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<p>Form 990</p>  <p>Department of the Treasury Internal Revenue Service</p>	<p>Return of Organization Exempt From Income Tax</p> <p>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</p> <p>▶ The organization may have to use a copy of this return to satisfy state reporting requirements</p>	<p>OMB No 1545-0047</p> <p>2009</p> <p>Open to Public Inspection</p>

A For the 2009 calendar year, or tax year beginning 09-01-2009 and ending 08-31-2010		C Name of organization HENDRICK MEDICAL CENTER		D Employer identification number 75-0827446	
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		Please use IRS label or print or type. See Specific Instructions.		E Telephone number (325) 670-2000	
				G Gross receipts \$ 336,815,576	
		F Name and address of principal officer STEPHEN KIMMELL 1900 PINE ST ABILENE, TX 79601		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
J Website: ▶ WWW.EHENDRICK.ORG					
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1923		M State of legal domicile TX	

Part I		Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities TO DELIVER HIGH QUALITY HEALTHCARE EMPHASIZING EXCELLENCE AND COMPASSION CONSISTENT WITH THE HEALING MINISTRY OF JESUS CHRIST		
	2	Check this box <input checked="" type="checkbox"/> 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 1	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 1	
	5	Total number of employees (Part V, line 2a)	5 2,70	
	6	Total number of volunteers (estimate if necessary)	6 32	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 171,84	
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b -4,237,68	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 455,394	Current Year 948,685
	9	Program service revenue (Part VIII, line 2g)	266,932,490	294,194,868
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,791,208	4,009,003
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,776,452	3,621,554
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	277,955,544	302,774,110
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	515,834
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)	103,676,909	111,322,299
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b		Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	148,709,077	153,983,715
18		Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	252,901,820	265,443,114
19		Revenue less expenses Subtract line 18 from line 12	25,053,724	37,330,996
Net Assets or Fund Balances		20	Total assets (Part X, line 16)	Beginning of Current Year 306,816,477
	21	Total liabilities (Part X, line 26)	106,578,607	155,844,254
	22	Net assets or fund balances Subtract line 21 from line 20	200,237,870	237,894,211

Part II Signature Block	
Sign Here	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
	<div> <div>*****</div> <div>Signature of officer</div> </div> <div> <div>2011-07-15</div> <div>Date</div> </div>
	<div>STEPHEN KIMMEL CFO</div> <div>Type or print name and title</div>
Paid Preparer's Use Only	<div> <div>Preparer's signature</div> <div>M Paige Gench</div> </div> <div>Date</div> <div> <div>Check if self-employed</div> <div><input type="checkbox"/></div> </div> <div>Preparer's identifying number (see instructions)</div>
	<div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div>BKD LLP</div> <div>2800 Post Oak Blvd Ste 3200</div> <div>HOUSTON, TX 77056</div> </div> <div> <div>EIN</div> <div></div> </div>
	<div>Phone no</div> <div>(713) 499-4600</div>

