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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

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

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

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

C Name of organization
FLOYD HEALTHCARE MANAGEMENT INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
304 TURNER MCCALL BLVD

City or town, state or country, and ZIP + 4
ROME, GA 301620233

D Employer identification number
58-1973570

E Telephone number
(706) 509-6074

G Gross receipts $ 344,898,609

F Name and address of principal officer
KURT STUENKEL
304 TURNER MCCALL BLVD
ROME, GA 30161

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW FLOYD ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1990 | **M** State of legal domicile GA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
OPERATE A NON-PROFIT HOSPITAL SYSTEM AND SUPPORT 501 (C)(3) ORGANIZATIONS

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	11
5	Total number of employees (Part V, line 2a)	**5**	2,608
6	Total number of volunteers (estimate if necessary)	**6**	285
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	980,455
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	207,249

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	7,957,683	4,934,800
	9 Program service revenue (Part VIII, line 2g)	260,119,813	282,448,984
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-3,795,012	1,278,791
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,086,642	3,487,697
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	267,369,126	292,150,272
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	40,446	102,386
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	123,176,901	134,386,054
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶188,257		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	130,966,289	144,450,049
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	254,183,636	278,938,489
	19 Revenue less expenses Subtract line 18 from line 12	13,185,490	13,211,783

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	270,623,290	283,273,344
	21 Total liabilities (Part X, line 26)	176,749,865	180,776,253
	22 Net assets or fund balances Subtract line 21 from line 20	93,873,425	102,497,091

Part II Signature Block

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

Sign Here

****** | 2011-05-16
Signature of officer | Date

RICHARD T SHEERIN CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ JACQUELINE G ATKINS	Date 2011-05-10	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ DRAFFIN & TUCKER LLP PO BOX 6 ALBANY, GA 317020006			EIN ▶ Phone no ▶ (229) 883-7878

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

OPERATE A NON-PROFIT HOSPITAL SYSTEM AND SUPPORT 501 (C)(3) ORGANIZATIONS

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 232,456,521 including grants of $ 102,386) (Revenue $ 281,554,157)

FLOYD HEALTHCARE MANAGEMENT, INC OPERATES FLOYD MEDICAL CENTER, A GENERAL ACUTE CARE HOSPITAL, AND FLOYD BEHAVIORAL HEALTH CENTER, A PSYCHIATRIC HOSPITAL SEE ADDITIONAL DISCLOSURES AT SCHEDULE O, "SUPPLEMENTAL INFORMATION TO FORM 990"

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 232,456,521

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any 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		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** / **No**			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional — **12A** No			
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 ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
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**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**	Yes	
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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
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**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
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**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	285		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	2,608		
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	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			No
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 11		
b	Enter the number of voting members that are independent . .	1b 11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No

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

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

RICHARD T SHEERIN
304 TURNER MCCALL BLVD
ROME, GA 30161
(706) 509-6074

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

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

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

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

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

1b Total . . . . . ▶	6,374,322	4,000	482,467

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 108

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CERNER CORP PO BOX 412702 KANSAS CITY, MO 64141	IT SERVICES	6,583,908
BRASFIELD AND GORRIE LLC PO BOX 11407 BIRMINGHAM, AL 35246	GENL CONTRACTOR	4,756,120
ARAMARK MANAGEMENT SERVICES PO BOX 233 ROME, GA 30161	ENVIRON SVCS	4,083,464
MORRISON MANAGEMENT SPECIALISTS PO BOX 102289 ATLANTA, GA 30368	DIETARY SVC	2,298,447
NELSON AND NELSON CONTRACTORS INC 527 WEST 12TH STREET ROME, GA 30165	GENL CONTRACTOR	1,646,193
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 ▶ 69		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	1,904,260			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,030,540			
	g	Noncash contributions included in lines 1a-1f $ 468,461					
	h	**Total.** Add lines 1a-1f		4,934,800			
Program Service Revenue			Business Code				
	2a	PATIENT SERVICE REVENUE		281,468,529	281,468,529		
	b	REFERENCE LAB	621,500	525,026		525,026	
	c	SUBWAY/STARBUCKS	722,210	455,429		455,429	
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		282,448,984			
	3	Investment income (including dividends, interest and other similar amounts)		1,092,832			1,092,832
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents	2,977,941				
	b	Less rental expenses	757,001				
	c	Rental income or (loss)	2,220,940				
	d	Net rental income or (loss)			2,220,940		2,220,940
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	52,058,236	119,059			
	b	Less cost or other basis and sales expenses	51,755,452	235,884			
	c	Gain or (loss)	302,784	-116,825			
	d	Net gain or (loss)			185,959		185,959
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	CAFETERIA		1,181,129			1,181,129
	b	PURCHASE DISCOUNTS		53,334	53,334		
	c	FAMILY PRACTICE REVENUE		26,257	26,257		
	d	All other revenue		6,037	6,037		
	e	**Total.** Add lines 11a–11d		1,266,757			
	12	**Total revenue.** See Instructions		292,150,272	281,554,157	980,455	4,680,860

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22	102,386	102,386		
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	4,605,000		4,605,000	
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	110,975,267	94,481,784	16,338,354	155,129
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,053,883	5,629,395	1,414,913	9,575
9	Other employee benefits	3,698,803	3,476,984	215,905	5,914
10	Payroll taxes	8,053,101	6,277,650	1,764,654	10,797
11	Fees for services (non-employees)				
a	Management				
b	Legal	445,240		445,240	
c	Accounting	429,068		429,068	
d	Lobbying	123,733		123,733	
e	Professional fundraising *See Part IV, line 17*				
f	Investment management fees				
g	Other	23,615,984	18,335,865	5,277,317	2,802
12	Advertising and promotion	2,286,986	398,682	1,888,304	
13	Office expenses	44,329,914	42,080,349	2,247,306	2,259
14	Information technology	1,051,614		1,051,614	
15	Royalties				
16	Occupancy	15,952,356	14,345,954	1,606,402	
17	Travel	1,172,424	798,493	372,150	1,781
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	549,363	334,990	214,373	
20	Interest	149,225		149,225	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	15,225,504	13,692,296	1,533,208	
23	Insurance	3,061,732	1,141,581	1,920,151	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	BAD DEBTS	26,696,921	26,696,921		
b	R&M	6,751,524	3,015,160	3,736,364	
c	DUES & SUBSCRIPTIONS	1,046,612	1,046,612		
d	EMPLOYEE RECOGNITION	783,331	504,948	278,383	
e	RECRUITING	427,382		427,382	
f	All other expenses	351,136	96,471	254,665	
25	**Total functional expenses.** Add lines 1 through 24f	278,938,489	232,456,521	46,293,711	188,257
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				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,582,266	1	2,579,831
	2	Savings and temporary cash investments		23,691,109	2	12,369,478
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		38,015,466	4	40,899,343
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		249,715	7	309,314
	8	Inventories for sale or use		8,546,173	8	9,109,654
	9	Prepaid expenses and deferred charges		2,606,818	9	3,228,350
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 310,321,021			
	b	Less accumulated depreciation	10b 158,957,987	134,052,428	10c	151,363,034
	11	Investments—publicly traded securities		55,761,234	11	55,888,410
	12	Investments—other securities See Part IV, line 11		1,716,864	12	1,834,372
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		1,408,177	14	1,316,339
	15	Other assets See Part IV, line 11		2,993,040	15	4,375,219
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		270,623,290	16	283,273,344
Liabilities	17	Accounts payable and accrued expenses		19,477,700	17	25,516,076
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		108,732,506	20	107,132,584
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		9,257,330	23	10,989,246
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		39,282,329	25	37,138,347
	26	**Total liabilities.** Add lines 17 through 25		176,749,865	26	180,776,253
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		93,873,425	27	102,497,091
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		93,873,425	33	102,497,091
	34	Total liabilities and net assets/fund balances		270,623,290	34	283,273,344

