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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
SIERRA VISTA REGIONAL HEALTH CENTER INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
300 EL CAMINO REAL

City or town, state or country, and ZIP + 4
SIERRA VISTA, AZ 85635

D Employer identification number
86-0186064

E Telephone number
(520) 417-3911

G Gross receipts $ 101,857,310

F Name and address of principal officer
MARGARET HEPBURN CEO
300 EL CAMINO REAL
SIERRA VISTA, AZ 85635

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 SVRHC ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1963

M State of legal domicile AZ

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SIERRA VISTA REGIONAL HEALTH CENTER WILL BE COMMITTED TO CUSTOMER-FOCUSED QUALITY HEALTH CARE THROUGH EXCELLENCE IN PRACTICE, SERVICE, AND LEADERSHIP

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	10
5	Total number of employees (Part V, line 2a)	**5**	908
6	Total number of volunteers (estimate if necessary)	**6**	165
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	847,931
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	1,048,632	394,315
	9 Program service revenue (Part VIII, line 2g)	93,606,328	97,747,569
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-334,303	2,824,120
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	902,728	847,931
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	95,223,385	101,813,935
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	52,083	13,500
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	44,267,906	44,194,980
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	43,100,871	48,369,360
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	87,420,860	92,577,840
	19 Revenue less expenses Subtract line 18 from line 12	7,802,525	9,236,095

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	96,395,520	106,188,978
	21 Total liabilities (Part X, line 26)	40,427,990	40,985,353
	22 Net assets or fund balances Subtract line 21 from line 20	55,967,530	65,203,625

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

Signature of officer — Date: 2011-05-11

BRUCE NORTON CFO
Type or print name and title

Paid Preparer's Use Only

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

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

SIERRA VISTA REGIONAL HEALTH CENTER WILL BE COMMITTED TO CUSTOMER-FOCUSED QUALITY HEALTH CARE THROUGH EXCELLENCE IN PRACTICE, SERVICE, AND LEADERSHIP

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 $ 66,132,966 including grants of $) (Revenue $ 97,849,322)

SEE SCHEDULE O

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 66,132,966

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		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	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**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 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**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
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	115		
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	908		
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			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
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	12		
b	Enter the number of voting members that are independent	1b	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		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		No
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		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ AZ

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

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

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

STEVEN CALABRESE CPA
300 EL CAMINO REAL
Sierra Vista, AZ 85635
(520) 417-4981

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 . . . . . ▶	1,852,903	0	242,476

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 ▶ 16

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed 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
CPS INC PO BOX 10000 DEPT 176 MEMPHIS, TN 38148	PHARMACY MANAGEMENT	1,342,403
CERNER CORPORATION PO BOX 412702 KANSAS CITY, MO 64141	SOFTWARE MAINTENANCE	1,676,560
ARAMARK HEALTHCARE MANAGEMENT 12483 COLLECTION CENTER DR CHICAGO, IL 60693	BIO MED/MGT CONTRACT	2,371,008
TL ROOF AND ASSOCIATES CONSTRUCTION 710 S CAMPBELL AVENUE TUCSON, AZ 85719	CONSTRUCTION	1,947,362
MIDWESTERN UNIVERSITY 19555 N 59TH AVE GLENDALE, AZ 85308	RESIDENTS	826,065
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 ▶ 60		

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	340,060			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	54,255			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		394,315			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE (MEDICARE/MEDICAID)	446,199	42,463,375	42,463,375		
	b	NET PATIENT SERVICE (OTHER)	446,199	54,405,029	54,405,029		
	c	MOB/RENTAL	531,120	168,071			168,071
	d	CAFETERIA	722,210	399,944	399,944		
	e	RADIOLOGY PRO FEE	541,900	300,538	300,538		
	f	All other program service revenue		10,612	10,612		
	g	**Total.** Add lines 2a–2f		97,747,569			
	3	Investment income (including dividends, interest and other similar amounts)		2,867,495			2,867,495
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory		0			
	b	Less cost or other basis and sales expenses		43,375			
	c	Gain or (loss)		-43,375			
	d	Net gain or (loss)		-43,375			-43,375
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		0			
	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		0			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a	MEDICAL SUPPLY SALES	446,199	830,181		830,181	
	b	HOUSE RENTALS	900,002	17,750		17,750	
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		847,931			
	12	**Total revenue.** See Instructions		101,813,935	97,579,498	847,931	2,992,191

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	0	0		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	13,500	13,500		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	2,526,826	0	2,526,826	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	34,061,247	24,836,572	9,224,675	0
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	649,509	421,734	227,775	0
9 Other employee benefits	4,369,786	2,719,325	1,650,461	0
10 Payroll taxes	2,587,612	1,891,973	695,639	0
11 Fees for services (non-employees)				
a Management	0	0	0	0
b Legal	517,065	0	517,065	0
c Accounting	274,279	0	274,279	0
d Lobbying	0	0	0	0
e Professional fundraising *See Part IV, line 17*	0			0
f Investment management fees	152,821	0	152,821	0
g Other	8,638,360	5,505,943	3,132,417	0
12 Advertising and promotion	288,206	0	288,206	0
13 Office expenses	15,456,128	13,132,648	2,323,480	0
14 Information technology	2,856,438	1,826,554	1,029,884	0
15 Royalties	0	0	0	0
16 Occupancy	1,542,216	1,139,812	402,404	0
17 Travel	92,450	48,293	44,157	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	432,120	70,083	362,037	0
20 Interest	1,910,876	1,528,701	382,175	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	6,531,300	4,670,345	1,860,955	0
23 Insurance	2,907,670	2,721,471	186,199	0
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a BAD DEBT	2,685,398	2,685,398	0	0
b EQUIPMENT REPAIRS & MAINT	2,583,329	2,131,603	451,726	0
c BLDG REPAIRS & MAINT	906,955	544,173	362,782	0
d MINOR EQUIPMENT & INSTRUMENTS	310,467	206,187	104,280	0
e TAXES AND LICENSE FEES	71,600	0	71,600	0
f All other expenses	211,682	38,651	173,031	0
25 **Total functional expenses.** Add lines 1 through 24f	92,577,840	66,132,966	26,444,874	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		9,578,979	1	12,838,651
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		8,172,391	4	7,837,953
	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			7	
	8	Inventories for sale or use		2,179,075	8	2,099,777
	9	Prepaid expenses and deferred charges		4,038,541	9	4,134,325
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 83,737,378			
	b	Less accumulated depreciation	10b 46,863,677	35,721,466	10c	36,873,701
	11	Investments—publicly traded securities		35,558,738	11	41,128,832
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		236,990	13	135,237
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		909,340	15	1,140,502
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		96,395,520	16	106,188,978
Liabilities	17	Accounts payable and accrued expenses		4,517,675	17	5,139,862
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		27,290,000	20	26,400,000
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		848,144	23	701,324
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		7,772,171	25	8,744,167
	26	**Total liabilities.** Add lines 17 through 25		40,427,990	26	40,985,353
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		55,876,663	27	65,182,728
	28	Temporarily restricted net assets		90,867	28	20,897
	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		55,967,530	33	65,203,625
	34	Total liabilities and net assets/fund balances		96,395,520	34	106,188,978

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
SIERRA VISTA REGIONAL HEALTH CENTER INC

Employer identification number
86-0186064

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

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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
SIERRA VISTA REGIONAL HEALTH CENTER INC	86-0186064

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		
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-		