1 Briefly describe the organization's mission

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

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

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 \$	235,844,576	including grants of \$	137,100)	(Revenue \$	297,816,422)
CHARITY CARE PROGRAM HENDRICK MEDICAL CENTER, IN KEEPING WITH ITS MISSION, VISION, AND VALUES AS A BAPTIST ORGANIZATION, HAS ALWAYS MAINTAINED A GENEROUS CHARITY CARE PROGRAM TO ASSURE THAT THOSE WITH THE INABILITY TO PAY HAVE ACCESS TO THE SERVICES PROVIDED BY HENDRICK THE CHARITY POLICY IN EFFECT DURING THE PERIOD COVERED BY THIS REPORT PROVIDES THAT FAMILIES WITH INCOMES BELOW 250% OF THE FEDERAL POVERTY GUIDELINES ARE ELIGIBLE FOR SERVICES, WITH NO PERSONAL FINANCIAL RESPONSIBILITY FAMILIES WITH INCOMES ABOVE 250% OF THE FEDERAL POVERTY GUIDELINES RECEIVE CARE WITH PARTIAL FINANCIAL RESPONSIBILITY INCREASING AS THE FAMILY INCOME EXCEEDS THE FEDERAL POVERTY GUIDELINES HENDRICK PROVIDES FINANCIAL COUNSELORS AND SOCIAL WORKERS TO HELP PATIENTS WITH HEALTHCARE NEEDS BY IDENTIFYING COMMUNITY RESOURCES AVAILABLE AND BY ASSISTING THEM IN THEIR EFFORTS TO IDENTIFY AND QUALIFY FOR GOVERNMENT-SPONSORED PROGRAMS PROVIDING GOVERNMENT PROGRAMS BELOW COST HENDRICK IS ALSO COMMITTED TO PARTICIPATING IN GOVERNMENT FUNDED PROGRAMS SUCH AS MEDICARE, MEDICAID, TRICARE, COUNTY INDIGENCY, ETC THE COST OF SERVICES OFTEN EXCEEDS THE REIMBURSEMENT PROVIDED BY THESE PROGRAMS PROFESSIONAL HEALTH EDUCATION HENDRICK MEDICAL CENTER HAS AFFILIATION AGREEMENTS AND PROVIDES FINANCIAL SUPPORT TO MANY PROFESSIONAL HEALTH EDUCATIONAL EFFORTS FOR THE PURPOSES OF ENHANCING THE KNOWLEDGE OF EXISTING HEALTH PROFESSIONALS AND EDUCATING NEW HEALTH PROFESSIONALS TO MEET THE INCREASING DEMAND HENDRICK'S EFFORTS ARE FOCUSED IN AREAS OF STUDY WHERE SHORTAGES COULD POTENTIALLY LIMIT THE CAPACITY OF THE HEALTHCARE SYSTEM TO MEET THE NEEDS OF THE TEXAS MIDWEST HENDRICK HAS PROVIDED FUNDING AND HAS ENTERED INTO EDUCATIONAL RELATED AFFILIATIONS AGREEMENTS SOME OF WHICH ARE IDENTIFIED 1 TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER - SCHOOL OF PHARMACY, BSN 2ND DEGREE PROGRAM AND BSN TRADITIONAL PROGRAM 2 PATTY HANKS SHELTON SCHOOL OF NURSING - RN, BSN, MSN AND MSN/FNP PROGRAMS 3 CISCO JR COLLEGE - LVN/ADN, SURGERY TECHNICIAN, PHARMACY TECHNICIAN, MEDICAL ASSISTANT AND RESPIRATORY THERAPY PROGRAMS 4 TEXAS STATE TECHNICAL COLLEGE - ADN, EMT, TRANSCRIPTION, NURSE CLERK, NURSE AIDE AND PHLEBOTOMY PROGRAMS 5 ABILENE CHRISTIAN UNIVERSITY - SPEECH/LANGUAGE PATHOLOGY, SOCIAL WORK, PSYCHOLOGY, EXERCISE HEALTH SCIENCE, BIBLE & FAMILY STUDIES, BODY & SOUL 6 HARDIN-SIMMONS UNIV - DOCTORATE OF PHYSICAL THERAPY, SOCIAL WORK, THEOLOGY, COMMUNICATION, ATHLETIC TRAINING 7 TEXAS STATE UNIVERSITY - RESPIRATORY THERAPY PROGRAM 8 HENDRICK SCHOOL OF RADIOGRAPHY A STUDENT LOAN PROGRAM IS AVAILABLE FOR STUDENTS ENROLLED IN THE SCHOOL STUDENTS ARE ELIGIBLE FOR A \$3,750 00 LOAN AT THE BEGINNING OF THEIR FIRST AND SECOND YEAR HENDRICK'S STUDENT LOAN PROGRAM IS TRANSITIONING INTO THE TUITION REIMBURSEMENT PROGRAM THE TRANSITION WILL BE COMPLETE AFTER DECEMBER 2011 9 ABILENE IND SCHOOL DISTRICT - HOLLAND MEDICAL HIGH SCHOOL A TUITION REIMBURSEMENT PROGRAM IS PROVIDED FOR STUDENTS IN CRITICAL NEED POSITIONS AT HENDRICK MEDICAL CENTER UPON VERIFICATION OF STUDENT LOAN DEBT							

[illegible][illegible]

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e	Total program service expenses	\$ 235,844,576
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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	Yes
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, line 10? If "Yes," complete Schedule D, Part VI.		
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	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	Yes
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	193	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	2,706	
	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)			
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: <input type="text"/> 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	15	
b	Enter the number of voting members that are independent . . .	1b	15	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶
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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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 ▶ STEPHEN KIMMELL 1900 PINE ST ABILENE, TX 79601 (325) 670-2000

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

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

Form 990 (2009)

1b	Total	3,480,795	0	271,611
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶55

