table	19		na doc	uments, conflict of			
	20	interest policy, and financial statements available to the public See Additional Data	aTable	e	ie orda	nization	n ▶ -

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	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) 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	4	2,100,357	0	190,360

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 28

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ARAMARK CTS Inc 10510 Twin Lakes Parkway Charlotte, NC 28269	EVS & Bio-Med Svcs	1,241,756
Georgia Medical Resource Pool 3675 Crestwood Pkwy NW Duluth, GA 30096	Temporary Employment	1,004,048
RGL Associates 3536 Darien Highway Brunswick, GA 31525	Billing & Collections	792,845
Alliance Healthcare Services Cherry Street Macon, GA 31201	MRI	698,788
Florida Medical Development Inc Douglas Ave Altamonte Springs, FL 32714	Lithotripsy	500,475
2 Total number of independent contractors (including but not limited to those listed above)) who received more than	

\$100,000 in compensation from the organization >30

Page 8

Form 99								Page 9
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
its its	1a	Federated cam	paigns 1a					
필드	ь	Membership du	ies 1b					
%°G	c	Fundraising eve	ents 1c					
ਸ਼ੁੱਲ	d	Related organiz	zations 1d					
E, S	e	Government grant	s (contributions) 1e	6,250				
rio er s	f	All other contribute similar amounts no	ons, gifts, grants, and 1f ot included above	53,383				
돌	g	Noncash contri	ibutions included in					
Contributions, gifts, grants and other similar amounts	١.	_			59,633			
<u>O</u> w	h	lotal. Add lines	s 1a-1f		39,033			
e =				Business Code				
Program Service Revenue	2a	Net Patient Reven	<u>ue</u>	900,099	244,294,447	244,294,447		500.005
2 <u>4</u>	b c	Cafeteria Employee Pharma		900,099	698,886			698,886
Š	d	Vending	<u></u>	900,099	257,227			257,227
33	e e	Purchase Discounts	<u> </u>	900,099	40,837 33,612			40,837 33,612
E E	, F		am service revenue	900,099	89,539			89,539
ွှဲ	'				69,339			69,339
	g		s 2a – 2f		245,414,548			
	3		ome (including dividend ar amounts)		3,725,252			3,725,252
	4		stment of tax-exempt bond p	-	627,583			627,583
	5			· · · · · · · · · · · · · · · · · · ·				
			(ı) Real	(II) Personal				
	6a	Gross Rents	684,842					
	b	Less rental expenses						
	C	Rental income or (loss)	684,842					
	d	Net rental inco	me or (loss)		684,842			684,842
			(i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	36,212,454	67,157				
	ь	Less cost or other basis and sales expenses	34,617,012	74,027				
	c	Gain or (loss)	1,595,442	-6,870				
	d	Net gaın or (los	s)		1,588,572			1,588,572
ė	8a	events (not ınc	rom fundraising luding					
Other Revenue			s reported on line 1c)					
<u>.</u>			а					
ŧ	b		penses b					
U	c 9a		(loss) from fundraising of from gaming activities	events F				
			ne 19 a					
	b c		penses b [(loss) from gaming activ	vities				
	10a	Gross sales of returns and allo	owances .					
	ь	Less cost of g	a oods sold b					
	С		(loss) from sales of inve					
		Miscellaneous	s Revenue	Business Code				
	11a							<u> </u>
	b							
	c							
	d		ue c 112-11d					
	e	iotal. A dd lines	s 11a-11d					
	12	Total revenue.	See Instructions	▶	252,100,430	244,294,447	C	7,746,350

	990 (2009)				Page 10
Par	Statement of Functional Expenses				
А	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			D).	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
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	2,218,314	448,758	1,769,556	
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	78,068,731	67,201,139	10,867,592	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,256,953	3,747,001	509,952	
9	Other employee benefits	12,924,510	10,838,376	2,086,134	
10	Payroll taxes	5,822,112	5,084,334	737,778	
11	Fees for services (non-employees)				
а	Management				
ь	Legal	726,512		726,512	
c	Accounting	73,600		73,600	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	178,171		178,171	
g	Other	19,018,957	14,177,800	4,841,157	
12	Advertising and promotion	743,467		743,467	
13	Office expenses	9,081,335	7,369,861	1,711,474	
14	Information technology	2,083,436		2,083,436	
15	Royalties				
16	Occupancy	2,732,929		2,732,929	
17	Travel	179,774	100,449	79,325	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	82,115	49,550	32,565	
20	Interest	2,885,342		2,885,342	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,984,313	7,442,798	3,541,515	
23	Insurance	2,135,078	2,135,078		
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	Patient Supplies & Phar	35,004,790	34,951,393	53,397	
b	Bad Debt Expense	33,347,896	33,347,896		
c	Equipment Maintenance	6,232,301	3,733,965	2,498,336	
d	Dues, Licenses, Assessm	1,022,485	221,392	801,093	
е	Risk Management	560,963		560,963	
f	All other expenses	1,497,786	144,085	1,353,701	
25	Total functional expenses. Add lines 1 through 24f	231,861,870	190,993,875	40,867,995	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	, =,===	, =,===	, ,===	·
	campaign and lundraising solicitation				000 (200

Part X Balance Sheet (A) (B) End of year Beginning of year 2.263.542 1 1 Cash—non-interest-bearing 2 2 3 3 4 4 31.550.279 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 7 8 1,226,941 293,189 Land, buildings, and equipment cost or other basis Complete 242.520.181 10a Part VI of Schedule D 10a 10b 110.503.932 132.016.249 b Less accumulated depreciation 10c 11 141.808.685 11 12 12 Investments—other securities See Part IV, line 11 13 77,750 13 Investments—program-related See Part IV, line 11 . . 14 14 15 6.885.623 15 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 16 316,122,258 41.421.485 17 17 Accounts payable and accrued expenses . 18 18 19 19 77,035,000 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 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 0 25 25 Other liabilities Complete Part X of Schedule D 20.813.477 26 Total liabilities. Add lines 17 through 25 26 139,269,962 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. Unrestricted net assets 176.852.296 27 27 28 28 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 ¥ĕ 0 33 Total net assets or fund balances 33 176,852,296 34 Total liabilities and net assets/fund balances 0 34 316, 122, 258

Part XI Financial Statements and Reporting

			Yes	No
L	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	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	2c	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			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? 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)