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	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 ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
FLOYD HEALTHCARE MANAGEMENT INC

Employer identification number
58-1973570

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

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

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

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

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

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

_____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Explanation
SCHEDULE A, PART IV - REASON FOR NON-PRIVATE FOUNDATION STATUS ON JANUARY 1, 1998 FLOYD HEALTHCARE MANAGEMENT, INC ACQUIRED BY LEASE ALL OF THE ASSETS OF THE HOSPITAL AUTHORITY OF FLOYD COUNTY AND THEREBY BECAME THE LICENSED OPERATOR OF FLOYD MEDICAL CENTER, A GENERAL, ACUTE CARE HOSPITAL WITH 300+ BEDS SINCE THAT TIME, FLOYD HEALTHCARE MANAGEMENT, INC HAS CONTINUED TO OPERATE FLOYD MEDICAL CENTER AS A NON-PROFIT HOSPITAL, OFFERING A WIDE ARRAY OF SERVICES TO THE COMMUNITY, INCLUDING AN EMERGENCY ROOM WHICH SEES APPROXIMATELY 70,000 PATIENTS PER YEAR AND A BUSY OUTPATIENT INDIGENT CLINIC

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
FLOYD HEALTHCARE MANAGEMENT INC	58-1973570

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☑ No

b If "Yes," describe in Part IV

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

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

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

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

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

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

A Check ☐ if the filing organization belongs to an affiliated group

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

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

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

g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a If zero or less, enter -0-		
i	Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		123,733
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			123,733
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

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

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

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

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
	SCHEDULE C, PART II-B, LINE 1I	COSTS INCURRED IN TRAVEL AND LODGING FOR CFO & CEO MEETING WITH LEGISLATORS AND MEETING WITH CHAMBER OF COMMERCE IN WASHINGTON DC PLUS 121,829 IN GENERAL LOBBYING FEES PAID TO PROFESSIONAL LOBBYIST

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
FLOYD HEALTHCARE MANAGEMENT INC

Employer identification number
58-1973570

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		9,362,290		9,362,290
b Buildings				
c Leasehold improvements		10,269,845	5,080,302	5,189,543
d Equipment		174,645,725	108,621,923	66,023,802
e Other		17,313,258		17,313,258
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				97,888,893

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

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

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
ACCRUED PENSION	16,473,583
DUE RELATED PARTIES	8,621,884
MALPRACTICE CLAIMS	7,301,745
ACCRUED INTEREST	2,636,742
THIRD PARTY SETTLEMENTS	2,104,393
PAYROLL AND WITHHOLDINGS	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	37,138,347

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	292,150,272
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	278,938,489
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	13,211,783
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	-526,589
9	Total adjustments (net) Add lines 4 - 8	9	-526,589
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	12,685,194

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	292,286,629
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	757,001		
e	Add lines **2a** through **2d**			2e	757,001
3	Subtract line **2e** from line **1**			3	291,529,628
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	620,644		
c	Add lines **4a** and **4b**			4c	620,644
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	292,150,272

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

1	Total expenses and losses per audited financial statements			1	279,601,435
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	757,001		
e	Add lines **2a** through **2d**			2e	757,001
3	Subtract line **2e** from line **1**			3	278,844,434
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	94,055		
c	Add lines **4a** and **4b**			4c	94,055
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	278,938,489

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
LIABILITY UNDER FIN 48 FOOTNOTE	SCHEDULE D, PAGE 3, PART X	EXCERPT FROM AUDITED FINANCIAL STATEMENTS - INCOME TAXES EFFECTIVE DECEMBER 15, 2009 THE CORPORATION ADOPTED ASC 740-10-50-15, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES THE STANDARD PRESCRIBES A MINIMUM RECOGNITION THRESHOLD AND MEASUREMENT METHODOLOGY THAT A TAX POSITION, TAKEN OR EXPECTED TO BE TAKEN, IN A TAX RETURN IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS THE CUMULATIVE EFFECT OF THIS CHANGE IN ACCOUNTING PRINCIPLE WAS IMMATERIAL AS OF JUNE 30, 2010, THE CORPORATION HAS NO UNRECOGNIZED TAX BENEFITS OR ACCRUED INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS THE CORPORATION'S OPEN AUDIT PERIODS ARE 2007-2009
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	RENTAL EXPENSES 757,001 GAIN ON SALE/LEASEBACK MOB -94,055 CAPITAL CONTRIBUTIONS -526,589 RENTAL EXPENSES -757,001 GAIN ON SALE/LEASEBACK MOB 94,055
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	RENTAL EXPENSES 757,001
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	GAIN ON SALE/LEASEBACK MOB 94,055 CAPITAL CONTRIBUTIONS 526,589
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	RENTAL EXPENSES 757,001
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 4B	GAIN ON SALE/LEASEBACK MOB 94,055

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
FLOYD HEALTHCARE MANAGEMENT INC

Employer identification number
58-1973570

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☑ Other **125.000 %**	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other **325.000 %**	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a		No
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			13,174,078		13,174,078	5 220 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			44,719,808	37,682,416	7,037,392	2 790 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			57,893,886	37,682,416	20,211,470	8 010 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			1,198,401		1,198,401	0 480 %
f Health professions education (from Worksheet 5)			2,339,172		2,339,172	0 930 %
g Subsidized health services (from Worksheet 6)			2,616,675		2,616,675	1 040 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)						
j **Total** Other Benefits			6,154,248		6,154,248	2 450 %
k **Total.** Add lines 7d and 7j			64,048,134	37,682,416	26,365,718	10 460 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	2	4,743,673		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	3,800,000		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	62,451,254
6	Enter Medicare allowable costs of care relating to payments on line 5	6	60,418,663
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	2,032,591
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
FLOYD HEALTHCARE MANAGEMENT INC DBA FLOYD MEDICAL CENTER 304 TURNER MCCALL BLVD ROME, GA 30161		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