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
ARAMARK	DIETARY SERVICES	6,229,717
QUANTUM PLUS INC	MEDICAL SERVICES	1,362,492
HOAR CONSTRUCTION	CONSTRUCTION SVCS	3,797,964
BATJER ASSOCIATES	MECHANICAL SERVICES	752,126
TITTLE LUTHER PARTNERSHIP	ARCHITECTURE SVCS	595,528

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▶12

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	27,682					
	e	Government grants (contributions)	1e						
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	921,003					
	g	Noncash contributions included in lines 1a-1f \$ _____							
	h	Total. Add lines 1a-1f			948,685				
Program Service Revenue			Business Code						
	2a	NET PATIENT REVENUE	621,110	279,087,056	274,641,222	4,445,834			
	b	FEES FOR PROVISION OF MEDICAL CARE	621,110	14,456,248	14,456,248				
	c	RELATED RENTAL REVENUE	621,110	651,564	651,564				
	d								
	e								
	f	All other program service revenue							
	g	Total. Add lines 2a-2f			294,194,868				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			7,020,602	-4,273,993	11,294,595		
	4	Income from investment of tax-exempt bond proceeds . . .			0				
	5	Royalties			0				
	6a	(i) Real		(ii) Personal					
				62,274					
		b	Less rental expenses		62,274				
			c						
	d		Net rental income or (loss)						
	7a	(i) Securities		(ii) Other					
		30,962,083		5,510					
		b	Less cost or other basis and sales expenses		1,114,689				
			c		-1,902,420	-1,109,179			
	d		Net gain or (loss)		-3,011,599			-3,011,599	
	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	CAFETERIA SALES		722,210	2,140,388	2,140,388				
b	MISCELLANEOUS INCOME		900,099	1,481,166	1,481,166				
c									
d	All other revenue								
e	Total. Add lines 11a-11d			3,621,554					
12	Total revenue. See Instructions			302,774,110	293,370,588	171,841	8,282,996		

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	137,100	137,100		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,896,312	2,896,312		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	90,120,763	76,314,153	13,806,610	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,400,603	2,023,499	377,104	
9	Other employee benefits	9,095,920	6,391,729	2,704,191	
10	Payroll taxes	6,808,701	5,880,965	927,736	
11	Fees for services (non-employees)				
a	Management	231,463	177,955	53,508	
b	Legal	326,644	77,493	249,151	
c	Accounting	175,645		175,645	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	1,725		1,725	
g	Other	22,105,095	19,306,640	2,798,455	
12	Advertising and promotion	501,549	197,759	303,790	
13	Office expenses	3,687,149	3,127,856	559,293	
14	Information technology	4,554,423	3,026,088	1,528,335	
15	Royalties	0			
16	Occupancy	3,040,582	2,931,323	109,259	
17	Travel	563,938	314,728	249,210	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	3,920,386	3,919,579	807	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	11,614,592	10,266,566	1,348,026	
23	Insurance	3,486,416	746,396	2,740,020	
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	MEDICAL SUPPLIES	61,128,818	60,684,196	444,622	
b	BAD DEBT	28,876,839	28,876,839		
c	EQUIPMENT COSTS	4,477,382	4,476,528	854	
d	DIETARY EXPENSES	2,471,704	2,467,743	3,961	
e	RECRUITING & PLACEMENT	908,490	239,301	669,189	
f	All other expenses	1,910,875	1,363,828	547,047	
25	Total functional expenses. Add lines 1 through 24f	265,443,114	235,844,576	29,598,538	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			-1,109,924	1	-1,971,547
	2	Savings and temporary cash investments			35,807,938	2	17,575,439
	3	Pledges and grants receivable, net			1,823,283	3	5,817,020
	4	Accounts receivable, net			28,157,521	4	27,335,033
	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			6,505,449	7	6,547,855
	8	Inventories for sale or use			5,225,964	8	5,529,347
	9	Prepaid expenses and deferred charges			3,121,134	9	4,544,285
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	250,270,854			
	b	Less accumulated depreciation	10b	135,470,434	90,721,263	10c	114,800,420
	11	Investments—publicly traded securities			44,859,969	11	60,464,632
	12	Investments—other securities See Part IV, line 11			64,704,949	12	137,859,562
	13	Investments—program-related See Part IV, line 11			10,286,067	13	0
	14	Intangible assets			1,257,796	14	4,489,671
	15	Other assets See Part IV, line 11			15,455,068	15	10,746,748
	16	Total assets. Add lines 1 through 15 (must equal line 34)			306,816,477	16	393,738,465
Liabilities	17	Accounts payable and accrued expenses			16,669,690	17	22,208,632
	18	Grants payable				18	
	19	Deferred revenue			76,128	19	424,900
	20	Tax-exempt bond liabilities			58,995,547	20	102,703,677
	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			5,416,238	23	4,742,778
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			25,421,004	25	25,764,267
	26	Total liabilities. Add lines 17 through 25			106,578,607	26	155,844,254
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			185,382,295	27	221,948,190
	28	Temporarily restricted net assets			11,960,616	28	12,903,900
	29	Permanently restricted net assets			2,894,959	29	3,042,121
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			200,237,870	33	237,894,211
	34	Total liabilities and net assets/fund balances			306,816,477	34	393,738,465