Employer identification number

OMB No 1545-0047

D NO 1343-004

2009

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury 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

ht Attach to Form 990 or Form 990-E7. It Soo constate instructions

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

Name of the organization Houston Hospitals Inc

		71-1045290			
Pa	rt I	Reason for Public Charity Status (All organizations must complete this part.) See instru	ctions		
The	organı	zation is not a private foundation because it is (For lines 1 through 11, check only one box)			
1	Γ	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).			
2	Γ	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)			
3	~	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).			
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A hospital's name, city, and state)(iii). Ente	r the	
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental un	ıt describe	- ed in	
		section 170(b)(1)(A)(iv). (Complete Part II)			
6	Γ	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).			
7	Γ	An organization that normally receives a substantial part of its support from a governmental unit or from the described in section 170(b)(1)(A)(vi) (Complete Part II)	ne general	public	:
8	Γ	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)			
9	Γ	An organization that normally receives (1) more than 331/3% of its support from contributions, members	nıp fees, aı	nd gro	ss
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more that	an 331/3%	of	
		its support from gross investment income and unrelated business taxable income (less section 511 tax) f	rom busin	esses	
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)			
10	Γ	An organization organized and operated exclusively to test for public safety See section 509(a)(4).			
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to car one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See sethe box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d Type III		a)(3).	Check
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(2)	-	-	
f		If the organization received a written determination from the IRS that it is a Type I, Type II or Type III sucheck this box	ipporting o	rganız	ation,
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?			
		(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)		Yes	No
		and (III) below, the governing body of the the supported organization?	11g(i)		—
		(ii) a family member of a person described in (i) above?	11g(ii)		<u> </u>
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		<u> </u>
h		Provide the following information about the cupported organization(s)			

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ed in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga	on in anized	(vii) A mount of support?
		ınstructions))	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.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(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) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(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 stop here						-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
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. 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						▶ ┌
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				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	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	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 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						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

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

Software ID: Software Version:

EIN: 71-1045290

Name: Houston Hospitals Inc

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

(A) Name and Title	(B) A verage hours		((tion (hat a	(che				(D) Reportable compensation	(E) Reportable compensation	(F) 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
Daniel Deighton MD Chairman	5 00	Х						0	0	0
Fred Graham Director	3 00	x						0	0	0
Trudie Warren Director	3 00	X						0	0	0
Ed Dyson Dırector	3 00	X						0	0	0
Horatio Cabasares MD Director	3 00	X						0	0	0
Tommy Stalnaker Director	3 00	X						0	0	0
Arthur Christie Director	3 00	Χ						0	0	0
Grady W Philips III CEO	50 00			Х				390,718	0	23,348
Frank R Powell CFO	50 00			Х				255,893	0	19,745
Cary Martin COO	50 00			Χ				151,560	0	16,285
Lynne Thomas Gordon Administrator, Houston M	45 00			Х				180,489	0	14,071
John David Campbell Administrator, Perry Hos	50 00			Χ				138,769	0	18,680
Samuel O Johnson Medical Director	45 00				Χ			253,510	0	19,836
Keith A Abney Physician Occupational H	45 00					X		174,089	0	12,918
Rita Bandt Asst Director of Pharma	45 00					X		134,488	0	18,018
Melinda Hartley Chief Nurse Executive	45 00					X		143,753	0	16,510
Michael O'Hara Sr Exec - Human Resourc	45 00					X		133,946	0	13,006
Robertina F Fletcher Director of Pharmacy	45 00					Х		143,142	0	17,943

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	244,294,447	244,294,447		
Cafeteria	900,099	698,886			698,886
Employee Pharmacy	900,099	257,227			257,227
V ending	900,099	40,837			40,837
Purchase Discounts	900,099	33,612			33,612

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

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Patient Supplies & Phar	35,004,790	34,951,393	53,397	
Bad Debt Expense	33,347,896	33,347,896		
Equipment Maintenance	6,232,301	3,733,965	2,498,336	
Dues, Licenses, Assessm	1,022,485	221,392	801,093	
Rısk Management	560,963		560,963	

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DLN: 93493319064570

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public

Interna	l Revenue Service	► Attach to Fo	rm 990. ► See separate instructions.		Inspection
	me of the organiston Hospitals Inc	ization		Employer identifi	cation number
				71-1045290	
Pa			lvised Funds or Other Similar F	unds or Accoun	ts. Complete if the
	organiz	zation answered "Yes" to Form 99	(a) Donor advised funds	(h) Funds and	other accounts
1	Total number a	t end of vear	(a) Bollot davisca lands	(b) runus unu	other accounts
2		tributions to (during year)			
3	Aggregate grar	nts from (during year)			
4	Aggregate valu	ue at end of year			
5	_	zation inform all donors and donor advisorganization's property, subject to the o	sors in writing that the assets held in don organization's exclusive legal control?	nor advised	┌ Yes ┌ No
6	used only for c	- · · · · · · · · · · · · · · · · · · ·	donor advisors in writing that grant funds efit of the donor or donor advisor, or for a	•	┌ Yes ┌ No
Pa	rt III Conse	rvation Easements. Complete	if the organization answered "Yes" t	o Form 990, Part	IV, line 7.
2	Preservat Protection Preservat Complete lines	conservation easements held by the or ion of land for public use (e g , recreation of natural habitat ion of open space s 2a-2d if the organization held a quali he last day of the tax year	on or pleasure)		ucture
_	Total number o	of concernation opcoments			ne End of the Year
a b		of conservation easements restricted by conservation easements		2a	
C	-	servation easements on a certified his	toric structure included in (a)	2b 2c	
d		servation easements included in (c) ac	` ,	2d	
3		servation easements modified, transfe	rred, released, extinguished, or terminate	ed by the organizatio	n during
4			tion easement is located ►		
5		nization have a written policy regarding fthe conservation easements it holds?	the periodic monitoring, inspection, hand	dling of violations, ai	nd
6	Staff and volur	nteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	nents during the year	· -
7	A mount of exp	enses incurred in monitoring, inspectir	ng, and enforcing conservation easements	s during the year ► 🕏	S
8		nservation easement reported on line 2) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	ction	┌ Yes
9	balance sheet,		onservation easements in its revenue and he footnote to the organization's financial nents		
Par		izations Maintaining Collectio ete if the organization answered "	ns of Art, Historical Treasures, Yes" to Form 990, Part IV, line 8.	or Other Simila	r Assets.
1a	art, historical t	treasures, or other similar assets held	116, not to report in its revenue stateme for public exhibition, education or resear ancial statements that describes these it	ch in furtherance of p	
b	historical treas	· ·	116, to report in its revenue statement a public exhibition, education, or research i		•
	(i) Revenues i	ncluded in Form 990, Part VIII, line 1		► \$	
	(ii) Assets inc	luded in Form 990, Part X		► \$	
2	_	tion received or held works of art, histo ints required to be reported under SFAS	orical treasures, or other similar assets fo S 116 relating to these items	or financial gain, pro	vide the
а	Revenues inclu	uded in Form 990, Part VIII, line 1		► \$	

••• Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal T</u>	reas	ures, or C)the	<u>r Similar A</u>	ssets	(continue
	r records, check an	ıy of th	ne foll	owing	that a	re a signific	ant u	ise of its colled	ction	
Public exhibition		d	Γ	Loan	orex	change prog	rams			
Scholarly research		e	Γ	O the	r					
Preservation for future generations										
•	ollections and expla	ain hov	w they	y furth	er the	organızatıor	n's ex	xempt purpose	ın	
. ,			,					nılar	┌ Yes	. ⊢ No
						n answere	d "Y	es" to Form	990,	
	ian or other interm	ediary	for c	ontrib	utions	or other ass	ets	not	┌ Yes	. ⊢ No
If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	/ıng ta	able		г		_		
_						-		A	mount	
						}				
						}				
						-				
•		_				L	11			
		ie 21?							Yes	No.
				1 115 4						
Endowment Funds. Complete										r Vears Ba
Beginning of year halance	(a)Current rear	(0	JEHOL	i Cai	(6)	WO TEATS DACK	(u)	Tillee Teals back	(E)i ou	i icais ba
							-			
-					1					
Other expenditures for facilities										
Administrative expenses										
End of year balance										
Provide the estimated percentage of the yea	r end balance held	as			<u>'</u>					
	%									
Permanent endowment - %										
Term endowment 🕨 %										
	ssion of the organiz	ation	that a	are hel	ld and	admınıstere	d for	the		
organization by									Ye	s No
(i) unrelated organizations					•		•			
							•			
	•				•		•	🗀	3Ь	
					200 [Oart V Juno	10			
vi investments—Land, Bundings	s, and Equipme	iiit. S				i '		(-) (.	
			(a)			(b)Cost or o		(c) Accumulate	u l (a)	Book value
Description of investment			basis	(invest		basis (othe		depreciation		DOOK Value
Description of investment			basis					depreciation	(=,	12,691,2
·			basis			basis (othe	,247	depreciation 49,385,24		
and		· ·	basis			basis (othe	,247	·		12,691,2
and		· · ·	basis			basis (othe	,247),826	49,385,24	46	12,691,2
and		· · ·		s (inves	tment)	basis (other 12,691 140,530 83,133	,247),826	49,385,24 59,418,21	46	12,691,2 91,145,5
	Using the organization's accession and othe items (check all that apply) Public exhibition Scholarly research Preservation for future generations Provide a description of the organization's corport XIV During the year, did the organization solicit assets to be sold to raise funds rather than the second of the organization and the organization are described by the organization include an amount on form 1990, Part XIV Beginning balance Did the organization include and amount on form 1991 the organization include and amount on form 1991 the organization include and amount on form 1992 the organization of the organization by (i) unrelated organizations	Using the organization's accession and other records, check aritems (check all that apply) Public exhibition Scholarly research Preservation for future generations Provide a description of the organization's collections and explayant XIV During the year, did the organization solicit or receive donation assets to be sold to raise funds rather than to be maintained as SIV Escrow and Custodial Arrangements. Comple Part IV, line 9, or reported an amount on Form 99 Part IV, line 9, or reported an amount on Form 91 Is the organization an agent, trustee, custodian or other intermincluded on Form 990, Part X? If "Yes," explain the arrangement in Part XIV and complete the Beginning balance Additions during the year Distributions during the year Ending balance Did the organization include an amount on Form 990, Part X, line If "Yes," explain the arrangement in Part XIV V Endowment Funds. Complete if the organization Ga)Current Year Beginning of year balance Contributions Investment earnings or losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the year end balance held Board designated or quasi-endowment Permanent endowment Permanent endowment M Are there endowment funds not in the possession of the organization by (i) unrelated organizations Lif "Yes" to 3a(II), are the related organizations listed as required Describe in Part XIV the intended uses of the organization's endoes and possession of the organization's endoes and possession of the organization's endoes are provided by and possession of the organization's endoes are provided by and possession of the organization's endoes are provided by and possession of the organization's endoes are provided by and possession of the organization's endoes are provided by and possession of the organization's endoes are provided by and possession of the organization's endoes are provided by and possession of the organization's endoes are provided by a	Using the organization's accession and other records, check any of the items (check all that apply) Public exhibition Scholarly research Preservation for future generations Provide a description of the organization's collections and explain hor Part XIV During the year, did the organization solicit or receive donations of an assets to be sold to raise funds rather than to be maintained as part of assets to be sold to raise funds rather than to be maintained as part of assets to be sold to raise funds rather than to be maintained as part of a section of the organization and agent, trustee, custodian or other intermediary included on Form 990, Part X? If she organization an agent, trustee, custodian or other intermediary included on Form 990, Part X? If "Yes," explain the arrangement in Part XIV and complete the follow Beginning balance Additions during the year Distributions during the year Ending balance Did the organization include an amount on Form 990, Part X, line 21? If "Yes," explain the arrangement in Part XIV V Endowment Funds. Complete if the organization and second programs and programs	Using the organization's accession and other records, check any of the folitems (check all that apply) Public exhibition Scholarly research Preservation for future generations Provide a description of the organization's collections and explain how the Part XIV During the year, did the organization solicit or receive donations of art, his assets to be sold to raise funds rather than to be maintained as part of the Part IV, line 9, or reported an amount on Form 990, Part X Is the organization an agent, trustee, custodian or other intermediary for cincluded on Form 990, Part X? If "Yes," explain the arrangement in Part XIV and complete the following to the organization include an amount on Form 990, Part X, line 21? If "Yes," explain the arrangement in Part XIV V Endowment Funds. Complete if the organization answere the organization answere the organization include an amount on Form 990, Part X, line 21? If "Yes," explain the arrangement in Part XIV V Endowment Funds. Complete if the organization answere the organization and programs and	Using the organization's accession and other records, check any of the following items (check all that apply) Public exhibition Scholarly research Preservation for future generations Provide a description of the organization's collections and explain how they furth Part XIV During the year, did the organization solicit or receive donations of art, historica assets to be sold to raise funds rather than to be maintained as part of the organization to be organization as part of the organization assets to be sold to raise funds rather than to be maintained as part of the organization for the organization and explain how they furth Part XIV Becrow and Custodial Arrangements. Complete if the organization of part X, line 9, or reported an amount on Form 990, Part X, line 15 the organization and agent, trustee, custodian or other intermediary for contributioned don Form 990, Part X, line 16 the organization form 990, Part X, line 17 the organization form 990, Part X, line 17 the organization during the year 19 the organization include an amount on Form 990, Part X, line 21? If "Yes," explain the arrangement in Part XIV and complete the following table 19 the organization answered "Yes 19 the organization include an amount on Form 990, Part X, line 21? If "Yes," explain the arrangement in Part XIV 19 the organization answered "Yes 20 the organization answered "Yes 20 the organization and programs (a) Current Year (b) Prior Year 19 the organization and programs (b) Prior Year 19 the organization and programs (b) organization during the year end balance held as 19 the organization of the organization that are he organization by (i) unrelated organizations (ii) related organizations (iii) related organizations (iiii) related organizations (iiiii) related organizations (iiiiii) related organizat	Using the organization's accession and other records, check any of the following that a items (check all that apply) Public exhibition Scholarly research Preservation for future generations Provide a description of the organization's collections and explain how they further the Part XIV During the year, did the organization solicit or receive donations of art, historical treas assets to be sold to raise funds rather than to be maintained as part of the organization. Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions included on Form 990, Part X? If "Yes," explain the arrangement in Part XIV and complete the following table Beginning balance Did the organization include an amount on Form 990, Part X, line 21? If "Yes," explain the arrangement in Part XIV Vendowment Funds. Complete if the organization answered "Yes" to a discussion of the organization and programs and programs. Contributions Investment earnings or losses Grants or scholarships Other expenditures for facilities and programs. Administrative expenses End of year balance Provide the estimated percentage of the year end balance held as Board designated or quasi-endowment % Permanent endowment % Permanent endowment % Permanent endowment % Term endowm	Using the organization's accession and other records, check any of the following that are a significatems (check all that apply) Public exhibition Scholarly research Preservation for future generations Provide a description of the organization's collections and explain how they further the organization Part XIV During the year, did the organization solicit or receive donations of art, historical treasures or othe assets to be sold to raise funds rather than to be maintained as part of the organization's collection. IV Escrow and Custodial Arrangements. Complete if the organization answere Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assimiculed on Form 990, Part X? If "Yes," explain the arrangement in Part XIV and complete the following table Beginning balance Additions during the year Ending balance If the organization include an amount on Form 990, Part X, line 21? If "Yes," explain the arrangement in Part XIV V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part X, line 21? If "Yes," explain the arrangement in Part XIV V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part X, line 21? Investment earnings or losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the year end balance held as Board designated or quasi-endowment % Permanent endowment % Permanent endowment Funds not in the possession of the organization that are held and administere organization by (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIV the intended uses of the organization's endowment funds	Using the organization's accession and other records, check any of the following that are a significant uterms (check all that apply) Public exhibition	Using the organization's accession and other records, check any of the following that are a significant use of its collections terms (check all that apply) Public exhibition	Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply) Public exhibition Scholarly research Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV During the year, did the organization solicit or receive donations of art, historical treasures or other similar assests to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes VE Scrow and Custodial Arrangements. Complete if the organization answered "yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIV and complete the following table Beginning balance Additions during the year Distributions during the year Did the organization include an amount on Form 990, Part X, line 21? If "Yes," explain the arrangement in Part XIV VEndowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Beginning of year balance Quitering Yes Beginning of year balance Quitering Yes Contributions Investment earnings or losses Garding Yes Contributions Contributions