See additional data

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

FLOYD HEALTHCARE MANAGEMENT, INC ("FHMI") IS CURRENTLY IN THE PROCESS OF COMPLETING A HEALTH CARE NEEDS ASSESSMENT IN CHATTOOGA, FLOYD AND POLK COUNTIES THIS INCLUDES A RANDOM PAPER SURVEY OF RESIDENTS OF EACH COUNTY AS WELL AS INTERVIEWS WITH COMMUNITY LEADERS AND HEALTH CARE PROFESSIONALS AND FOCUS GROUPS IN ADDITION, FHMI DEVELOPS A STRATEGIC PLAN PERIODICALLY THAT IS UPDATED ANNUALLY THE STRATEGIC PLAN TAKES INTO CONSIDERATION HEALTH NEEDS FOR OUR SERVICE AREA IN ADDITION TO UTILIZATION OF SERVICES, COMMUNITY PARTICIPATION AND QUALITY OF SERVICES PROVIDED

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

FHMI COMMUNICATES THIS INFORMATION THROUGH SIGNAGE IN THE EMERGENCY CARE CENTER, PATIENT REGISTRATION AREAS, IN THE BUSINESS/PATIENT FINANCIAL SERVICES OFFICES AND IN THE OFFICES OF OUR FINANCIAL COUNSELORS DURING TIMES OF PREADMISSION AS WELL AS ON SITE REGISTRATION THE ACCESS/REGISTRATION STAFF DISCUSS POLICIES WITH THE PATIENT/PATIENTS FAMILY IF APPROPRIATE AFTER DISCHARGE AND DURING THE COLLECTION PERIOD OUR STAFF ONCE AGAIN DISCUSS OUR FINANCIAL ASSISTANCE POLICES IN ADDITION, THERE IS A DEMONSTRATED WORD-OF-MOUTH COMMUNICATION OF THESE POLICIES THROUGH OUR PATIENT POPULATION

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

See additional data

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)

See additional data

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

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

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
FLOYD HEALTHCARE MANAGEMENT INC

Employer identification number
58-1973570

Part I General Information on Grants and Assistance

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

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

3 Enter total number of other organizations . . . ▶

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
COBRA INSURANCE PREMIUM	41	93,286			
TUITION	1	9,100			
See Additional Data Table					

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

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	IT IS THE POLICY OF THE ORGANIZATION TO ESTABLISH PROCEDURES TO POTENTIALLY SECURE PAYMENT FOR HEALTHCARE SERVICES VIA EXTENSION OF INSURANCE BENEFITS THROUGH COBRA THIS EXTENSION OF INSURANCE COVERAGE WILL BE PROVIDED ON A CASE-BY-CASE BASIS THE HOSPITAL'S ROLE IN COVERAGE PAYMENT WILL BE REVIEWED MONTHLY, THERE IS NO OBLIGATION FOR THE HOSPITAL TO CONTINUE COVERAGE PAYMENT BEYOND THE INITIAL STATED LENGTH THIS COVERAGE PAYMENT IS NOT TYPICALLY INTENDED FOR LONGER THAN A SPECIFIC SERVICE EVENT IN GENERAL, ASSIGNED STAFF WILL EXAMINE PATIENTS FOR POTENTIAL QUALIFICATION FOR THIS PROGRAM UPON QUALIFICATION, PAYMENT OF THE INSURANCE PREMIUM IS MADE TO THE EMPLOYER/INSURANCE COMPANY PATIENT LIABILITY WILL BE EVALUATED AND DISCUSSED WITH THE PATIENT/GUARANTOR PRIOR TO DISCHARGE THIS DISCUSSION WILL FOLLOW THE SAME PROTOCOL AS OTHER PATIENTS WITH RESIDUAL LIABILITIES FINALLY, A 1099 TAX FORM IS ISSUED TO THE PATIENT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
FLOYD HEALTHCARE MANAGEMENT INC

Employer identification number
58-1973570

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☑ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☑ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**	Yes	
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
FRINGE OR EXPENSE EXPLANATION	SCHEDULE J, PAGE 1, PART I, LINE 1A	TRAVEL FOR COMPANIONS SPOUSAL TRAVEL EXPENSES ARE REIMBURSED WHEN ATTENDANCE IS NECESSARY AND APPROPRIATE THE POLICY RECOGNIZES THAT GOVERNING BOARD MEMBERS AND SENIOR EXECUTIVES ARE OFTEN PLACED IN SOCIAL SITUATIONS AT SUCH MEETINGS AND WOULD REPRESENT THE HOSPITAL OPTIMALLY WITH THE ASSISTANCE OF THEIR SPOUSES CONSEQUENTLY, THESE BENEFITS ARE NOT INCLUDED IN THEIR TAXABLE WAGES SPOUSAL TRAVEL EXPENSES REQUIRE PRIOR APPROVAL AND ARE LIMITED TO EVENTS WHERE BOARD MEMBERS AND SENIOR EXECUTIVES ATTEND REIMBURSEMENT SHALL BE LIMITED TO TRANSPORTATION EXPENSE NOT TO EXCEED THE AIR TRAVEL RATE IN COACH CLASS AND OUT-OF-POCKET EXPENSES WITH RESPECT TO LODGING AND FOOD REIMBURSEMENT SHALL BE LIMITED TO LODGING BASED ON DOUBLE ACCOMMODATIONS FLOYD HEALTHCARE MANAGEMENT, INC ("FHMI") PROVIDES THE CEO WITH A MONTHLY AUTO ALLOWANCE EACH YEAR THE AMOUNT THAT IS NONBUSINESS RELATED IS INCLUDED IN TAXABLE INCOME FHMI PROVIDES A MEMBERSHIP TO THE LOCAL COUNTRY CLUB FOR THE CEO AND CMO ANY AMOUNT CONSIDERED NONBUSINESS IS INCLUDED IN THE RECIPIENT'S TAXABLE INCOME
SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS	SCHEDULE J, PAGE 1, PART I, LINE 4	KURT STUENKEL 0 441,528 0
COMPENSATION CONTINGENT UPON NET EARNINGS OF ORGANIZATION	SCHEDULE J, PAGE 1, PART I, LINE 6A	ALL MEMBERS OF THE EXECUTIVE TEAM FOR FHMI PARTICIPATE IN AN INCENTIVE COMPENSATION PLAN UNDER WHICH ANNUAL YEAR-END BONUSES ARE PAID BASED ON INDIVIDUAL AND CORPORATE-WIDE ACHIEVEMENT OF SPECIFIC GOALS AND OBJECTIVES ONE OF THESE GOALS RELATES TO THE ORGANIZATION'S NET INCOME THESE BONUSES ARE A CASH-BASED SYSTEM
OTHER ADDITIONAL INFORMATION	SCHEDULE J, PART III	ADDITIONALLY, OF THE 1,352,352 LISTED AS COMPENSATION FOR MR KURT STUENKEL, 342,951 REPRESENTS A PERFORMANCE BASED PAYMENT ARISING FROM THE 2009 PERFORMANCE PERIOD, AND 441,528 REPRESENTS THE NONQUALIFIED SERP PLAN ACCORDINGLY, MR STUENKEL'S SALARY FOR 2009 WOULD HAVE BEEN 567,873 EXCLUDING THE 2009 PORTION OF THE INCENTIVE BASED PAYMENT AND THE SERP PLAN AMOUNT TOTAL DIRECT CASH COMPENSATION (SALARY AND BONUS) IS 869,969, WHICH DOES NOT INCLUDE A PAYMENT FOR RETIREMENT OF 441,528, NOR OTHER FRINGE BENEFITS WHICH TOTAL 40,855 THE CEO PARTICIPATES IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) WHICH IS FUNDED ANNUALLY IN AN AMOUNT WHICH, WHEN ADDED TO OTHER SOURCES OF RETIREMENT INCOME, WILL AFFORD A RETIREMENT INCOME AT A TARGETED PERCENTAGE OF PRE-RETIREMENT COMPENSATION THE SERP IS A NON-QUALIFIED RETIREMENT PLAN, AND AS SUCH THE ANNUAL FUNDING PAYMENTS PAID INTO IT ARE TAXABLE TO THE PARTICIPANT IN THE YEAR IN WHICH MADE EFFECTIVE WITH CALENDAR YEAR 2009, MR STUENKEL'S SERP IS A CASH-BASED PROGRAM