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

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?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		
e	Publications, or published or broadcast statements?	Yes		
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		2,758
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		
i	Other activities? If "Yes," describe in Part IV	Yes		3,126
j	Total lines 1c through 1i			5,884
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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
LOBBYING ACTIVITIES	SCHEDULE C, PART II-B	LINE 1 G - ACTIVITY CONSISTED OF DINNER IN PHOENIX AZ WITH STATE REPRESENTATIVES AND MEMBERS OF THE HOSPITAL STAFF AND TRUSTEES THE PURPOSE OF THE MEETING WAS TO DISCUSS THE IMPACT OF STATE LEGISLATION UPON THE HOSPITAL LINE 1I- THIS AMOUNT REPRESENTS THE PORTION OF AMERICAN HOSPITAL ASSOCIATION DUES THAT HAVE BEEN ALLOCATED TO LOBBYING ACTIVITIES

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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
SIERRA VISTA REGIONAL HEALTH CENTER INC

Employer identification number
86-0186064

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,824,928		1,824,928
b Buildings		37,094,086	17,026,320	20,067,766
c Leasehold improvements				
d Equipment		39,591,309	27,839,393	11,751,916
e Other		5,227,055	1,997,964	3,229,091
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				36,873,701

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	0
ACCRUED COMPENSATION	3,863,422
ESTIMATED THIRD PARTY LIAB	1,632,878
OTHER LIABILITIES	3,247,867
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	8,744,167

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	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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

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

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

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

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
PART X, LINE 2	FIN 48 FOOTNOTE	THE AUDITED FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2010 DO NOT CONTAIN A FIN 48 FOOTNOTE MANAGEMENT HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT REQUIRE ACCRUAL OR DISCLOSURE

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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
SIERRA VISTA REGIONAL HEALTH CENTER INC

Employer identification number
86-0186064

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 _____	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 **800 %**	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	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
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		No
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)			1,124,124	0	1,124,124	1 250 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			0	0	0	0 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			156,109	113,184	42,925	0 050 %
d **Total** Charity Care and Means-Tested Government Programs			1,280,233	113,184	1,167,049	1 300 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			188,085	0	188,083	0 210 %
f Health professions education (from Worksheet 5)			1,377,065	864,029	513,036	0 570 %
g Subsidized health services (from Worksheet 6)			867,978	843,604	24,374	0 030 %
h Research (from Worksheet 7)			0	0	0	0 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			48,358	1,914	46,444	0 050 %
j **Total** Other Benefits			2,481,486	1,709,547	771,937	0 860 %
k **Total.** Add lines 7d and 7j			3,761,719	1,822,731	1,938,986	2 160 %

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			2,000		2,000	0 %
3	Community support			13,500		13,500	0 010 %
4	Environmental improvements						
5	Leadership development and training for community members			37,791		37,791	0 040 %
6	Coalition building			8,125		8,125	0 010 %
7	Community health improvement advocacy			2,758		2,758	0 %
8	Workforce development			136,629		136,629	0 150 %
9	Other						
10	**Total**			200,803		200,803	0 210 %

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			No
2	Enter the amount of the organization's bad debt expense (at cost)	2	892,895		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, 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	22,038,661		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	25,857,951		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-3,819,290		
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)
SIERRA VISTA REGIONAL HLTH CNTR 300 EL CAMINO REAL SIERRA VISTA,AZ 85635	X	X		X			X		
MOORMAN AVE OUTPATIENT SVCS 185 S MOORMAN AVE SIERRA VISTA,AZ 85635									LAB/INFUSION/HOSPICE
SIERRA VISTA REGIONAL HLTH CNTR 151 COLONIA DE SALUD SIERRA VISTA,AZ 85635									OUT PATIENT SURGERY CENTER
SIERRA VISTA REGIONAL HLTH CNTR 1840 PASEO SAN LUIS SIERRA VISTA,AZ 85635									DIABETES EDUCATION/OUT REACH
SIERRA VISTA REGIONAL HLTH CNTR 302 06 EL CAMINO REAL SIERRA VISTA,AZ 85635									MRI
SIERRA VISTA REGIONAL HLTH CNTR 1967 FRONTAGE RD SIERRA VISTA,AZ 85635									DURABLE MEDICAL SUPPLIES
SIERRA VISTA REGIONAL HLTH CNTR 2151 S HWY 92 SIERRA VISTA,AZ 85635									REHABILITATION SVCS
SIERRA VISTA REGIONAL HLTH CNTR 2151 S HWY 92 SIERRA VISTA,AZ 85635									HOSPICE

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

See additional data

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

See additional data

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

See additional data

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)

THE HOSPITAL HAS AN OPEN MEDICAL STAFF AND A COMMUNITY BOARD OF TRUSTEES THE HOSPITAL PLACES SURPLUS FUNDS BACK INTO THE ORGANIZATION THROUGH OPERATIONS AND ALSO THROUGH THE MANY COMMUNITY BENEFIT PROGRAMS AND CLASSES PROVIDED TO THE COMMUNITY MEMBERS WE SERVE

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

FROM APRIL 17, 2010 THROUGH JUNE 30, 2010 FOR FISCAL YEAR 6-30-10, THE HOSPITAL WAS NOT PART OF AN AFFILIATED HEALTH CARE SYSTEM THE HOSPITAL DID ENJOY AN INTEGRATIVE NETWORK AGREEMENT WITH CARONDELET HEALTH NETWORK TO FACILITATE WORKING ON PROJECTS BOTH ORGANIZATIONS RAN COMPLETELY SEPARATE AND THERE WERE NO FINANCIAL COLLABORATIONS THE AGREEMENT IS NO LONGER IN FORCE LINE 8 THE ORGANIZATION OPERATES SOLELY IN ARIZONA ARIZONA DOES NOT CURRENTLY REQUIRE COMMUNITY BENEFIT REPORTING

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

Additional Data

Software ID:
Software Version:
EIN: 86-0186064
Name: SIERRA VISTA REGIONAL HEALTH CENTER INC