Part VII Investments—Other Securities. See (a) Description of security or category	Form 990, Part X, line 12	(c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. Se	e Form 990, Part X, line :	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(h) Pash value
(ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Description of the second	ne 15. ption	(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Description (b) Should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X	ne 15. ption	
Part IX Other Assets. See Form 990, Part X, III (a) Description of the second	ne 15. ption	
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X	ne 15. otion 5.) C, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15. otion 5.) C, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes	ne 15. ption 5.) C, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes	ne 15. ption 5.) C, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes	ne 15. ption 5.) C, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes	ne 15. ption 5.) C, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes	ne 15. ption 5.) C, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes	ne 15. ption 5.) C, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes	ne 15. ption 5.) C, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes	ne 15. ption 5.) C, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes	ne 15. ption 5.) C, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes	ne 15. ption 5.) C, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes	ne 15. ption 5.) C, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes	ne 15. ption 5.) C, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes	ne 15. ption 5.) C, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes	ne 15. ption 5.) C, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part > (a) Description of Liability Federal Income Taxes	ne 15. ption 5.) C, line 25. (b) A mount	

Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ITS
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	
1	Total revenue, gains, and other support per audited financial statements	1
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
ь	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV) 2d	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIV) 4b	
c	Add lines 4a and 4b	4c
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
ь	Prior year adjustments	1
c	Other losses	1
d	Other (Describe in Part XIV) 2d	1
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIV) 4b]
c	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5
Par	t XIV Supplemental Information	
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete t	

Identifier Return Reference Explanation

additional information

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DLN: 93493319064570

OMB No 1545-0047

2009

Open to Public **Inspection**

SCHEDULE H (Form 990)

Department of the Treasury

Houston Hospitals Inc

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

Hospitals

Internal Revenue Service ► See separate instructions. Name of the organization **Employer identification number**