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? . . .		No
b Were the organization's financial statements audited by an independent accountant?	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	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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> 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?		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 . . .		

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 HENDRICK MEDICAL CENTER	Employer identification number 75-0827446
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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?

(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?

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)
- | (i)
Name of supported organization | (ii)
EIN | (iii)
Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv)
Is the organization in col (i) listed in your governing document? | | (v)
Did you notify the organization in col (i) of your support? | | (vi)
Is the organization in col (i) organized in the U S ? | | (vii)
Amount of support? |
|---------------------------------------|-------------|---|---|----|--|----|---|----|-----------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |
- For Paperwork Reduction Act Notice, see the Instructions for Form 990

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2009

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 IIISupport 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
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public 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
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						

14First 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

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

Section D. Computation of Investment Income Percentage

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

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

☐

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

☐

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

☐

Part IV

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

Additional Data

Software ID:

Software Version:

EIN: 75-0827446

Name: HENDRICK MEDICAL CENTER

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Scott Hibbs Trustee	2 0	X						0	0	0
David Cason Trustee	2 0	X						0	0	0
Mike Woodard Trustee	2 0	X						0	0	0
David Scott Trustee	2 0	X						0	0	0
J V Martin 1st Vice Chair	2 0	X		X				0	0	0
Charles Maciel Trustee	2 0	X						0	0	0
Pat Kelly Trustee	2 0	X						0	0	0
David Morris 2nd Vice Chair	2 0	X		X				0	0	0
Larry Vinson Trustee	2 0	X						0	0	0
Shelly Utely Trustee	2 0	X						0	0	0
Ron Fogle Chair	2 0	X		X				0	0	0
Hillary Moore Trustee	2 0	X						0	0	0
Dennis Laster Trustee	2 0	X						0	0	0
Ward Hayes Secretary	2 0	X		X				0	0	0
Terry Beal Trustee	2 0	X						0	0	0
Tim Lancaster President	40 0			X				767,715	0	20,746
Stephen Kimmel CFO /Senior VP	40 0			X				465,100	0	29,033
Joe Pearson Vice President	20 0			X				302,502	0	23,997
Mike McBroom Vice President	40 0			X				233,907	0	17,990
Jo Rake Vice President	40 0			X				249,252	0	20,752
Lisa Harp Vice President	40 0			X				136,152	0	20,668
Rosemaria Levinsky Vice President	40 0			X				232,186	0	13,324
Tim Riley Asst Vice President	40 0			X				193,438	0	17,678
Bob Prewit Vice President	40 0			X				134,140	0	18,732
Teresta Kolin RN	40 0					X		161,106	0	10,802

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				
Patricia Rollins RN	40 0					X		175,730	0	10,332	
Robert Harlow Physicist	40 0					X		154,837	0	25,197	
Noel Sugay RN	40 0					X		137,137	0	22,408	
TOBY CROOKS PHARMACY COORDINATOR	40 0					X		137,593	0	19,952	

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

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
MEDICAL SUPPLIES	61,128,818	60,684,196	444,622	
BAD DEBT	28,876,839	28,876,839		
EQUIPMENT COSTS	4,477,382	4,476,528	854	
DIETARY EXPENSES	2,471,704	2,467,743	3,961	
RECRUITING & PLACEMENT	908,490	239,301	669,189	

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 HENDRICK MEDICAL CENTER	Employer identification number 75-0827446
---	--

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															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?	Yes		27,854
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities? If "Yes," describe in Part IV		No	
j Total lines 1c through 1i			27,854
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Identifier	Return Reference	Explanation

SCHEDULE D
(Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
HENDRICK MEDICAL CENTER

Employer identification number
75-0827446

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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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 <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

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 ▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2009

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	5,666,415	5,869,260			
b Contributions					
c Investment earnings or losses	-160,878	-202,845			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	5,505,537	5,666,415			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 47.210 %

b

Permanent endowment ▶ 16.880 %

c

Term endowment ▶ 35.910 %

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

b

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

3b

Yes

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		12,844,489		12,844,489
b Buildings		73,403,441	38,627,676	34,775,765
c Leasehold improvements		4,499,865	1,909,432	2,590,433
d Equipment		126,953,378	94,933,326	32,020,052
e Other		32,569,681		32,569,681
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				114,800,420

Schedule D (Form 990) 2009

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1302,774,110
2	Total expenses (Form 990, Part IX, column (A), line 25)	265,443,114
3	Excess or (deficit) for the year Subtract line 2 from line 1	37,330,996
4	Net unrealized gains (losses) on investments	4,308,356
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	1,211,827
9	Total adjustments (net) Add lines 4 - 8	5,520,183
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	42,851,179

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1308,301,001
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a4,308,356	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d1,336,280	
e	Add lines 2a through 2d	2e5,644,636
3	Subtract line 2e from line 1	3302,656,365
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 7b4a	
b	Other (Describe in Part XIV)4b117,745	
c	Add lines 4a and 4b	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5302,774,110

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1265,449,822
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d62,274	
e	Add lines 2a through 2d	2e62,274
3	Subtract line 2e from line 1	3265,387,548
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 7b4a	
b	Other (Describe in Part XIV)4b55,566	
c	Add lines 4a and 4b	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5265,443,114

Part XIVSupplemental 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
FIN 48 FINANCIAL STATEMENTS FOOTNOTE	SCH D, PART X	IN JUNE 2006, FASB ISSUED ASC 740-10 FASB INTERPRETATION (FIN) NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ("FIN NO 48") ASC 740-10/FIN NO 48 IS AN INTERPRETATION OF SFAS NO 109, WHICH PRESCRIBES A COMPREHENSIVE MODEL FOR RECOGNIZING, MEASURING, PRESENTING AND DISCLOSING THE FINANCIAL STATEMENTS UNCERTAIN TAX POSITIONS THAT HENDRICK HAS TAKEN OR EXPECTS TO TAKE IN HENDRICK'S TAX RETURNS. HENDRICK ADOPTED THIS NEW GUIDANCE FOR THE YEAR ENDED AUGUST 31, 2010. MANAGEMENT EVALUATED HENDRICK'S TAX POSITIONS AND CONCLUDED THAT HENDRICK HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE.
RECONCILIATION OF CHANGE IN NET ASSETS FROM FORM 990 TO FINANCIAL STMTS	SCH D, PART XI, LINE 8	EQUITY IN EARNINGS OF SUBSIDIARY 452,511 CHANGE IN UNRESTRICTED NET ASSETS OF HMCF 803,781 MISC REV INCLUDED IN AUDIT 17,714 NET ASSETS RELEASED FROM RESTRICTION (35,233) CONTRIBUTIONS INCLUDED IN NET ASSETS (26,946) ----- 1,211,827
RECONCILIATION OF REVENUE PER AUDITED F/S WITH REVENUE PER RETURN	SCH D, PART XII, LINES 2D AND 4B	REVENUE ON BOOKS, NOT ON RETURN RENTAL EXPENSE INCLUDED IN REVENUE 62,274 EQUITY IN EARNINGS OF SUBSIDIARY 452,511 CHANGE IN UNRESTRICTED NET ASSETS OF HMCF 803,781 MISC REVENUE INCLUDED ON AUDIT 17,714 ----- 1,336,280 REVENUE ON RETURN, NOT ON BOOKS MISC EXPENSES INCLUDED IN REVENUE ON RETURN 4,340 DONATIONS INCLUDED IN REVENUE ON RETURN 51,226 NET ASSETS RELEASED FROM RESTRICTION 35,233 CONTRIBUTIONS INCLUDED IN NET ASSETS 26,946 ----- 117,745
RECONCILIATION OF EXPENSES PER AUDITED F/S WITH REVENUE PER RETURN	SCH D, PART XIII, LINES 2D AND 4B	EXPENSES ON BOOKS, NOT ON RETURN RENTAL EXPENSE INCLUDED IN REVENUE 62,274 EXPENSES ON RETURN, NOT ON BOOKS MISC EXPENSES INCLUDED IN REVENUE ON RETURN 4,340 DONATIONS INCLUDED IN REVENUE ON RETURN 51,226 ----- 55,566
SCH D, PART V, LINE 4	DESCRIBE THE INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS	CHILDREN'S HOSPITAL, MAINTENANCE, CANCER, NURSING, ETC