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

SELF PAY DISCOUNTS & UNCOMPENSATED CARE (CHARITY) POLICY POLICY 1 PHILOSOPHY IN KEEPING WITH SIERRA VISTA REGIONAL HEALTH CENTERS VISION TO BE A LEADER IN IMPROVING THE COMMUNITY'S HEALTH CARE STATUS, IT IS CONSIDERED NOT ONLY NECESSARY BUT ALSO APPROPRIATE TO MAKE ADJUSTMENT TO PATIENT CARE CHARGES UNDER CERTAIN CIRCUMSTANCES IT IS NOT THE INTENT OF THIS POLICY TO RESTRICT THIS PRACTICE, BUT TO ESTABLISH CLEAR GUIDELINES BY WHICH TO ACCOMPLISH THE TASK 2 DEFINITIONS BECAUSE ADJUSTMENTS CAN OCCUR FOR SEVERAL REASONS, IT IS NECESSARY TO DEFINE CERTAIN TYPES OF ADJUSTMENTS A UNCOMPENSATED CARE UNCOMPENSATED CARE/CHARITY CARE IS DEFINED AS SERVICES PROVIDED TO PATIENTS WHO ARE UNABLE TO PAY BASED ON INCOME LEVEL, FINANCIAL ANALYSIS, DEMOGRAPHIC INDICATORS AND/OR FURTHER HEALTHCARE NEEDS BASED ON DIAGNOSIS OR CATASTROPHIC CIRCUMSTANCES B SELF-PAY DISCOUNT A PAYMENT ADJUSTMENT MAY OCCUR WHEN THE PATIENT AGREES TO MAKE IMMEDIATE OR PROMPT PAYMENT IN RETURN FOR A REDUCTION IN THE AMOUNT DUE C PROCESS ALL ADJUSTMENTS OF PATIENT CARE CHARGES REQUESTED SHALL BE APPROVED BY PERSONS DESIGNATED AS FOLLOWS - $25,000 + CFO - $5,000 TO $24,999 DIRECTOR OF REVENUE MANAGEMENT - $101 TO $4999 ASSISTANT MANAGER OF A/R - $1 00 TO $100 A/R STAFF - SELF PAY DISCOUNTS A SELF PAY DISCOUNT OF 50% WILL BE APPLIED AT THE TIME OF BILLING D PLEASE NOTE ON SELF PAY AFTER INSURANCE, THERE IS NO DISCOUNT ON DEDUCTIBLES OR CO-PAYS AS THIS IS PART OF THE CONTRACTUAL RELATIONSHIP BETWEEN THE PAYER AND THE SUBSCRIBER ONLY COINSURANCE BALANCES ARE ELIGIBLE FOR DISCOUNTS E A COINSURANCE DISCOUNT OF 30% WILL BE APPLIED AT THE TIME OF BILLING F UNCOMPENSATED CARE - CHARITY CARE POLICY REQUEST FOR CHARITY CARE (FINANCIAL ASSISTANCE) FINANCIAL ASSISTANCE REQUEST MAY BE MADE BY THE PATIENT, OUTSIDE HEALTH CARE PROVIDERS, COMMUNITY OR RELIGIOUS GROUPS, SOCIAL SERVICES, FAMILY MEMBERS, AND SVRHC PERSONNEL THE FINANCIAL COUNSELOR WILL KEEP ON FILE (AND FOR REFERENCE) AN ANNUAL "POVERTY GUIDELINES" AS PUBLISHED BY THE FEDERAL REGISTRY 1 ELIGIBILITY CONSIDERATIONS FOR FINANCIAL ASSISTANCE - FINANCIAL ASSISTANCE IS SECONDARY TO ALL OTHER FINANCIAL RESOURCES AVAILABLE TO THE PATIENT INCLUDING INSURANCE, GOVERNMENT PROGRAMS, THIRD PARTY LIABILITY, AND PERSONAL ASSETS - FULL FINANCIAL ASSISTANCE WILL BE PROVIDED TO A PATIENT/GUARANTOR WITH A GROSS FAMILY INCOME 200% OF THE FEDERAL POVERTY GUIDELINES DEPENDENT UPON THE ELIGIBILITY CRITERIA FOR THE AHCCCS PROGRAMS - MOST PROGRAMS AHCCCS ELIGIBILITY 100% FPL (FEDERAL POVERTY LEVEL) - A PATIENT /GUARANTOR WILL BE GIVEN PARTIAL FINANCIAL ASSISTANCE BASED ON HIS OR HER INCOME LEVEL UP TO 800% OF THE POVERTY GUIDELINES - COSMETIC AND OTHER SERVICES THAT ARE NOT MEDICALLY NECESSARY ARE NOT ELIGIBLE FOR FINANCIAL ASSISTANCE - OTHER CATASTROPHIC CIRCUMSTANCES MAY BE CONSIDERED IN THE CHARITY DECISION - AHCCCS ELIGIBILITY WITHIN 60 DAYS OF SERVICE WILL BE PROOF OF INDIGENCE - MEDICAL INDIGENCE -EVALUATE ADDITIONAL CIRCUMSTANCE - MEDICAL BILLS (COMBINED) GREATER THAN 1 YEAR TIMES ANNUAL INCOME - CATASTROPHIC EVENT/DIAGNOSIS - ASSET AVAILABILITY - PATIENTS/GUARANTORS WILL BE ASKED TO COMPLETE AN APPLICATION FOR ASSISTANCE AND PROVIDE PROOF OF INCOME SUCH AS EMPLOYER PAYMENTS STUBS, BANK STATEMENTS AND/OR TAX RETURN 2 DETERMINATION - PATIENTS/GUARANTORS WILL BE NOTIFIED OF FINANCIAL ASSISTANCE DETERMINATION BY PHONE OR IN WRITING - PATIENTS/GUARANTORS MAY APPEAL A FINANCIAL ASSISTANCE DETERMINATION BY PROVIDING ADDITIONAL INFORMATION SUCH AS INCOME VERIFICATION OR AN EXPLANATION OF EXTENUATING CIRCUMSTANCES TO THE FINANCIAL COUNSELOR FOR REVIEW - SVRHC'S DECISION TO PROVIDE FINANCIAL ASSISTANCE IN NO WAY AFFECTS THE PATIENTS/GUARANTOR FINANCIAL OBLIGATION TO THEIR PHYSICIAN OR OTHER HEALTH CARE PROVIDERS

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

THE COMMUNITY BENEFIT REPORT IS CONTAINED IN A SEPARATE REPORT, PREPARED BY AN UNRELATED ORGANIZATION

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

COSTING METHODOLOGY USED TO CALCULATE THE AMOUNTS REPORTED IN THE TABLE IS PRIMARILY THE COST TO CHARGE RATIO CALCULATED IN WORKSHEET 2 OF SCHEDULE H OTHER COSTS COME FROM OUR FY2010 COST REPORT

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

SVRHC PROVIDES SUBSIDIZED HEALTH SERVICES FOR NON-MEDICARE/MEDICAID CARDIAC CATH PATIENTS AT LESS THAN HOSPITAL COST

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

BAD DEBT INCLUDED ON PART IX LINE 25 IS $2,685,398 THIS AMOUNT HAS BEEN BACKED OUT OF TOTAL EXPENSE USED IN THE DENOMINATOR FOR THE PERCENTAGES IN COLUMN F

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

THE BAD DEBT EXPENSE (AT COST) WAS CALCULATED USING THE COST TO CHARGE RATIO CALCULATED IN WORKSHEET 2 OF SCHEDULE H THE BAD DEBT EXPENSE IS RECORDED ON THE FINANCIALS AT GROSS CHARGES EVERY EFFORT IS MADE TO IDENTIFY CHARITY PATIENTS AT THE POINT OF SERVICE SO NONE OF THE PATIENTS WRITTEN OFF TO BAD DEBT SHOULD HAVE BEEN ELIGIBLE FOR CHARITY CARE IT IS POSSIBLE THAT SOME PATIENTS REFUSED TO COMPLETE THE CHARITY APPLICATION SO THAT NEED COULD NOT BE DETERMINED

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

MEDICARE ALLOWABLE COSTS WERE CALCULATED USING THE COST TO CHARGE RATIO CALCULATED IN WORKSHEET 2 OF SCHEDULE H MEDICARE CHARGES FOR CATH LAB WERE EXCLUDED SINCE THEY WERE REPORTED AS PART OF THE SUBSIDIZED HEALTH SERVICES EXPENSE FOR HEALTH PROFESSIONAL EDUCATION WAS THEN EXCLUDED FROM RESULTING COST THE ENTIRE SHORTFALL CALCULATED SHOULD BE ATTRIBUTABLE TO COMMUNITY BENEFIT, SINCE THERE ARE NO OTHER HOSPITALS IN THE AREA THAT COULD PROVIDE CARE FOR THESE PATIENTS