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 58-1973570
Name: FLOYD HEALTHCARE MANAGEMENT INC

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
KURT STUENKEL	(I) (II)	527,018	342,951	446,850	27,551	7,982	1,352,352	
DEE RUSSELL MD	(I) (II)	348,546	201,082	5,269	24,420	8,378	587,695	
RICHARD T SHEERIN	(I) (II)	264,298	94,072	1,353	19,239	5,681	384,643	
WARREN RIGAS	(I) (II)	255,816	94,555	1,294	18,700	3,588	373,953	
C WADE MONK	(I) (II)	259,805	89,259	2,482	29,001	5,893	386,440	
GREG POLLEY	(I) (II)	196,080	75,743	1,889	25,587	11,837	311,136	
SHEILA BENNETT HORNER	(I) (II)	192,485	47,739	939		2,514	243,677	
DAN SWEITZER	(I) (II)	167,833	61,980	2,321	32,524	3,831	268,489	
MARY MAIRE	(I) (II)	168,851	50,632	1,491	38,256	6,656	265,886	
REBEKAH LOWREY	(I) (II)	168,687	23,785	1,424			193,896	
BOBBY PURCELL	(I) (II)	158,696	19,804	468	11,628	3,312	193,908	
JOHN HARDWELL MD	(I) (II)	477,274		486	16,500	1,561	495,821	
GARRETT H BARNESMD	(I) (II)	457,580		671		4,212	462,463	
SMITA VARSHNEY	(I) (II)	383,149		491	16,500	3,608	403,748	
MOLLY REES MD	(I) (II)	342,721		388	7,211	2,279	352,599	
JEFFREY BLACKMON	(I) (II)	333,725		292		755	334,772	
BG WATERS	(I) (II)	20,232			88,544		108,776	
CHARLOTTE DOUGHERTY	(I) (II)	19,582			36,531		56,113	
DON TATE	(I) (II)	19,309			18,188		37,497	

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Schedule K (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.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
FLOYD HEALTHCARE MANAGEMENT INC

Employer identification number
58-1973570

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	HOSPITAL AUTHORITY OF FLOYD COUNTY REVENUE CERTIFICATES 2003	58-6001973	343575ER3	12-17-2003	40,000,000	HOSPITAL IMPROVEMENT		X		X
B	HOSPITAL AUTHORITY OF FLOYD COUNTY 2009 REVENUE ANTICIPATION BONDS	58-6001173	343575GG5	06-30-2009	40,240,151	IMPROVEMENTS/DEFEASE		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	31,725,000	40,232,146			
2	Gross proceeds in reserve funds	1,572,848	1,332,738			
3	Proceeds in refunding or defeasance escrows	18,595,720	18,595,720			
4	Other unspent proceeds					
5	Issuance costs from proceeds	710,583	588,380			
6	Working capital expenditures from proceeds	19,723,314	19,723,314			
7	Capital expenditures from proceeds	12,571,868				
8	Year of substantial completion	2004	2010			

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X						
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X						
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X		X						
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X							

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X						
2	Is the bond issue a variable rate issue?		X		X						
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X						
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X		X						
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X		X						
6	Did the bond issue qualify for an exception to rebate?		X		X						

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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.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
FLOYD HEALTHCARE MANAGEMENT INC

Employer identification number
58-1973570

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
SHEILA B HORNER	EMPLOYEE/TUITION PYM	9,100

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) No
JOSHUA POLLEY	FAMILY-KEY EMPL	39,059	EMPLOYEE		No
ROXANNE NORMAN	FAMILY-BD MEMBR	30,792	EMPLOYEE		No
MISTY DRAKE	FAMILY-BD MEMBR	66,122	EMPLOYEE		No
JOY HOWARD	FAMILY-BD MEMBR	28,557	EMPLOYEE		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
FLOYD HEALTHCARE MANAGEMENT INC

Employer identification number
58-1973570

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial	X	1	468,461	BOOK VALUE APPROX FMV
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . | 29 |

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 58-1973570
Name: FLOYD HEALTHCARE MANAGEMENT INC

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
FLOYD HEALTHCARE MANAGEMENT INC

Employer identification number
58-1973570

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11	THE ORGANIZATION'S CEO, CFO, CONTROLLER AND INHOUSE COUNSEL REVIEW THE FORM 990 FOR FINANCIAL AND DISCLOSURE ACCCURACY PRIOR TO ITS FILING, AN ELECTRONIC COPY OF THE ORGANIZATION'S 990 RETURN IS PROVIDED TO EACH MEMBER OF THE ORGANIZATION'S GOVERNING BOARD FOR REVIEW AND COMMENT THIS IS ACCOMPLISHED BY E-MAILING IT TO THE BOARD MEMBER'S PERSONAL E-MAIL ADDRESS AT THE REGULAR BOARD MEETING IMMEDIATELY PRIOR TO THE FILING DATE, THE BOARD MEMBERS ARE INFORMED THAT THE 990 RETURN WILL SOON BE FILED WITH THE IRS AND THAT A COPY HAS BEEN (OR WILL SHORTLY BE) E-MAILED TO THEM