Pai	t I Charity Care and	Certain O	ther Comr	nunity Benefits at		1045290			
	charity care and	CCI tuili O	tilei comi	numey benefits u				Yes	No
1a	Does the organization have a	charity care	policy? If "N	o," skip to question 6a			1a	Yes	
ь	If "Yes," is it a written policy	·					1b	Yes	
2	If the organization has multip		ındıcate whic	h of the following best	describes application o	of the charity			
	care policy to the various hos			_					
	Applied uniformly to all ho Generally tailored to indiv		ıls	Applied uniformly	to most hospitals				
3	Answer the following based o organization's patients	n the charity	care eligibilit	y criteria that applies t	to the largest number o	f the			
а	Does the organization use Fe income individuals? If "Yes,"						3a	Yes	
				22500 0000	000000		<u> </u>	103	
		F 20	00% F	O ther					
b	Does the organization use FP "Yes," indicate which of the fo								
		_	_				3b	Yes	
	200% 250%	✓ 30	оо% Г	350% — 40	0% F Other_				
	If the organization does not u determining eligibility for free test or other threshold, regar	or discounte	d care Inclu	de in the description w	hether the organizatior				
4	Does the organization's polic	y provide free	or discounte	ed care to the "medical	ly indigent"?		4	Yes	
5a	Does the organization budget	amounts for	free or discoi	unted care provided un	der its charity care pol	ıcy?	5a	Yes	
b	If "Yes," did the organization	's charity car	e expenses e	xceed the budgeted ar	nount?		5b	Yes	
c	If "Yes" to line 5b, as a resul care to a patient who was elig	-			•		5c		No
6a	Does the organization prepar	e an annual c	ommunity be	nefit report?			6a	Yes	
6b	If "Yes," does the organization	n make it ava	aılable to the	public?			6b	Yes	
	Complete the following table worksheets with the Schedule	-	ksheets prov	ıded ın the Schedule H	instructions Do not s	ubmit these			
7	Charity Care and Certain O	ther Commu	nıty Benefits	at Cost					
M	Charity Care and leans-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 b expense	enefit	(f) Pero total ex	
	Charity care at cost (from Worksheets 1 and 2)			5,827,820	1,542,583	4,28	5,237	2	160 %
	Jnreimbursed Medicaid (from Worksheet 3, column a)			22,967,722	19,310,920	3,65	6,802	1	840 %
c l	nreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			, ,	, ,	,	,		
d T	otal Charity Care and Means-Tested Government Programs			28,795,542	20,853,503	7,94	2,039	4	000 %
9 I	Other Benefits community health improvement services and community benefit operations (from		42,736	776,777	12,052	76	4,725	0	390 %
f H	Worksheet 4) ealth professions education (from Worksheet 5)		72,730	770,777	12,032	70	1,123		JJO 70
_	Subsidized health services (from Worksheet 6)								
i C	Research (from Worksheet 7) ash and ın-kınd contributions to community groups								
	(from Worksheet 8)		40.70	464,857	10.5=-		4,857		230 %
-	otal Other Benefits otal. Add lines 7d and 7j		42,736 42,736	1,241,634 30,037,176	12,052 20,865,555	·	9,582 1,621	0	620 % 0

	rt II Community Buildin	ng Activitie	s Complete t	his table if the	organizati	on cor	nducted any commur	nity b		q q
	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	
L	Physical improvements and housing	(optional)								
2	Economic development									
3	·									
	Community support									
4 5	Environmental improvements Leadership development and training									
	for community members									
5 7	Coalition building Community health improvement							_		
	advocacy									
3	Workforce development							_		
)	Other Total							_		
	t IIII Bad Debt, Medicar	e. & Collec	tion Practic							
<u>e</u>	Dad Debt, Ficultur	c, a conce	tion i i detie							
:ct	ion A. Bad Debt Expense								Yes	No
	Does the organization report b Statement No 15?	ad debt expen	ise in accordan	ce with Heathcare	Financial	Manag	ement Association	1	Yes	
	Enter the amount of the organi		ebt expense (at	t cost)		 ₂	11,384,873		1	
	Enter the estimated amount of	the organizat	ıon's bad debt e	expense (at cost)						
	attributable to patients eligible					3	4,285,236			
•	Provide in Part VI the text of t In addition, describe the costi rationale for including other ba	ng methodolog	gy used in deter	mining the amour			·			
ct	ion B. Medicare									
	Enter total revenue received fi	rom Medicare	(ıncludıng DSH	and IME)		5	62,276,999			
	Enter Medicare allowable cost	s of care relat	ing to payments	s on line 5		6	64,075,644			
	Subtract line 6 from line 5 Th Describe in Part VI the extent Also describe in Part VI the co	to which any osting method the method us	shortfall reporte ology or source ed	ed in line 7 should used to determin	be treated					
	Cost accounting system	l ✓ Co	st to charge ra	tio I	Other					
ct	ion C. Collection Practices									
a	Does the organization have a							9a	Yes	
b	If "Yes," does the organization patients who are known to quater in the state of th	lify for charity	care or financia	al assistance? De				9b	Yes	
Ľ	Management com		Joint Ventu	103	(c) Organiz	zation's	(d) Officers, directors,	1	e) Physic	
	(a) Name of entity	(t	o) Description of pr activity of entity		profit % oi ownershi	r stock	trustees, or key employees' profit % or stock ownership%	pro	ofit % or ownersh	stoc
1										
2										
3										
<u> </u>										
		1					ì	1		

Part V Facility Information									
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Ortical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Houston Medical Center 1601 Watson Blvd Warner Robins, GA 31093	Х	Х					X		
Perry Hospital 1120 Morningside Dr Perry.GA 31069	Х	X					X		

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 7f Bad Debt Expense of 33,347,896 has been removed from total expense

Part I, Line 7 Worksheets 1 and 2 contained in the Form 990, Schedule H Instructions were used to determine the cost-to-charge ratio used to determine the hospital's charity care and Medicaid costs

Part III, Line 4 There is no footnote in the financial statements concerning bad debts. Worksheets 1, 2, and A contained in the Form 990, Schedule H Instructions were used to determine the cost-to-charge ratio used to determine the hospitals bad debt and charity care costs.

Part III, Line 8 100% of the hospitals Medicare shortfall should be treated as community benefits since the organization provides healthcare access for Medicare patients and accepts payment below cost benefiting our community largely made up of Medicare beneficiaries

Part III, Line 9b Houston Hospitals' Bad Debt Policy states that collections are ceased upon the patients' approval for Indigent or Charity Care Per the organization's Charity Care policy, approval of eligibility expires in 6 months, at which time, a patient must reapply

Part V In addition to the two licensed hospitals, Houston Hospitals, Inc. operates seven outpatient facilities

Part I, Line 7 Houston Hospitals, Inc. provides the facilities (free standing building) for the Houston County Volunteer Medical Clinic. This facility provides free medical/pharmacutical help for those citizens of Houston County that have an employed family member in their household but are not insured. The total income for the household must be less than 200% of the identified poverty level. The volunteer clinic is an integral part of our community healthcare system.