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

BAD DEBT PROCESSING PROCEDURE TO ENSURE THAT ALL UNCOLLECTIBLE AMOUNTS FROM MEDICARE BENEFICIARIES AS WELL AS ALL SELF PAY AFTER INSURANCE AND STRAIGHT SELF PAY HAVE MET THE 120 DAY COLLECTION TIME FRAME AND THAT REASONABLE COLLECTION EFFORTS HAVE BEEN MADE BAD DEBT REVIEW - HEALTH CARE OUT SOURCING NETWORK (HON) WILL PROVIDE A LISTING WEEKLY OF ACCOUNTS FOR POSSIBLE APPROVAL FOR BAD DEBT PROCESSING - ALL ACCOUNTS WILL HAVE BEEN IN SELF PAY COLLECTIONS FOR 120 DAYS PRIOR TO ASSIGNMENT - ALL ACCOUNTS WILL BE SCREENED TO ENSURE THAT THE CO-PAY AND OR DEDUCTIBLE AMOUNT IS CORRECT - ALL ACCOUNTS WILL BE SCREENED PRIOR TO BAD DEBT PLACEMENT FOR POSSIBLE PAYMENTS, OTHER THIRD PARTY INSURANCE, AND/OR OTHER AGENCY - A LISTING OF ANY ACCOUNTS TO BE PULLED FROM COLLECTIONS WILL BE PROVIDED BACK TO HON FOR FURTHER WORK UP

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

ALL LOCATIONS ARE LICENSED BY THE STATE

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

A COMMUNITY HEALTH ASSESSMENT WAS PERFORMED BY HMS ASSOCIATES, A NATIONAL COMPANY, FOR SIERRA VISTA REGIONAL HEALTH CENTER IN JULY, 2007 ANOTHER COMMUNITY HEALTH CARE NEEDS ASSESSMENT IS SCHEDULED FOR THE SUMMER OF 2011 THE COMPANY CONDUCTED THE SURVEY UTILIZING THREE TYPES OF INFORMATION A STATISTICS ON DEATHS, BIRTHS, SERVICE USE B COMMUNITY SURVEYS C OPINIONS OF KEY ORGANIZATIONS THE ASSESSMENT COVERED ALL OF THE HOSPITAL'S SERVICE AREAS WITHIN THE COUNTY AND KEY EFFORTS INCLUDED DURING THE ANALYSIS WERE GATHERING DATA, ASSIGNING DATA TO HEALTHY PEOPLE PROGRAM CATEGORIES, COMPARING DATA TO BENCHMARKS, ANALYZING DATA AND SELECTING PRIORITIES, AND SUMMARIZING FINDINGS THE ASSESSMENT WAS THE FOUNDATION FOR SVRHC'S COMMUNITY BENEFIT PLAN WHICH INCLUDES ACTIVITIES AND PROGRAMS TO IMPROVE THE COMMUNITY HEALTH OF OUR CITIZENS COLLECTION METHODS ASSESSMENT CAPITALIZED ON EXTENSIVE EXISTING INFORMATION ABOUT COCHISE COUNTY RESIDENTS' HEALTH RELATED NEEDS KEY EFFORTS INCLUDE - GATHERING DATA - ASSIGNING DATA TO HEALTHY PEOPLE PROGRAM CATEGORIES - COMPARING DATA TO BENCHMARKS - ANALYZING DATA AND SELECTING PRIORITIES - SUMMARIZING FINDINGS THE ASSESSMENT COVERS THE COUNTY AS A WHOLE AND ALSO SIX DIFFERENT COMMUNITIES WITHIN THE COUNTY OFTEN TIMES, COUNTY PROBLEMS ARE MORE RELATED TO SPECIFIC COMMUNITIES COMMUNITY ANALYSES HELP TO PINPOINT PROBLEMS AS WELL AS TARGET AND DEFINE THE MOST APPROPRIATE INTERVENTIONS FINDINGS OF THE COUNTY'S MOST IMPORTANT COMMUNITY NEEDS NINETEEN HEALTH PROGRAM AREAS WERE CLOSELY STUDIED AND THREE LEVELS OF PRIORITIES EMERGED ACCESS TO HEALTH CARE IN GENERAL WAS A SIGNIFICANT CONCERN AS WELL COMMUNITY NEEDS HIGH PRIORITIES - ACCESS TO CARE - CANCER - CHRONIC DISEASE - HEART DISEASE - INJURY PREVENTION - MATERNAL CHILD HEALTH - SUBSTANCE ABUSE-DRUGS COMMUNITY NEEDS MODERATE PRIORITIES - DIABETES/OBESITY - HIV - MENTAL HEALTH - ORAL HEALTH - RESPIRATORY DISEASE - SUBSTANCE ABUSE - ALCOHOL - SUICIDE COMMUNITY NEEDS LOW PRIORITIES - BLOOD RELATED ILLNESSES - CEREBROVASCULAR DISEASE - IMMUNIZATION OR VACCINATION PREVENTABLE DISEASES - NEPHRITIS - RESPONSIBLE SEXUAL BEHAVIOR - VIOLENCE PREVENTION - CANCER - CHRONIC DISEASE - HEART DISEASE - INJURY PREVENTION - MATERNAL CHILD HEALTH - SUBSTANCE ABUSE-DRUGS THE FEDERAL POVERTY GUIDELINES CAN BE FOUND AT
https //www cms gov/medicaideligibility/downloads/pov10combo pdf

Form 990 Schedule H, Part VI - Supplemental Information, Line 3

SIERRA VISTA REGIONAL HEALTH CENTER INFORMS AND EDUCATES OUR PATIENTS AND COMMUNITY MEMBERS WHO MAY BE BILLED FOR PATIENT CARE ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE, AND LOCAL GOVERNMENT PROGRAMS AND UNDER THE HOSPITAL'S CHARITY CARE POLICY IN THE FOLLOWING WAYS A INFORMATION ON ELIGIBILITY ASSISTANCE IS PROVIDED ON THE WEBSITE, AT THE HOSPITAL'S WELLNESS DEPOT, AND IN PAMPHLETS B EACH PATIENT IS VISITED BY AN ELIGIBILITY SPECIALIST TO DISCUSS ONE-ON-ONE ELIGIBILITY ASSISTANCE C THERE ARE POSTED SIGNS WITHIN THE HOSPITAL NOTIFYING PATIENTS/COMMUNITY MEMBERS ON ASSISTANCE D FOR PATIENTS UNABLE TO INTERACT WITH AN ELIGIBILITY SPECIALIST AT THE TIME OF ARRIVAL THROUGH THE EMERGENCY ROOM, THE DEMOGRAPHICS AND INFORMATION SHEET IS VIEWED BY THE SPECIALIST AND CONTACT IS MADE WITH EACH ONE TO DISCUSS ELIGIBILITY E THERE IS A STATEMENT ON EACH BILL SENT TO ALL PATIENTS ABOUT ELIGIBILITY ASSISTANCE

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

THE HOSPITAL UTILIZED THE DEMOGRAPHIC INFORMATION PROVIDED BY THE ASSESSMENT ON THE POPULATIONS OF THE CITIES WITHIN COCHISE COUNTY AND INFUSED THESE FINDINGS INTO OUR PLAN WE LOOKED AT THE POPULATION SIZE AND DENSITY, DISTRIBUTION, AND VITAL STATISTICS OF EACH CITY COUPLED WITH THE HEALTH NEED FINDINGS TO ESTABLISH EDUCATION AND PROGRAMS FOR THE POPULACE SOME OF THE DEMOGRAPHIC INFLUENCES UNIQUE TO OUR SERVICE AREA INCLUDE THE FOLLOWING A DUE TO ANTICIPATED POPULATION GROWTH, THE NEED FOR SERVICES WILL GROW BY 50% OVER THE NEXT 20 YEARS B THE POPULACE OF 50+ YEARS IS PROJECTED TO GROW BY 54% OVER THE NEXT 20 YEARS C RETIREE GROWTH IS ALSO PROJECTED TO GROW BY 18% OVER THE NEXT 20 YEARS D POPULATIONS DENSITY VARIES (FROM 500 TO 65,000) DUE TO MOST OF OUR SERVICE AREA BEING RURAL E ALL OF OUR SERVICE AREA HAS CULTURAL SENSITIVITY CHARACTERISTICS F THE POPULACE HAS SPECIAL POPULATIONS WITHIN OF GROUP HOMES, ARMED FORCES, CIVILIAN VETERANS (TWO AGE GROUPS - 18 TO 64 AND OVER 64) G DEMOGRAPHICS SHOW HIGH HEALTH RISK BEHAVIOR LEVELS, POOR HEALTH STATUS, AND CONSIDERABLE CONCERN BY COMMUNITY LEADERS AND KEY HEALTH CARE PROVIDERS WITHIN THE COUNTY H ACCESS TO CARE WAS A MAJOR CONCERN IDENTIFIED FOR THE COUNTY I THE COUNTY RELIES ON THE EMERGENCY ROOM FOR CARE MORE THAN ANY OTHER COUNTY IN THE STATE