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	FLOYD HEALTHCARE MANAGEMENT, INC ("FHMI") HAS A WRITTEN POLICY RESPECTING CONFLICTS OF INTEREST AND DISCLOSURE OF SAME GENERALLY SPEAKING, THE POLICY REQUIRES ANY "COVERED PERSON" WHO BELIEVES HE/SHE HAS A CONFLICT OF INTEREST TO -DISCLOSE THE EXISTENCE AND NATURE OF THE CONFLICT OF INTEREST (INCLUDING ALL FACTS KNOWN RESPECTING THE SUBJECT MATTER) TO THE CHAIRMAN OF THE BOARD, -PLAY NO PART, DIRECTLY OR INDIRECTLY, IN THE DELIBERATION OR VOTE OF THE BOARD OF DIRECTORS WITH RESPECT TO THE DETERMINATION OF WHETHER A CONFLICT OF INTEREST EXISTS, AND -ABSENT HIMSELF/HERSELF FROM THAT PORTION OF THE MEETING AT WHICH THE CONFLICT OF INTEREST IS DISCUSSED THE DEFINITION OF A "COVERED PERSON" INCLUDES ALL BOARD MEMBERS, OFFICERS AND MEMBERS OF SENIOR MANAGEMENT OF FHMI WHEN A COVERED PERSON DISCLOSES A POTENTIAL CONFLICT OF INTEREST TO THE BOARD CHAIRMAN, THE CHAIRMAN IS OBLIGED TO BRING THE MATTER TO THE ATTENTION OF THE FULL BOARD THE BOARD DETERMINES WHETHER A CONFLICT OF INTEREST ACTUALLY EXISTS IF THE BOARD DETERMINES THAT THERE IS A CONFLICT OF INTEREST, THE TRANSACTION OR MATTER GIVING RISE TO THE CONFLICT OF INTEREST MAY NOT PROCEED UNLESS THE BOARD DETERMINES, BY A MAJORITY VOTE, THAT, DESPITE THE CONFLICT OF INTEREST, THE TRANSACTION/MATTER IS NEVERTHELESS IN THE CORPORATION'S BEST INTEREST AND IS FAIR AND REASONABLE TO THE CORPORATION IN ADDITION TO THE REQUIREMENT THAT A COVERED PERSON DISCLOSE A POTENTIAL CONFLICT OF INTEREST AT THE TIME IT ARISES, EACH COVERED PERSON IS ALSO REQUIRED TO SUBMIT, ON AN ANNUAL BASIS, A `CONFLICT AND DISCLOSURE OF INTEREST QUESTIONNAIRE' THIS MULTI-QUESTION DOCUMENT SERVES AS A REMINDER AND PROMPTS EACH COVERED PERSON TO PONDER THOSE AREAS AND SITUATIONS WHERE A POTENTIAL CONFLICT MIGHT EXIST ADDITIONALLY, ANY PROPOSED TRANSACTION AT FHMI WHICH INVOLVES AN "INSIDER" (I E , A BOARD MEMBER, OFFICER, MANAGER, ETC) IS SCRUTINIZED, WITH THE ASSISTANCE OF CORPORATE LEGAL COUNSEL, FROM THE STANDPOINT OF WHETHER THE TRANSACTION WILL RESULT IN ANY EXCESS BENEFIT TO THE INSIDER TYPICALLY THIS INVOLVES OBTAINING APPROPRIATE DATA REGARDING COMPARABILITY WHICH IS PROVIDED TO THE BOARD FOR ITS USE IN DETERMINING THAT THE CONSIDERATION BEING PAID TO THE INSIDER AS A PART OF THE TRANSACTION IS REASONABLE AND DOES NOT EXCEED THE VALUE OF THE BENEFIT RECEIVED BY FHMI

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	IT IS THE RESPONSIBILITY OF THE COMPENSATION COMMITTEE OF FLOYD HEALTHCARE MANAGEMENT, INC BOARD TO ACTIVELY MANAGE AND MONITOR EXECUTIVE COMPENSATION TO DO SO, THE COMMITTEE HAS ESTABLISHED THE FOLLOWING OBJECTIVES FOR THE EXECUTIVE COMPENSATION PROGRAM -PROVIDE A COMPETITIVE TOTAL COMPENSATION EARNING OPPORTUNITY TO RECRUIT, RETAIN, AND REWARD THE EXECUTIVES NEEDED TO MEET THE COMMUNITY'S HEALTHCARE NEEDS, NOW AND IN THE FUTURE, -PROVIDE PAY OPPORTUNITIES THAT WILL REWARD THE EXECUTIVE TEAM WHEN ORGANIZATIONAL PERFORMANCE IN KEY AREAS IS DEMONSTRATED, -INCENTIVE COMPENSATION UNDER THE EXECUTIVE INCENTIVE COMPENSATION PLAN IS PAYABLE ONLY IN THE EVENT THE ORGANIZATION'S OPERATING MARGIN FROM OPERATING REVENUE EXCEEDS CERTAIN PARAMETERS ESTABLISHED BY THE COMPENSATION COMMITTEE, -ENSURE THAT THE COMPENSATION PROGRAMS ARE EASY FOR ALL INTERESTED PARTIES TO UNDERSTAND ANNUALLY, THE COMMITTEE REVIEWS THE APPROPRIATENESS OF THE TOTAL COMPENSATION PROVIDED TO EACH EXECUTIVE -AS RELATED TO THE COMPETITIVE MARKET PAY RATES, -AS RELATED TO THE INDIVIDUAL'S ROLE AND RESPONSIBILITY IN THE ORGANIZATION, -AS IT PERTAINS TO VARIABLE OR INCENTIVE EARNING OPPORTUNITIES RELATING TO THE PERFORMANCE OF THE ORGANIZATION TO DETERMINE THE MARKET RATES FOR EACH POSITION, THE COMMITTEE UTILIZES AN OUTSIDE CONSULTANT TO SURVEY COMPARABLE ORGANIZATIONS TO DEVELOP AN APPROPRIATE RANGE OF PAY FOR EACH EXECUTIVE POSITION THIS RANGE GENERALLY REFLECTS THE PAY PRACTICES AND LEVELS OF COMPARABLE ORGANIZATIONS IN GEORGIA, THE SOUTHEAST, AND ACROSS THE COUNTRY SPECIFICALLY, THE COMMITTEE REVIEWS DATA FOR MARKET RATES OF BASE SALARY AND TOTAL COMPENSATION (THE COMBINATION OF BASE SALARY AND BONUSES) AFTER REVIEWING THIS DATA, THE COMMITTEE ASSESSES THE APPROPRIATENESS OF THE BASE PAY LEVELS FOR EACH EXECUTIVE WITHIN A RANGE THAT GENERALLY REFLECTS INDUSTRY NORMS IN ADDITION TO MONITORING BASE SALARIES, THE COMMITTEE IS RESPONSIBLE FOR ADMINISTERING THE EXECUTIVE INCENTIVE COMPENSATION PROGRAM THE PROGRAM IS DESIGNED TO -FURTHER ALIGN EXECUTIVE PAY WITH THE STRATEGIC AND OPERATIONAL ACHIEVEMENTS OF THE ORGANIZATION, -WHEN THE ORGANIZATION ACHIEVES RESULTS IN KEY AREAS OF PERFORMANCE, TO APPROPRIATELY REWARD EXECUTIVES ACCORDING TO THAT PROGRAM, THE COMMITTEE HAS ALSO ESTABLISHED SUPPLEMENTAL EXECUTIVE RETIREMENT PROGRAMS (SERPS) THESE SERPS WERE DESIGNED WITH THE ADVICE AND HELP OF CONSULTANTS AND ARE DESIGNED TO RETAIN AND REWARD EXECUTIVES WITH RETIREMENT OPPORTUNITIES THAT ARE CONSISTENT WITH MARKET PRACTICES IN GEORGIA, THE SOUTHEAST, AND ACROSS THE COUNTRY IN 2001, THESE PLANS VESTED TWO EXECUTIVES IT IS THE PHILOSOPHY OF THE FHMI BOARD THAT THE COMBINATION OF THE INCENTIVE EARNING OPPORTUNITY, THE BASE SALARY, AND THE SERPS WILL PROVIDE A COMPETITIVE COMPENSATION LEVEL TO EACH EXECUTIVE THAT REFLECTS THE MARKET FOR EACH POSITION AND ORGANIZATION PERFORMANCE THE COMMITTEE HAS DEVELOPED THE PROGRAM TO RECRUIT, RETAIN, AND REWARD EXECUTIVES IN ORDER TO MEET THE PRESENT AND FUTURE NEEDS OF THE ORGANIZATION TO PROVIDE A HIGH QUALITY OF PATIENT CARE TO THE COMMUNITY IN A COST EFFECTIVE MANNER