- 2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves
- Part VI, Line 2 Every three years Houston Hospitals completes a Community Needs Assessment in conjunction with other healthcare providers in our area. This needs assessment identifies the focus areas for our community benefit work. These areas of need are prioritized by hospital management (with Board oversight) to best serve the needs of our 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 The Houston Hospitals' Website educates individuals as to all services such as these. Houston Hospitals has sinage at every registration location throughout all of our facilities. Paperwork is given to everyone that registers for any service by every registration clerk. The first billing statement that is sent out to patients also addresses this process with specific instructions.

- 4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- Part VI, Line 4 Houston Hospitals, Inc. is proud to serve the medical needs of residents in Perry, Centerville, Warner Robins and Houston County, Georgia, as the county's largest healthcare provider for more than 40 years. Our system includes Houston Medical Center, a 198bed facility in Warner Robins, Perry Hospital, a 45-bed facility, Houston Heart Institute, The Surgery Center, Houston Occupational Health & Wellness Center, Houston Health Pavilion, urgent care centers and outpatient services As a regional provider, Houston Hospitals, Inc. (as part of Houston Healthcare System, Inc) provides comprehensive inpatient and outpatient healthcare services annually to more than 160,000 people residing in Houston and surrounding counties. Perry Hospital is a full-service medical facility offering an array of services Houston Hospitals, Inc is tasked with servicing a diverse population including migrant workers in the peach orchards, small business owners, industrial workers, as well as Air Force service workers from all over the world. The top five employers include Robins Air Force Base with 22,000 employees, Houston County Board of Education - 4,600 teachers and staff, Perdue Farms, which employs 1,800 poultry processing workers, Houston Healthcare with 2,000 employees and Frito Lay, producer of snack foods with over 1,000 workers Meeting the diverse health needs of the 133,000 county residents as well as the surrounding county citizens is an on-going challenge. The area residents include African-Americans, Caucasians and a growing number of Hispanics as well as many different cultures working and living at Robins Air Force Base There are also an increasing number of retirees and elderly living in or moving to Houston County due to the mild climate and lower cost of living in the area According to the 2000 Census, there were 30,221 Houston County families, of which 5,993 earned less than \$25,000 annually Nearly one-fifth of Houston County families live on incomes that place them at high risk for underinsurance or no insurance. In Houston County, 33,186 people attained a high school diploma or less representing, 48 percent of all people 25 years old or older Overall socioeconomic status indicate that Houston County residents' weekly income is lower than the state average, and Houston County has higher rates of single parent heads of household coupled with grandparents as care givers The three leading causes of death in include 36 percent die from cardiovascular diseases, 21 percent die from cancer and 18 percent from stroke. There are also an increasing number of persons with diabetes In 2003, approximately 7 1 percent of adults in Houston County had diabetes. More than 15 percent of Georgia residents 60-years-old and older havediabetes. The age-adjusted mortality rate of kidney disease in Georgia has been 30 - 40 percent higher than that of the United States since 1980 Georgia continues with higher rates of Pre-term Births (less than 37 weeks) and low birth weight newborns than the average for the United States. In the United States, the prevalence of overweight individuals increased to 37 percent in 2001 in Georgia 58 percent of people are overweight. There are 39,462 households in Houston County, with 12,059 of which have at least one smoker Through the 2009 Community Needs Assessment, Houston Hospitals, Inc. has identified four focus areas of community healthcare needs. The four areas are. Prevention of illness and wellness promotion targeting tobacco, nutrition, and exercise Access to Care to assist in establishing "medical homes" for lower income, un/underinsured citizens. Chronic disease management is the third focus area And the fourth focus area is individual care for those in the vulnerable population Houston Hospitals, Inc. has established programs/protocols to address all four of these issues. Although we do collaborate with other organizations in our community (ie,volunteer medical clinic, translator services, parish nurse programs, Komen, and local health department to name a few) Houston Hospitals, Inc. along with its related organizations has well organized, results proven in place to addrees these needs. Our Community Education department worked with over 70,000 residents in 2009 alone in various community screenings, education classes, support systems, and physician
- 5 Community building activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)

 Part VI, Line 6 Houston Hospitals, Inc. Educare Department provides three meeting facilities to not for profit healthcare and community enhancement organizations for weekly/monthly staff meetings and meetings for members of the Houston County community Examples of community organizations that use these facilities include AARP, Houston County Families In Transition Services, American Heart Association, Susan Komen Foundation, Houston County Parish Nurse's Association, Alzheimer's Association, and Houston County Lupus Support Group All of these organizations, plus several others not listed, use these facilities free of charge each week/month Houston Hospitals, Inc. has an open medical staff, which enables the organization to provide the services needed by the community and it allows needed access to the indigent as well as Medicare, Medicaid and Tricare populations Houston Hospitals, Inc. community board members are active members of the community. They are employed by or retired from various community organizations which include local schools, local
- enables our organization toprovide services and benefits our community needs most

 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 Houston Hospitals, Inc. assesses the needs of our community regularly to identify what programs will be the most beneficial to the most people in our community. Houston Hospitals, Inc. Educare Department provides more than 45 on-going health and wellness education programs as well as numerous healthfairs/screenings each year that serves several thousand residents of Houston County Houston Hospitals, Inc. is a part of Houston Healthcare System, Inc. which also includes. Houston Heart Institute provides heart services (catherzations, echocardiograms, cardio rehab, etc.) to the community, Houston EMS provides ambulance services to the community including Robins Air Force Base.

and state government, physician practices, law firms, insurance agencies, etc. Their education, experience and community involvement