Form 990 Schedule H, Part VI - Supplemental Information, Line 5

IN ACCORDANCE WITH OUR MISSION AND PHILOSOPHY, SIERRA VISTA REGIONAL HEALTH CENTER COMMITS SUBSTANTIAL RESOURCES TO SPONSOR A BROAD RANGE OF SERVICES TO BOTH THE POOR AND UNDERSERVED OUR COMMUNITY BENEFIT INCLUDES THE COST OF PROVIDING SERVICES TO PERSONS WHO CANNOT AFFORD HEALTH CARE DUE TO INADEQUATE RESOURCES, UNDOCUMENTED PATIENTS, AND/OR WHO ARE UNINSURED OR UNDERINSURED THIS TYPE OF COMMUNITY BENEFIT INCLUDES THE COST OF TRADITIONAL CHARITY CARE, UNPAID PORTIONS OF ACCHHS AND SUPPLIES OR STAFF TIME VOLUNTEERED ON BEHALF OF THE COMMUNITY COMMUNITY BENEFIT PROVIDED TO THE COMMUNITY INCLUDES THE COST OF PROVIDING SERVICES TO OTHER POPULATIONS WHO MAY NOT QUALIFY AS POOR, BUT MAY NEED SPECIAL SERVICES AND SUPPORT THIS TYPE OF COMMUNITY BENEFIT INCLUDES THE COST OF UNPAID PORTIONS OF MEDICARE AND OTHER PROGRAMS FOR SENIOR CITIZENS SUCH AS HEALTH PROMOTION AND EDUCATION, HEALTH CLINICS, AND SCREENINGS ALL OF THESE ARE NOT BILLED OR CAN BE PROVIDED ON A DEFICIT BASIS IT ALSO INCLUDES UNPAID PORTIONS OF TRAINING HEALTH PROFESSIONALS SUCH AS MEDICAL RESIDENTS, NURSING STUDENTS, AND STUDENTS IN ALLIED HEALTH PROFESSIONALS SIERRA VISTA REGIONAL HEALTH CENTER ALSO COMMITS SIGNIFICANT TIME AND RESOURCES TO ENDEAVORS AND CRITICAL SERVICES WHICH MEET OTHERWISE UNFILLED COMMUNITY NEEDS MANY OF THESE ACTIVITIES ARE SPONSORED WITH THE KNOWLEDGE THAT THEY WILL NOT BE FINANCIALLY VIABLE THE DEVELOPMENT OF THESE PROGRAMS IS BASED ON A COMMUNITY HEALTH CARE ASSESSMENT PERFORMED BY AN INDEPENDENT COMPANY THE CURRENT COMMUNITY OUTREACH PROGRAMS ARE - FOOD DRIVES - HEALTH FAIRS - HOSPICE BEREAVEMENT GROUP - MALL WALKERS PROGRAM - PARISH NURSE PROGRAM - PERINATAL GRIEF SUPPORT - POISON - SAFETY CLASSES - POSTPARTUM DEPRESSION INFORMATION - POWER OF PINK BREAST CANCER - PRENATAL CLASSES - PULMONARY REHABILITATION - SPEAKERS BUREAU - SMART TEEN EATING PROGRAM - SMOKE SUPPORT GROUP - TELECARE HOME BOUND - VIRTUAL TOUR KITS FOR ALL SCHOOLS - WEIGHT MANAGEMENT PROGRAM - CHOLESTEROL TESTING - WELLNESS DEPOT - OLD MEDICATION DISPOSAL - H1N1 AWARENESS - VICAP - SPACE AND SUPPLIES - CHAIR YOGA - ARTHRITIS PROGRAMS - WATER SAFETY - MRSA AWARENESS - FLU PRECAUTION PROGRAMS - KIDS SPORTS TEAMS 1ST AIDE KITS - MUSIC THERAPY - LIVING WILLS - ADVANCED DIRECTIVES - SUN SAFETY - IMMUNIZATION INFORMATION - BONE MARROW COLLECTION - PULSE OXYGEN TESTS - BODY MASS INDEX - SW SNAKE SAFETY - SW INSECT SAFETY - ARRHYTHMIC DEATH SYNDROME - HEART SAFETY THE HOSPITAL ALSO SPONSORS EVENTS IN THE COMMUNITY WHICH PROMOTE HEALTHY LIFE STYLES AND/OR DISEASE PREVENTION/INFORMATION THESE EVENTS ARE - AMERICAN CANCER SOCIETY - FORGACH HOUSE (BATTERED WOMEN/CHILDREN) - LITTLE LEAGUE - GOOD NEIGHBOR ALLIANCE (MEN'S SHELTER) - UNITED WAY (NUMEROUS PROGRAMS) - MARCH OF DIMES - JUST KIDS (CLOTHING PROGRAM) - RUNNING CLUB - YOUTH SOCCER CLUB - SENIOR OLYMPICS - HIGH SCHOOL SCHOLARSHIPS - COLLEGE SCHOLARSHIPS - STATE OF ARIZONA KIDS CARE - AMERICAN HEART ASSOCIATION - AMERICAN RED CROSS BLOOD DRIVES - VICAP - PROJECT GRADUATION (DRUG/ALCOHOL FREE EVENING FOR GRADUATING SENIORS) SIERRA VISTA REGIONAL HEALTH CENTER PROVIDES MANY OPPORTUNITIES FOR COMMUNITY MEMBERS TO PROVIDE US FEEDBACK ON THE PROGRAMS AND SERVICES DELIVERED BY THE HOSPITAL THESE PROGRAMS INCLUDE - SVRHC AUXILIARY - SVRHC FOUNDATION - FOCUS GROUPS - FACILITY TOURS - VOLUNTEER SERVICES - COMMUNITY BREAKFASTS - ON LINE SURVEYS - PRESS GANEY SURVEYS - COMMUNITY ASSESSMENTS - WEB SITE - HEALTH BEAT COMMUNICATION IN ADDITION, THE HOSPITAL HOSTS EMT, NURSING, REHABILITATION, PHARMACY, LABORATORY, DIAGNOSTIC IMAGING, NUTRITION, AND RESIDENT STUDENTS THESE STUDENTS RECEIVE FREE MEALS IN OUR CAFETERIA THE REHAB AND RESIDENT STUDENTS RECEIVED "DORM" TYPE HOUSING FOR $100 PER MONTH IN ADDITION, THE HOSPITAL HAS A RESIDENT PROGRAM THE RESIDENTS RECEIVE FREE MEALS IN THE CAFETERIA AND FREE HOUSING WHEN THEY TRAVEL TO TUCSON FOR CERTAIN ROTATIONS THE HOSPITAL ALSO SPONSORS A COMPASSION FUND WHICH ALLOWS US TO PURCHASE CLOTHING OR PAY FOR RIDES FOR PATIENTS THAT NEED THESE ITEMS