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	SEE NARRATIVE UNDER PART VI, LINE 15A

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	UPON REQUEST, THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE AT THE ADMINISTRATIVE OFFICE

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE O	FORM 990, PART VII SECTION A - COMPENSATION FROM RELATED ORGANIZATIONS MEMBERS OF THE BOARD OF DIRECTORS FOR FLOYD HEALTHCARE RESOURCES, INC , AND FOR THE HOSPITAL AUTHORITY OF FLOYD COUNTY, RELATED PARTIES OF FLOYD HEALTHCARE MANAGEMENT, INC , RECEIVE A STIPEND FOR EACH BOARD MEETING ATTENDED FOR THE 2009 TAXABLE YEAR, DIRECTORS SUMNER AND MANIS ALSO SERVED ON THE BOARD OF FLOYD HEALTHCARE RESOURCES, INC WHILE DIRECTORS NORMAN, MAYES, AND MAHANAY SERVED ON THE BOARD OF THE HOSPITAL AUTHORITY OF FLOYD COUNTY FORM 990, PART VII SECTION A - COMPENSATION DR CARL HERRING BOARD MEMBER CARL HERRING, MD IS A PRACTICING NEUROSURGEON WHO HAS CLINICAL PRIVILEGES AT FLOYD MEDICAL CENTER (FMC) AS SUCH, HE IS A PARTY TO A CONTRACT UNDER WHICH FMC PAYS THE NEUROSURGEONS ON ITS MEDICAL STAFF A PER DIEM FOR COVERING TRAUMA CALL IN THE EMERGENCY ROOM UNDER THIS CONTRACT, THE NEUROSURGEON COVERING CALL FOR THE DAY DURING CALENDAR YEAR 2009 WAS PAID A PER DIEM OF 1,000 FMC HAS DETERMINED WITH THE ASSISTANCE OF OUTSIDE EXPERT VALUATION CONSULTANTS THAT THIS AMOUNT IS CONSISTENT WITH FAIR MARKET VALUE ADDITIONALLY, DR HERRING IS AN EMPLOYEE AND SHAREHOLDER IN THE HARBIN CLINIC, LLC, A 140+ DOCTOR MULTI-SPECIALTY GROUP MEDICAL PRACTICE FMC HAS NUMEROUS CONTRACTS WITH HARBIN CLINIC UNDER WHICH HARBIN SUPPLIES ITS PHYSICIANS TO SERVE AS MEDICAL DIRECTORS OF VARIOUS DEPARTMENTS AND SERVICE LINES AT FMC, INCLUDING RESPIRATORY THERAPY, BARIATRICS, NEUROLOGY, VASCULAR LAB, HOSPICE, BREAST CENTER, INPATIENT REHAB, INFECTIOUS DISEASE, ETC UNDER THESE CONTRACTS HARBIN CLINIC IS PAID FAIR MARKET COMPENSATION BASED ON AN HOURLY RATE FOR THE ACTUAL TIME EXPENDED BY ITS PHYSICIANS IN THE PERFORMANCE OF THE DUTIES CALLED FOR IN THESE CONTRACTS SCHEDULE R, PART IV - INFORMATION REGARDING TAXABLE SUBSIDIARIES IN DECEMBER OF 1990, THE HOSPITAL AUTHORITY OF FLOYD COUNTY, GEORGIA SPONSORED THE CREATION OF FLOYD HEALTH VENTURES I, INC ("VENTURES"), A GEORGIA NONPROFIT, TAXABLE CORPORATION VENTURES I HAS A FOUR-PERSON BOARD OF DIRECTORS, THE MEMBERS OF WHICH ARE APPOINTED BY THE AUTHORITY BECAUSE VENTURES I IS A NONPROFIT, NONSTOCK CORPORATION, THE AUTHORITY DOES NOT HAVE AN OWNERSHIP INTEREST VENTURES HAS BEEN INACTIVE FOR A NUMBER OF YEARS NORTHWEST GEORGIA COMMUNITY CARE NETWORK, INC DBA GEORGIA HEALTH PLUS, INC CEASED OPERATION IN SEPTEMBER 2002 THE FINAL DISTRIBUTION HAS NOT BEEN MADE AT THIS TIME THERE WERE NO TRANSFERS BETWEEN FHM AND TAXABLE SUBSIDIARIES SCHEDULE R, PART I - DISREGARDED ENTITIES IN SEPTEMBER 2004, FLOYD HEALTHCARE MANAGEMENT, INC ("FHMI") SPONSORED THE CREATION OF FLOYD EMERGENCY PHYSICIANS, LLP ("FEP"), A GEORGIA LIMITED LIABILITY COMPANY FHMI IS THE SOLE MEMBER/OWNER OF FEP AND HAS THE SOLE AUTHORITY TO APPOINT FEP'S FIVE PERSON BOARD OF DIRECTORS FEP WAS FORMED FOR THE PURPOSE OF HIRING OR OTHERWISE ENGAGING EMERGENCY PHYSICIANS TO PROVIDE PROFESSIONAL MEDICAL SEVICES TO PATIENTS PRESENTING TO FLOYD MEDICAL CENTER'S EMERGENCY CARE CENTER IN AUGUST 2006, FLOYD HEALTHCARE MANAGEMENT, INC (FHMI) SPONSORED THE CREATION OF FLOYD PHYSICIANS, LLC (FP), A GEORGIA LIMITED LIABILITY COMPANY FHMI IS THE SOLE MEMBER/OWNER OF FP AND HAS THE SOLE AUTHORITY TO APPOINT FP'S FIVE PERSON BOARD OF DIRECTORS FP WAS FORMED FOR THE PURPOSE OF HIRING OR OTHERWISE ENGAGING PHYSICIANS TO PROVIDE PROFESSIONAL MEDICAL SERVICES TO PATIENTS OTHER COMMENTS & DISCLOSURES FLOYD MEDICAL CENTER IS A 300+ BED GENERAL, ACUTE-CARE HEALTH INSTITUTION, OFFERING A WIDE RANGE OF SPECIALIZED SERVICES AND PROGRAMS SUCH SERVICES AND PROGRAMS INCLUDE ACUTE, MEDICAL/SURGICAL CARE, AMBULANCE SERVICE, BLOOD BANK, CANCER CARE UNIT, CARDIOVASCULAR LABORATORY, CHILD CARE CENTER, CORONARY CARE UNIT, CHAPLAIN SERVICE, CHEMICAL DEPENDENCY UNIT, CRISIS INTERVENTION, CT RESONANCE IMAGING, NEUROLOGY, LEVEL II, NEWBORN NURSERY/NEONATAL INTENSIVE CARE UNIT, OB/GYN, ORTHOPEDIC SURGERY,OUTPATIENT SURGERY CENTER, PATIENT REPRESENTATIVES, PEDIATRIC CARE, PHARMACY, DIAGNOSTIC RADIOLOGY, A 24-HOUR EMERGENCY SERVICE, ENDOSCOPIC LABORATORY, FAMILY PRACTICE RESIDENCY PROGRAM, PRIMARY CARE PHYSICIAN NETWORK, HEALTH EDUCATION AND PROMOTION, HOSPITAL AUXILIARY, INDUSTRIAL MEDICINE PROGRAM, INPATIENT REHABILITATION UNIT, LAPAROSCOPIC CHOLECYSTECTOMY SURGERY, LASER SURGERY, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH THERAPY, POISON CONTROL CENTER, POST-OPERATIVE RECOVERY ROOM, PROGRESSIVE INTENSIVE CARE UNIT, RESPIRATORY CARE SERVICES, SOCIAL WORK SERVICES, ULTRASOUND, CONGESTIVE HEART FAILURE CLINIC, WOUND OSTOMY CLINIC, BREAST CENTER, MOBILE MAMMOGRAPHY DURING FISCAL YEAR 2010, PATIENT DAYS AT FLOYD MEDICAL CENTER TOTALED 73,128 AND DISCHARGES TOTALED 16,088 FLOYD MEDICAL CENTER PROVIDED APPROXIMATELY 59,025,000 IN DIRECT CHARITY AND INDIGENT CARE ADDITIONALLY, FLOYD MEDICAL CENTER INCURRED UNREIMBURSED MEDICARE AND MEDICAID ADJUSTMENTS OF 202,345,000 AND 121,122,000 RESPECTIVELY A COPY OF THE REPORT TO THE COMMUNITY FOR FLOYD MEDICAL CENTER CAN BE FOUND AT WWW FLOYD ORG/ABOUT/INDEX HTM