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

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DLN: 93493319064570

Schedule J

(Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Houston Hospitals Inc

Employer identification number

71-1045290

Pa	Questions Regarding Compensati	on					
					Yes	Νo	
1a	Check the appropriate box(es) if the organization p 990, Part VII, Section A, line 1a Complete Part I		ny of the following to or for a person listed in Form vide any relevant information regarding these items				
	First-class or charter travel	Г	Housing allowance or residence for personal use				
	Travel for companions	Γ	Payments for business use of personal residence				
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees				
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)				
b	If any of the boxes in line 1a are checked, did the reimbursement orprovision of all the expenses de			1b	Yes		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executi			2	Yes		
3	Indicate which, if any, of the following the organiza organization's CEO/Executive Director Check all	that apply	y				
	Compensation committee	<u> </u>	Written employment contract				
	✓ Independent compensation consultant	<u> </u>	· · · · · · · · · · · · · · · · · · ·				
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee				
4	During the year, did any person listed in Form 990 or a related organization), Part VII	I, Section A, line ${f 1a}$ with respect to the filing organization				
а	Receive a severance payment or change-of-contr	ol paymen	nt?	4a		Νo	
b	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?						
c	c Participate in, or receive payment from, an equity-based compensation arrangement?						
	If "Yes" to any of lines 4a-c, list the persons and	provide th	ne applicable amounts for each item in Part III				
	Only 501(c)(3) and 501(c)(4) organizations only i	must comp	plete lines 5-9.				
5	For persons listed in form 990, Part VII, Section a compensation contingent on the revenues of	A, line 1a,	, did the organization pay or accrue any				
а	The organization?			5a		Νo	
b	Any related organization?			5b		Νo	
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section a compensation contingent on the net earnings of	A, line 1a,	, did the organization pay or accrue any				
а	The organization?			6a		Νo	
b	Any related organization?			6b		Νο	
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes,			7		No	
8	Were any amounts reported in Form 990, Part VII						
	subject to the initial contract exception described	ın Regs	section 53 4958-4(a)(3)? If "Yes," describe				
	ın Part III			8		Νo	
9	If "Yes" to line 8, did the organization also follow to section 53 4958-6(c)?	the rebutta	able presumption procedure described 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)(1)-(111) 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	(C) Retirement and	• •	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Grady W Philips III	(ı) (ıı)	347,255 0	500 0	42,963 0	7,396 0	15,952 0	414,066 0	340,778
Frank R Powell	(I) (II)	246,027 0	500 0	9,366 0	7,315 0	12,430 0	275,638 0	265,501 C
Cary Martin	(I) (II)	129,060 0	0 0	22,500 0	3,465 0	12,820 0	167,845 0	(
Lynne Thomas Gordon	(I) (II)	158,489 0	5,500 0	16,500 0	3,361 0	10,710 0	194,560 0	164,638
John David Campbell	(I) (II)	132,269 0	500 0	6,000 0	5,145 0	13,535 0	157,449 0	157,940 (
Samuel O Johnson	(ı) (ıı)	244,610 0	500 0	8,400 0	7,396 0	12,440 0	273,346 0	275,277
Keith A Abney	(ı) (ıı)	173,739 0	350 0	0	130	12,788 0	187,007	190,368
Rita Bandt	(ı) (ıı)	133,988 0	50 O	0	4,902	13,116 0	152,506 0	(
Melinda Hartley	(ı) (ıı)	141,753 0	2,000	0	5,335 0	11,175 0	160,263	(
Robertina F Fletcher	(I) (II)	141,142 0	2,000 0	0	5,382 0	12,561 0	161,085 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
	· ·	Hospital paid the premium on a life insurance policy owned by the CEO and grossed up the premium payment for income tax. The life insurance payment was made in lieu of providing group term insurance

Schedule J (Form 990) 2009

Schedule K
(Form 990)

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Supplemental Info

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

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

► Attach to Form 990. ► See separate instructions.

DLN: 93493319064570OMB No 1545-0047

2009

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Inspection

Schedule K (Form 990) 2009

Name of the organization Employer identification number Houston Hospitals Inc 71-1045290 **Bond Issues** (h) O n (g) Defeased Behalf of (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose Issuer Yes No Yes No Hospital Authority of Houston County 58-0833515 442042DK0 08-23-2007 71,610,473 Construct & equip hospital tower Χ Х **Proceeds** Α В C D Ε Total proceeds of issue 71,610,473 Gross proceeds in reserve funds 2 4,894,375 Proceeds in refunding or defeasance escrows 3 Other unspent proceeds Issuance costs from proceeds 349,467 Working capital expenditures from proceeds Capital expenditures from proceeds 68,788,545 Year of substantial completion 2009 Yes No Yes No Yes Yes No Yes No Were the bonds issued as part of a current refunding issue? Х 9 Were the bonds issued as part of an advance refunding issue? Х 10 Has the final allocation of proceeds been made? Х 11 Does the organization maintain adequate books and records to support 12 Х the final allocation of proceeds? Part III **Private Business Use** В С Ε Α D Yes No Yes No No Yes No No Yes Yes Was the organization a partner in a partnership, or a member of an LLC, 1 Х which owned property financed by tax-exempt bonds? Are there any lease arrangements with respect to the financed property Х which may result in private business use?

Cat No 50193E

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

			Α		В		(;		ט		E
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to financed property which may result in private business use?	o the		X								
3b	Are there any research agreements with respect to the finance which may result in private business use?	d property		X								
3с	Does the organization routinely engage bond counsel or other of counsel to review any management or service contracts or reso agreements relating to the financed property?			Х								
4	Enter the percentage of financed property used in a private bus by entities other than a section 501(c)(3) organization or a sta government			0 %								
5	Enter the percentage of financed property used in a private bus as a result of unrelated trade or business activity carried on by organization, another section 501(c)(3) organization, or a state government	your		0 %								
6	Total of lines 4 and 5			0 %								
7	Has the organization adopted management practices and proceensure the post-issuance compliance of its tax-exempt bond li		X									
Par	t IV Arbitrage											
		Yes	A No	Yes	B No	Ye:	C	lo	D Yes	Na	E V	Na
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	res	X	res	ИО	Ye:	יי פי	10	res	No	Yes	No
2	Is the bond issue a variable rate issue?		Х									
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		×									
b	Name of provider											
c	Term of hedge											
4a	Were gross proceeds invested in a GIC?	X										
b	Name of provider	Citigroup G GIC	Global									
c	Term of GIC	2 000	000000000									
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X										
5	Were any gross proceeds invested beyond an available temporary period?		Х									
6	Did the bond issue qualify for an exception to rebate?		Х									

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Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons ► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