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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
SIERRA VISTA REGIONAL HEALTH CENTER INC

Employer identification number
86-0186064

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
SCHOLARSHIPS		13,500			
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 FUNDS	PART I, LINE 2	SCHOLARSHIP FUNDS (<$5,000) ARE PROVIDED TO COCHISE COLLEGE, AND THE COLLEGE ADMINISTERS THE PROGRAM

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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
SIERRA VISTA REGIONAL HEALTH CENTER INC

Employer identification number
86-0186064

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**		
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**		
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**		No
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**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
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				
MARGARET HEPBURN	(i)	385,902	135,505	40,248	28,302	25,458	615,415	0
	(ii)	0	0	0	0	0	0	0
BRUCE NORTON	(i)	209,583	47,222	3,804	29,444	23,142	313,195	0
	(ii)	0	0	0	0	0	0	0
REBECCA MCCALMONT	(i)	130,045	33,599	2,065	15,385	19,909	201,003	0
	(ii)	0	0	0	0	0	0	0
MARIE WURTH	(i)	150,589	35,401	1,938	0	19,401	207,329	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
SCHEDULE J, PART I, LINE 7	BONUS PROGRAM	THE EXECUTIVE TEAM, WHICH CONSISTS OF THE CEO, CFO, VICE PRESIDENTS, DIRECTORS, AND MANAGERS, ARE ELIGIBLE FOR PARTICIPATION IN THE BONUS PROGRAM THE AMOUNT OF BONUS IS DETERMINED BY A BONUS MATRIX, ONE OF THE COMPONENTS OF WHICH IS AN EARNINGS TRIGGER

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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
SIERRA VISTA REGIONAL HEALTH CENTER INC

Employer identification number
86-0186064

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	THE INDUSTRIAL DEV AUTHORITY OF COUNTY OF COCHISE	86-0445518	191320BL3	06-05-2003	2,670,000	REFUND BONDS ISSUED ON 12/31/1996		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	2,670,000				
2	Gross proceeds in reserve funds	0				
3	Proceeds in refunding or defeasance escrows	0				
4	Other unspent proceeds	0				
5	Issuance costs from proceeds	53,400				
6	Working capital expenditures from proceeds	0				
7	Capital expenditures from proceeds	0				
8	Year of substantial completion	2003				

		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									
10	Were the bonds issued as part of an advance refunding issue?		X								
11	Has the final allocation of proceeds been made?	X									
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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?										
2	Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 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?										

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								
2	Is the bond issue a variable rate issue?		X								
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X								
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		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								
6	Did the bond issue qualify for an exception to rebate?	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
SIERRA VISTA REGIONAL HEALTH CENTER INC

Employer identification number
86-0186064

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

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
OFFICE SMART	TRUSTEE MCDANIEL, OWNER	323,936	PURCHASE/SALE OF GOODS		No

Additional Data

Software ID:
Software Version:
EIN: 86-0186064
Name: SIERRA VISTA REGIONAL HEALTH CENTER 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
SIERRA VISTA REGIONAL HEALTH CENTER INC

Employer identification number
86-0186064

Identifier	Return Reference	Explanation
FORM 990, PART I, LINE 6	VOLUNTEER SERVICES	VOLUNTEERS IMPACT EVERY DEPARTMENT AND ARE A SOURCE OF COMFORT TO PATIENTS AND FAMILY MEMBERS THE QUALITY OF CARE THAT SVRHC PROVIDES IS NOT JUST A RESULT OF THE OUTSTANDING STAFF AND PHYSICIANS, BUT ALSO A DIRECT IMPACT FROM THE FRIENDLINESS AND CHEERY ATTITUDES EACH VOLUNTEER GIVES TO THE HOSPITAL VOLUNTEERS SACRIFICE THEIR TIME AND ENERGY AS AMBASSADORS FOR SVRHC AND ARE TRUE GEMS IN THE COMMUNITY WE UTILIZE VOLUNTEERS IN MOST OF THE DEPARTMENTS HERE AT THE HOSPITAL THESE AREAS INCLUDE CLINICAL DEPARTMENTS SUCH AS MATERNAL CHILD, MED SURGICAL, ICU/TELE, EMERGENCY DEPARTMENTS AND REHABILITATION SERVICES OUR VOLUNTEERS WORK CLOSELY WITH OUR NURSING STAFF AND TECHNICIANS TO LEND ASSISTANCE WHENEVER NEEDED THEY HELP GREET PATIENTS AND FAMILY MEMBERS, ANSWER PHONES, STOCK SMALL SUPPLIES, CREATE PACKETS, HELP WITH CHARTS AND TAKE ITEMS TO PATIENTS' ROOMS SUCH AS FLOWERS OR MAIL OUR NON-CLINICAL DEPARTMENTS INCLUDE MEDICAL RECORDS, CLIENT SERVICES, HUMAN RESOURCES, PATIENT ACCOUNTS AND NUTRITION & FOOD SERVICES OUR VOLUNTEERS HELP OUT IN THESE AREAS BY MAKING COPIES, DATA ENTRY, PUTTING TOGETHER PACKETS, ANSWERING PHONES, COVERING THE OFFICE FOR MEETINGS, MAKING FILES AND DOING FOOD PREPARATION TRAINING IS REQUIRED WHICH PROVIDES VOLUNTEERS THE NECESSARY TRAINING AND TOOLS TO ASSIST THESE SPECIAL CLIENTS IN THEIR DAILY LIVES WE ARE REQUIRED TO HAVE A CERTAIN PERCENTAGE OF VOLUNTEER HOURS TO STAFF HOURS TO MAINTAIN OUR STATUS AND MEET MEDICARE GUIDELINES