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
FLOYD HEALTHCARE MANAGEMENT INC

Employer identification number
58-1973570

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
FLOYD EMERGENCY PHYSICIANS LLC 304 TURNER MCCALL BLVD ROME, GA 30161 05-0608795	ER SVC	GA	5,729,924		NA
FLOYD PHYSICIANS LLC 304 TURNER MCCALL BLVD ROME, GA 30161 20-5415285	SPEC PHYS	GA	1,967,697		NA

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
HOSPITAL AUTHORITY OF FLOYD COUNTY 304 TURNER MCCALL BLVD ROME, GA 301610233 58-6001173	HEALTHCARE	GA	501	3	NA
FLOYD HEALTHCARE RESOURCES INC 304 TURNER MCCALL BLVD ROME, GA 301610233 58-2010524	HEALTHCARE	GA	501	9	NA

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
NORTHWEST GA COMMUNITY CARE NETWORK 402 EAST 2ND AVENUE ROME, GA30161 58-2076826	MNGD CARE	GA	N/A				
FLOYD HEALTH VENTURES INC 304 TURNER MCCALL BLVD ROME, GA30162 58-1925982	MED SVCS	GA	N/A				

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

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

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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

Additional Data

Software ID:
Software Version:
EIN: 58-1973570
Name: FLOYD HEALTHCARE MANAGEMENT INC

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
J ROGER SUMNER CHAIRMAN	1 00	X		X				5,750	1,500	0
TIM MAHANAY DIRECTOR	1 00	X						4,925	1,250	0
JERRY NORMAN DIRECTOR	1 00	X						6,175	0	0
WESLEY F JOHNSON DIRECTOR	1 00	X						5,375	0	0
WILLIAM V WIGLEY DIRECTOR	1 00	X						5,125	0	0
JOHN S FREEMAN DIRECTOR	1 00	X						3,000	1,250	0
JOHN MAYES DIRECTOR	1 00	X						4,200	0	0
GEORGE BOSWORTH MD DIRECTOR	1 00	X						3,250	0	0
GARRY FRICKS DIRECTOR	1 00	X						3,125	0	0
CARL HERRING MD DIRECTOR	1 00	X						2,000	0	0
MARK MANIS DIRECTOR	1 00	X						0	0	0
KURT STUENKEL PRES/SECRE/C	40 00			X				1,316,819	0	35,533
DEE RUSSELL MD VICE-PRES	40 00				X			554,897	0	32,798
RICHARD T SHEERIN CFO	40 00				X			359,723	0	24,920
WARREN RIGAS VICE-PRES	40 00				X			351,665	0	22,288
C WADE MONK GEN COUNSEL	40 00				X			351,546	0	34,894
GREG POLLEY VICE-PRES	40 00				X			273,712	0	37,424
SHEILA BENNETT HORNER VICE PRES	40 00				X			241,163	0	2,514
DAN SWEITZER VICE-PRES	40 00				X			232,134	0	36,355
MARY MAIRE VICE-PRES	40 00				X			220,974	0	44,912
REBEKAH LOWREY SURGICAL DIR	40 00				X			193,896	0	0
BOBBY PURCELL PHARMACY DIR	40 00				X			178,968	0	14,940
JOHN HARDWELL MD PHYSICIAN	50 00					X		477,760	0	18,061
GARRETT H BARNESMD MED DIR	52 00					X		458,251	0	4,212
SMITA VARSHNEY HOSPITALIST	40 00					X		383,640	0	20,108