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	f the organization Hospitals Inc					Employer identification	n number
Part I	Excess Benefit Trans	sactions (soc	tion 501/c)/3) =	and soction 501	(c)(4) orga	71-1045290	
PaitI	Complete if the organization						40b
1	(a) Name of disqua	alified person		(h) Desci	rıptıon of traı	nsaction	(c) Corrected?
-	, ,	•		(3) 5 6 3 6 1	inperon or erai	13 de crom	Yes No
2 Ente	er the amount of tax imposed	d on the organiza	ation managers or	disqualified perso	ons during the	e vear under	
	tion 4958					> \$	
3 Ent	er the amount of tax, if any, o	on line 2, above,	reimbursed by th	e organization .		> \$	
Part II							
	Complete if the organiza	tion answered "	<u>Yes" on Form 990</u>	, Part IV, line 26,	or Form 990)-EZ, Part V, line 38a (f)	
(a) Nam	e of interested person and	(b) Loan to or from the	(c)O riginal		(e) In	Approved	(g)Written
(a) itain			orincipal amount	(d)Balance due	default?	by board or a committee?	greement?
		To From			Yes No	Yes No	Yes No
Total .			> s	1		1 1	
Part III							
	Complete if the organ			rm 990, Part IV, en interested pers			
(:	a) Name of interested person	n (U)	and the org	•	(c)/	Amount of grant or type	of assistance
Part IV	Business Transaction	nns Tnynlyin		Persons			
	Complete if the organ				, line 28a, i	28b, or 28c.	
			elationship	(-) ((e) Sharing of organization's
(a)) Name of interested person		n interested on and the	(c) A mount of transaction	(d) De	scription of transaction	revenues?
		_	anization				Yes No
Melanie L	. Warren	Daughter	of Director	70,5!		ren, daughter of director /arren, is employed by	r No
					Houston	Hospitals, Inc	
Brian Gra	ham	son of dir	ector	6,37		am, son of director Fred is employed by	d No

Amy Dawson

Daughter of Director

Inc

Houston Hospitals, Inc 6,422 Ms Dawson, daughter of

director Fred Graham, is

employed by Houston Hospitals,

Νo

OMB No 1545-0047

Supplemental Information to Form 990

Department of the Treesur

(Form 990)

Department of the Treasury Internal Revenue Service

SCHEDULE 0

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

Attach to Form 990.

2009

Open to Public Inspection

Name of the organization
Houston Hospitals Inc

Employer identification number

71-1045290

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		The Board of Directors of the Houston Healthcare System, Inc , a related 501(c)(3) organization, appoints the board of Houston Hospitals, Inc
Form 990, Part VI, Section A, line 7a		The Board of Directors of the Houston Healthcare System, Inc , a related 501(c)(3) organization, appoints the board of Houston Hospitals, Inc
Form 990, Part VI, Section A, line 7b		Certain actions of the board of Houston Hospital, Inc. must be approved by the board of Houston Healthcare System, Inc., a related 501(c)(3) organization
Form 990, Part VI, Section B, line 11		The draft of the 990 was prepared by the organization's controller and provided to an independent tax accountant. The draft was reviewed by the tax accountant and returned to the controller, CFO and president. After comments from the officers, the return was finalized. A copy of the finalized form was provided to the organization's board of directors prior to filing.
Form 990, Part VI, Section B, line 12c		Board members, officers and key employees sign conflict of interest statements on an annual basis which requires them to disclose any potential conflict
Form 990, Part VI, Section B, Iine 15		A comprehensive review of the president's total compensation was conducted by the Benefits and Compensation Committee of the hospital Authority of Houston County, a related organization. Minutes reflecting the deliberations of that committee are recorded and filed. The committee is populated with three members of the Board of Directors. In considering an adjustment in total compensation for the president, various studies are considered and factored into the final decision, including Georgia VHA. Executive Compensation. Survey - Chief Executive Officer, the Georgia Hospital Association survey of Executive Compensation, and an Executive Salary Survey of Georgia Hospital Executives conducted annually by HR. Advantage, a compensation consultant with a nationwide reach. All of the entities and individuals provide compensation data independent of the other Subsequent to the review, a recommendation regarding the president's compensation is reviewed and modified / approved by members of the full hospital board. A similar process is employed for the CFO. The review was last performed in 2008.
Form 990, Part VI, Section C, line 19		Governing documents, conflict of interest statements and financial statements are made available to the public upon request
Part VI, Line 16	Joint Venture Investments	Although the organization does not have a written policy, it is standing practice for management to review any proposed arrangements with tax and legal counsel. The organization has not entered into any joint venture arrangements in several years.
or Danarwork Bod	ucton Act Notes o	ee the Instructions for Form 990 Cat No 51056K Schedule O (Form 990) 2009

DLN: 93493319064570

OMB No 1545-0047

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

Employer identification number

71-1045290

Name of the organization Houston Hospitals Inc.

(a)
Name, address, and EIN of disregarded entity

(b) Primary activity

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

(c) Legal domicile (state or foreign country)

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)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity
Houston Healthcare System Inc					
PO Box 2886	Health System	GA	501(c)(3)	Line 11c, III-FI	
Warner Robins, GA 31093 71-1045299					
Hospital Authority of Houston County					
PO Box 2886	Health System	GA	501(c)(3)	Line 3	
Warner Robins, GA 31093 58-0833515					
Houston Heart Institute Inc					
PO Box 2886	Heart services	GA	501(c)(3)	Line 11b, II	
Warner Robins, GA 31093 58-1811277					
Houston Healthcare EMS Inc					
PO Box 2886	Emergency Services	GA	501(c)(3)	Line 9	
Warner Robins, GA 31093 26-3941348					

Yes No

Yes No

		_		e as a Partnership (0 ated as a partnership (nization answered	"Yes" on Fori	n 990, Part IV, lin	e 34
(a) Name, address, and EIN related organization	(b) of Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin <u>o</u> partner?

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
Houston Healthcare Complex MSO Inc PO Box 2886 Warner Robins, GA31093 58-2242585	Anesthesia Svc	GA	N/A	С			

(3)

(4)

(5)

(6)

cne	dule k (Form 990) 2009		Pag	ge 3
Pa	Transactions With Related Organizations (Complete of 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
1 D	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)	1 b		No
c	Gift, grant, or capital contribution from other organization(s)	1 c		No
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		No
h	Exchange of assets	1h	Yes	
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	Yes	
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
1	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	Yes	
n	Sharing of paid employees	1n		No
0	Reimbursement paid to other organization for expenses	10		No
р	Reimbursement paid by other organization for expenses	1p	Yes	
q	O ther transfer of cash or property to other organization(s)	1q	Yes	
r	O ther transfer of cash or property from other organization(s)	1r		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
	(b) Transaction		(c)	
			t involve	ed
(1)				
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