Identifier	Return Reference	Explanation
FORM 990, PART III, LINE 4A	EXEMPT PURPOSE ACHIEVEMENTS	SIERRA VISTA REGIONAL HEALTH CENTER (SVRHC) OPERATES AN 84 BED SHORT-TERM PRIMARY CARE FACILITY IN RURAL ARIZONA SVRHC PROVIDES A FULL RANGE OF INPATIENT, OUTPATIENT, DIAGNOSTIC AND REHABILITATION SERVICES SERVICES PROVIDED FOR YEAR ENDED JUNE 30, 2010 INCLUDED 17,845 INPATIENT PATIENT DAYS, 96,199 OUTPATIENT REGISTRATIONS AND 25,268 EMERGENCY ROOM VISITS IN SUPPORT OF ITS MISSION AND PHILOSOPHY THE HOSPITAL PROVIDES CARE TO ALL PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS CHARITY CARE POLICY WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES THE HOSPITAL DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE AND ACCORDINGLY THEY ARE NOT RECORDED AS REVENUE CHARITY CARE SERVICES TOTALED APPROXIMATELY $1,166,000 WHEN MEASURED AT THE HOSPITAL'S ESTABLISHED RATES THE HOSPITAL PROVIDES CARE TO PATIENTS WHO HAVE ENTERED THE COMMUNITY ILLEGALLY THE CHARGES FOR THESE PATIENTS ARE PARTIALLY REIMBURSED UNDER SECTION 1011 OF THE MEDICARE PRESCRIPTION DRUG IMPROVEMENT AND MODERNIZATION ACT OF 2003 THE UNREIMBURSED COSTS FOR SERVING THESE PATIENTS WERE APPROXIMATELY $49,000 PUBLIC PROGRAMS SUCH AS AHCCCS AND MEDICARE PROVIDE FOR THE POOR, INDIGENT AND ELDERLY PUBLIC PROGRAMS DO NOT ALWAYS COVER THE COSTS OF PROVIDING THESE SERVICES, THE UNREIMBURSED COSTS OF THE MEDICARE PROGRAM WERE APPROXIMATELY $10,789,000 BENEFITS PROVIDED TO THE COMMUNITY INCLUDE THE COST OF PROVIDING SERVICES TO OTHER POPULATIONS WHO MAY QUALIFY AS POOR BUT MAY NEED SPECIAL SERVICES AND SUPPORT THIS TYPE OF COMMUNITY BENEFIT INCLUDES THE COST OF PROGRAMS FOR SENIOR CITIZENS SUCH AS HEALTH PROMOTION AND EDUCATION, HEALTH CLINICS AND SCREENINGS, IT ALSO INCLUDES COSTS INCURRED BY THE HOSPITAL FOR TRAINING HEALTH PROFESSIONALS SUCH AS MEDICAL RESIDENTS, NURSING STUDENTS IN ALLIED HEALTH PROFESSIONALS THE HOSPITAL ALSO COMMITS SIGNIFICANT TIME AND RESOURCES TO ENDEAVORS AND CRITICAL SERVICES WHICH MEET OTHERWISE UNFILLED COMMUNITY NEEDS MANY OF THESE ACTIVITIES ARE SPONSORED WITH THE KNOWLEDGE THAT THEY WILL NOT BE FINANCIALLY VIABLE THE DEVELOPMENT OF THESE PROGRAMS IS BASED UPON A COMMUNITY ASSESSMENT PERFORMED BY AN INDEPENDENT COMPANY SUCH ENDEAVORS INCLUDE LOCAL CHARITIES, NOT-FOR-PROFIT ORGANIZATIONS, YOUTH GROUPS AND OTHER PATIENT SUPPORT GROUPS SUCH AS BUT NOT INCLUSIVE OF HEALTH SCREENINGS AND ASSESSMENTS, CANCER AND OTHER SUPPORT GROUPS, FREE TRANSPORTATION, MEALS AND MEDICATIONS FOR TRANSIENT PATIENTS WHEN NEEDED, THE AMERICAN HEART ASSOCIATION, MARCH OF DIMES, CANCER SOCIETY, AMERICAN RED CROSS, PRENATAL CLASSES, SENIOR OLYMPICS, HEALTH FAIRS, BLOOD PRESSURE CHECKS, HEALTH CAREER SCHOLARSHIPS FOR HIGH SCHOOL AND COLLEGE STUDENTS, BOY SCOUTS OF AMERICA, LITTLE LEAGUE AND PARTICIPATION IN REGULAR BLOOD DRIVES

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 2	FAMILY/BUSINESS RELATIONSHIPS	DIANE MCDANIELS, TRUSTEE, AND MARI PETERSON, TRUSTEE, HAVE A BUSINESS RELATIONSHIP

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 11A	PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990	THE 990 IS PREPARED BY THE CONTROLLER CAREFULLY CONSIDERING THE ORGANIZATION'S ENTRIES ON THE RETURN THOSE QUESTIONS CONCERNING COMPENSATION HAVE BEEN REVIEWED WITH THE VICE PRESIDENT OF HUMAN RESOURCES AND ALL COMPENSATION HAS BEEN SUPPLIED BY THE HUMAN RESOURCES DEPARTMENT THE ENTIRE RETURN HAS BEEN REVIEWED FOR CORRECTNESS WITH THE CFO ONCE COMPLETED THE RETURN WAS THEN REVIEWED BY ERNST AND YOUNG TAX DEPARTMENT BEFORE THE FINAL RETURNS ARE FILED, THE COMPLETED 990 AND 990-T ARE REVIEWED WITH THE AUDIT COMMITTEE OF THE BOARD HIGHLIGHTING THE AREAS OF INTEREST TO A GOVERNING BODY A COMPLETED COPY IS MADE AVAILABLE FOR ALL TRUSTEES TO REVIEW PRIOR TO FILING ANSWERS ARE PROVIDED TO ANY QUESTIONS OR CONCERNS

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 12C	PROCESS TO MONITOR TRANSACTIONS FOR CONFLICT OF INTEREST	THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY THE FOLLOWING PROCEDURES ARE EMPLOYED ALL OFFICERS, LEADERS OR IDENTIFIED OTHERS SHALL COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE AND SUBMIT IT TO THE HOSPITAL ANNUALLY THE TERM "CONFLICT OF INTEREST" MEANS THOSE CIRCUMSTANCES WHERE THE BEST INTERESTS OF SIERRA VISTA REGIONAL HEALTH CENTER (SVRHC) CONFLICT WITH EITHER THE ECONOMIC, PROFESSIONAL, POLITICAL OR PERSONAL INTERESTS OF ONE OR MORE OFFICERS, LEADERS OR IDENTIFIED OTHER OF SVRHC THE RELATIONSHIP BETWEEN SVRHC AND ITS OFFICERS, LEADERS AND IDENTIFIED OTHERS IS ONE WHICH IS COMPLEX AND CHANGING THERE ARE CIRCUMSTANCES WHICH MAY EXIST WHICH MAY INTERTWINE THE INTERESTS OF SVRHC AND ITS OFFICERS, LEADERS AND IDENTIFIED OTHERS IN ORDER TO RECOGNIZE AND EFFECTIVELY DEAL WITH CIRCUMSTANCES OF THIS NATURE THE FOLLOWING POLICY HAS BEEN ADOPTED ANY AND ALL CONFLICTS OF INTEREST SHALL BE DISCLOSED TO THE HOSPITAL EITHER AT THE TIME OF HIRE, INCEPTION OF RELATIONSHIP AND/OR AT THE TIME OF AN INITIAL AGREEMENT/CONTRACT OR AT ANY TIME A CONFLICT OF INTEREST OCCURS A CONFLICT OF INTEREST QUESTIONNAIRE IS SUBMITTED TO THE HOSPITAL FAILURE TO COMPLETE AND SUBMIT A QUESTIONNAIRE WILL RESULT IN THE OFFICER, LEADER OR IDENTIFIED OTHER BEING REMOVED FROM THEIR RELATIONSHIP WITH THE HOSPITAL WHILE THIS IS AN ANNUAL REQUIREMENT, IT IS NOT MEANT TO TAKE THE PLACE OF IMMEDIATE AND APPROPRIATE DISCLOSURE OF A CONFLICT OF INTEREST BY AN OFFICER, LEADER OR IDENTIFIED OTHER TO THE HOSPITAL WHEN CIRCUMSTANCES OCCUR ANY POTENTIAL CONFLICT OF INTEREST SHALL BE DISCLOSED TO THE HOSPITAL THE POTENTIAL CONFLICT WILL BE REVIEWED EITHER BY THE CEO/PRESIDENT OR HIS/HER DESIGNEE(S) OR BY THE BOARD OF TRUSTEES' CHAIRPERSON OR HIS/HER DESIGNEE(S) DEPENDING ON THE NATURE OF THE POTENTIAL CONFLICT A DECISION PERTAINING TO THE CONFLICT OF INTEREST AND THE OFFICER'S, LEADER'S AND IDENTIFIED OTHER'S ABILITY TO CONTINUE IN HIS/HER POSITION AND/OR RELATIONSHIP WILL BE DETERMINED AND SHARED WITH THE OFFICER, LEADER OR IDENTIFIED OTHER