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MOLLY REES MD PHYSICIAN	40 00					X		343,109	0	9,490
JEFFREY BLACKMON PHYSICIAN	40 00					X		334,017	0	755
BG WATERS FORMER CEO							X	20,232	0	88,544
CHARLOTTE DOUGHERTY FORMER CFO							X	19,582	0	36,531
DON TATE FORMER ADMIN							X	19,309	0	18,188

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
BAD DEBTS	26,696,921	26,696,921		
R&M	6,751,524	3,015,160	3,736,364	
DUES & SUBSCRIPTIONS	1,046,612	1,046,612		
EMPLOYEE RECOGNITION	783,331	504,948	278,383	
RECRUITING	427,382		427,382	

Additional Data

Software ID:
Software Version:
EIN: 58-1973570
Name: FLOYD HEALTHCARE MANAGEMENT INC

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

IN DERIVING THE DENOMINATOR TO BE USED FOR COLUMN (F), THE FOLLOWING ADJUSTMENTS WERE MADE TO THE TOTAL EXPENSES REPORTED ON FORM 990, PART IX, LINE 25 FORM 990, PART IX, LINE 25 278,938,489 LESS BAD DEBTS IN PART IX (26,696,921) DENOMINATOR FOR COLUMN (F) 252,241,568

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

EXCERPT FROM AUDITED FINANCIAL STATEMENTS - ALLOWANCE FOR DOUBTFUL ACCOUNTS THE CORPORATION PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED ON EVALUATION OF THE OVERALL COLLECTIBILITY OF THE ACCOUNTS RECEIVABLE AS ACCOUNTS ARE KNOWN TO BE UNCOLLECTIBLE, THE ACCOUNT IS CHARGED AGAINST THE ALLOWANCE

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

MEDICARE COSTS AND REVENUES WERE EXTRACTED FROM THE MEDICARE COST REPORT FILED FOR THE SAME FISCAL TIME FRAME

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

FOR PATIENTS RECEIVING ONLY A PORTION OF THEIR BILL AS CHARITY, THE REMAINING PORTION OF THE BILL IS TREATED THE SAME AS ALL OTHER PATIENTS IN REGARDS TO COLLECTIONS

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

LOCATED IN NORTHWEST GEORGIA, FHMI DBA FLOYD MEDICAL CENTER ("FMC") IS BASED IN ROME, GEORGIA, WHICH IS THE COUNTY SEAT FOR FLOYD COUNTY, ABOUT 60 MILES NORTH OF ATLANTA AND 60 MILES SOUTH OF CHATTANOOGA, TENN THE 165,000 (2009 ESTIMATE) RESIDENTS OF THE THREE-COUNTY REGION ARE SERVED BY FMC AND TWO SMALLER HOSPITALS THIS POPULATION BASE IS 78-PERCENT CAUCASIAN, 12 PERCENT AFRICAN AMERICAN, 8 PERCENT HISPANIC, 2 PERCENT OTHER ETHNICITIES NORTHWEST GEORGIA IS A MEDICAL AND EDUCATIONAL HUB THREE OF THE LARGEST EMPLOYERS IN THE THREE- COUNTY AREA ARE HEALTH CARE PROVIDERS THE AREA IS ALSO HOME TO FOUR POST-SECONDARY EDUCATIONAL INSTITUTIONS STILL, THE MANUFACTURING SECTOR REMAINS AN ECONOMIC FORCE IN THE AREA AS IN OTHER PARTS OF THE COUNTRY, THE UNEMPLOYMENT RATE CLIMBED INTO DOUBLE DIGITS IN EARLY 2009, AND APPROXIMATELY 15 PERCENT OF RESIDENTS ARE BELOW THE FEDERAL POVERTY LEVEL OVER ONE-THIRD OF THE ADULT POPULATION HAS NOT GRADUATED HIGH SCHOOL MALIGNANT CANCERPRIMARILY LUNG CANCER AND CARDIOVASCULAR DISEASE ARE THE PRIMARY CAUSES OF DEATH IN THESE COUNTIES OF THOSE PATIENTS SEEKING HEALTH CARE IN THE PRIMARY SERVICE AREA, 47 1 PERCENT DEPEND ON MEDICARE FOR THEIR PRIMARY HEALTHCARE COVERAGE, 24 1 PERCENT ARE COVERED BY COMMERCIAL INSURANCE AND 17 3 PERCENT ARE COVERED BY THE STATE MEDICAID PROGRAM

Form 990 Schedule H, Part VI - Supplemental Information, Line 6

FHMI IS THE SAFETY-NET HEALTH CARE PROVIDER FOR NORTHWEST GEORGIA IN ADDITION TO PROVIDING EMERGENCY CARE SERVICES, FMC HAS GONE THE EXTRA STEP OF PROVIDING 24-HOUR COVERAGE FOR SURGERY AND OTHER SERVICES TO MAINTAIN STATUS AS A LEVEL II TRAUMA CENTER FHMI IS ALSO THE SITE FOR THE REGIONAL POISON CONTROL CENTER, HOUSES THE REGIONS ONLY LEVEL II NEONATAL INTENSIVE CARE UNIT, AND OPERATES A FAMILY MEDICINE RESIDENCY PROGRAM THAT OPERATES THE FLOYD COUNTY CLINIC TO PROVIDE BASIC HEALTH CARE SERVICES FOR THE ECONOMICALLY DISADVANTAGED IN OUR COMMUNITY IN ADDITION TO THESE SERVICES, FHMI ACTIVELY PROMOTES HEALTH AND SAFETY THROUGHOUT THE COMMUNITY THROUGH VARIOUS COMMUNITY BENEFIT ACTIVITIES INCLUDING, BUT NOT LIMITED TO, BICYCLE SAFETY HELMET GIVEAWAYS AND CLINICS, SCHOOL-BASED CHILD SAFETY PROGRAMS, MOBILE MAMMOGRAPHY, AN ACTIVE SPEAKERS BUREAU, CHILDBIRTH CLASSES, COMMUNITY HEALTH SCREENINGS AND HEALTH FAIRS, AN ANNUAL CAMP FOR CHILDREN WITH DIABETES, HEALTH CARE INTERNSHIPS, EXTERNSHIPS AND SHADOWING OPPORTUNITIES, AND SUPPORT FOR COMMUNITY-WIDE INITIATIVES WITH HEALTH PARTNERS INCLUDING THE NORTHWEST GEORGIA CANCER COALITION, CANCER NAVIGATORS AND THE FREE CLINIC OF ROME