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINES 15A AND 15B	PROCEDURES USED TO DETERMINE COMPENSATION	IT IS THE POLICY OF SIERRA VISTA REGIONAL HEALTH CENTER THAT AN EXECUTIVE'S BASE SALARY WILL BE MAINTAINED AT OR ABOVE THE 50TH PERCENTILE AND THAT ANNUALLY THE BOARD OF TRUSTEES WILL DEVELOP A COMPENSATION PLAN UTILIZING A THIRD PARTY CONSULTANT AND CURRENT MARKET DATA IT IS THE POLICY OF SIERRA VISTA REGIONAL HEALTH CENTER THAT EXECUTIVES WILL BE PAID AN INCENTIVE BONUS BASED UPON AN ANNUAL PLAN COMPRISED OF FINANCIAL AND NON-FINANCIAL METRICS APPROVED BY THE BOARD OF TRUSTEES, THE PLAN WILL BE APPROPRIATELY ALIGNED WITH THE PROBABILITY OF ACHIEVEMENT PROCEDURE - ENGAGE AN INDEPENDENT COMPANY TO CONDUCT A COMPENSATION VALUATION STUDY OF COMPENSATION ARRANGEMENTS IN TAX- EXEMPT ORGANIZATIONS UNDER THE INTERMEDIATE SANCTIONS LEGISLATION - THE INDEPENDENT COMPANY WILL PROVIDE THE SVRHC BOARD OF TRUSTEES' EXECUTIVE COMPENSATION COMMITTEE COMPETITIVE MARKET DATA TO INCLUDE A CONFIRMATION OF THE SCOPE, DATA CUTS AND SURVEY SOURCES WITH THE HUMAN RESOURCE TEAM PROVIDE MARKET COMPARABILITY DATA IN ORDER TO REVIEW THE COMPETITIVENESS OF SVRHC'S PROGRAM RESEARCH MARKET PRACTICES FOR BOTH SHORT AND LONG TERM PLANS TO DETERMINE ALIGNMENT REVIEW EXECUTIVE BENEFIT AND PERQUISITE PREVALENCE DATA - THE INDEPENDENT COMPANY WILL SELECT RELEVANT DATA AND ADJUST THE DATA TO ACCURATELY REFLECT THE SIZE AND SCOPE OF SVRHC'S ROLES AND MEDIAN REVENUE SIZE - THE INDEPENDENT COMPANY WILL UTILIZE THE SAME METHODOLOGY TO CONDUCT A REVIEW OF INCENTIVE BONUS PLANS FOR THE EXECUTIVE STAFF - THE INDEPENDENT COMPANY WILL CONSIDER THE FOLLOWING WHEN REVIEWING A PARTICULAR INDIVIDUAL'S COMPENSATION PRIOR SKILLS AND EXPERIENCE OF INCUMBENTS IN THE ROLE THE MIX OF COMPENSATION ELEMENTS AND OTHER REWARD COMPONENTS THE HOSPITAL'S PERFORMANCE VERSUS COMPARABLE PEER PERFORMANCE THE ABILITY OF THE HOSPITAL TO PAY AT COMPETITIVE LEVELS - THE INDEPENDENT COMPANY WILL MAKE RECOMMENDATIONS FOR COMPENSATION AND BONUS PERCENTAGES FOR THE EXECUTIVE STAFF TO THE SVRHC BOARD OF TRUSTEES EXECUTIVE COMPENSATION COMMITTEE - THE COMMITTEE WILL REVIEW THE RECOMMENDATIONS AND FORWARD THEM TO THE ENTIRE SVRHC BOARD OF TRUSTEES FOR APPROVAL

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 19	AVAILABILITY OF CERTAIN DOCUMENTS TO GENERAL PUBLIC	THE HOSPITAL MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

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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
SIERRA VISTA REGIONAL HEALTH CENTER INC

Employer identification number
86-0186064

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
SVRHC PROPERTIES LLC 300 EL CAMINO REAL SIERRA VISTA, AZ 85635 86-0186064	MOB	AZ	0	0	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
SVRHC FOUNDATION 300 EL CAMINO REAL SIERRA VISTA, AZ 85625 86-0729397	FUND RAISING	AZ	9	509 (A)(2)	NA
SIERRA VISTA COMMUNITY HOSPITAL AUX INC 300 EL CAMINO REAL SIERRA VISTA, AZ 85625 86-0431251	FUND RAISING	AZ	9	509 (A)(2)	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
ARIZONA FAMILY CARE ASSOCIATES 6 SOUTH 2ND ST SIERRA VISTA, AZ85635	PHYSICIANS GROUP	AZ	NA	C CORP	0	0	58 140 %

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		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		No
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p		No
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	Yes	

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) SVRHC FOUNDATION	C	230,060
(1) See Additional Data Table		
(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: 86-0186064
Name: SIERRA VISTA REGIONAL HEALTH CENTER 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			
RONALD WAGNER TRUSTEE	4 0	X						540	0	0
MARI PETERSON TRUSTEE/VICE CHAIRMAN	4 0	X		X				540	0	0
LANNY KOPE TRUSTEE/CHAIR	4 0	X		X				2,400	0	0
BRUCE DOCKTER TRUSTEE/SECRETARY	4 0	X		X				540	0	0
ANDREA DUNLAP TRUSTEE	4 0	X						135	0	0
JOHN P HAUN MD TRUSTEE	4 0	X						540	0	0
DAVID KNAPP MD TRUSTEE	4 0	X						29,795	0	0
DIANE MCDANIEL TRUSTEE (THRU 6/10)	4 0	X						540	0	0
JOANNA MICHELICH PHD TRUSTEE	4 0	X						540	0	0
SUSAN A WARNE JD TRUSTEE	4 0	X						540	0	0
WILLIAM MILLER TRUSTEE	4 0	X						540	0	0
HARL PIKE TRUSTEE	4 0	X						540	0	0
RALPH MAYBERRY MD TRUSTEE	4 0	X						23,169	0	0
MARGARET HEPBURN PRESIDENT & CEO	40 0			X				561,655	0	53,760
BRUCE NORTON SR VICE PRESIDENT/CFO	40 0			X				260,609	0	52,586
REBECCA MCCALMONT VICE PRESIDENT	40 0				X			165,709	0	35,294
MARIE WURTH VICE PRESIDENT	40 0				X			187,928	0	19,401
DIANE HEATH STAFF NURSE	40 0					X		137,957	0	6,498
ANDREA WHITE CLINICAL EDUCATOR	40 0					X		124,798	0	19,085
MARK FELTT FACILITIES MANAGER	40 0					X		122,927	0	16,626
STEVEN CALABRESE CONTROLLER	40 0					X		112,485	0	23,792
MATTHEW GENZ CHARGE NURSE	40 0					X		118,476	0	15,434

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

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
NET PATIENT SERVICE (MEDICARE/MEDICAID)	446,199	42,463,375	42,463,375		
NET PATIENT SERVICE (OTHER)	446,199	54,405,029	54,405,029		
MOB/RENTAL	531,120	168,071			168,071
CAFETERIA	722,210	399,944	399,944		
RADIOLOGY PRO FEE	541,900	300,538	300,538		

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 DEBT	2,685,398	2,685,398	0	0
EQUIPMENT REPAIRS & MAINT	2,583,329	2,131,603	451,726	0
BLDG REPAIRS & MAINT	906,955	544,173	362,782	0
MINOR EQUIPMENT & INSTRUMENTS	310,467	206,187	104,280	0
TAXES AND LICENSE FEES	71,600	0	71,600	0