Additional Data

Software ID:
Software Version:
EIN: 75-0827446
Name: HENDRICK MEDICAL CENTER

Form 990, Schedule D, Part VII - Investments— Other Securities

(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
AMHS HERITAGE LLC	2,702	C
CASH VALUE OF LIFE INSURANCE	69,125	C
INVESTMENT IN HMC F NET ASSETS	24,977,209	C
INVESTMENT IN SHA LLC	14,209,240	C
UNREALIZED GAIN/LOSS	721,088	F
SECTION 457B INVESTMENTS	573,253	C
SECTION 457F INVESTMENTS	274,006	C
PREMIER PURCHASING LP	4,727,520	C
PREMIER INC - COMMON STOCK	95,000	C
FNB INVESTMENT TRUST	12,629,905	C
INVESTMENT IN HMOB	9,930,136	C
BOND FUNDS	69,650,378	C

Employer identification number
75-0827446

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50082W Schedule F (Form 990) 2009

[illegible]**Schedule F (Form 990) 2009**

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

[illegible]

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

[illegible]

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
HENDRICK MEDICAL CENTER

Employer identification number
75-0827446

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 <div><input type="checkbox"/> Applied uniformly to all hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div> <div><input type="checkbox"/> Generally tailored to individual hospitals</div>			
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 <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <div><input type="checkbox"/> 100%<input type="checkbox"/> 150%<input type="checkbox"/> 200%<input checked="" type="checkbox"/> Other <u>250 %</u></div>	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <div><input type="checkbox"/> 200%<input type="checkbox"/> 250%<input type="checkbox"/> 300%<input type="checkbox"/> 350%<input type="checkbox"/> 400%<input checked="" type="checkbox"/> Other <u>500 %</u></div>	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 eligible 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)		8,476	12,465,532		12,465,532	5 270 %
b Unreimbursed Medicaid (from Worksheet 3, column a)		31,787	15,177,813	15,645,241	532,572	0 230 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs		40,263	27,643,345	15,645,241	12,998,104	5 500 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	34	36,051	83,359	35,645	47,714	0 020 %
f Health professions education (from Worksheet 5)	3	293	459,018	89,868	369,150	0 160 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			137,100		137,100	0 060 %
j Total Other Benefits	37	36,344	679,477	125,513	553,964	0 240 %
k Total. Add lines 7d and 7j	37	76,607	28,322,822	15,770,754	13,552,068	5 740 %

Part IICommunity 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
1Physical improvements and housing						
2Economic development	2		1,297		1,297	
3Community support	1		35,004		35,004	0.020 %
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy						
8Workforce development						
9Other						
10Total	3		36,301		36,301	0.020 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		No
2Enter the amount of the organization's bad debt expense (at cost)	2	7,502,528	
3Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	450,152	
4Provide 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

5Enter total revenue received from Medicare (including DSH and IME)	5	82,178,933	
6Enter Medicare allowable costs of care relating to payments on line 5	6	93,356,717	
7Subtract line 6 from line 5. This is the surplus or (shortfall).	7	-11,177,784	
8Describe 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: <input checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other			

Section C. Collection Practices

9aDoes the organization have a written debt collection policy?	9a	Yes	
9bIf "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 IVManagement 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				

Name and address

Schedule H (Form 990) 2009

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

HENDRICK PROVIDES MANY OPPORTUNITIES FOR PATIENT EDUCATION ON FINANCIAL ASSISTANCE THE PROGRAMS ARE OUTLINED ON HENDRICK'S WEBSITE, SIGNS AND BROCHURES ARE AT EVERY REGISTRATION POINT, PRE-ADMIT LETTERS ARE SENT TO SURGERY PATIENTS THAT CONTAIN FINANCIAL ASSISTANCE INFORMATION, AND APPLICATIONS ARE GIVEN TO EVERY UNINSURED TRAUMA CENTER PATIENT

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

HENDRICK IS ACTIVELY DELIVERING CARE FOR A 19 COUNTY SERVICE AREA WITH A BROAD RANGE OF DEMOGRAPHICS

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

THE COMMUNITY BUILDING ACTIVITIES ARE USED TO POSITIVELY IMPACT THE COMMUNITY AND EDUCATE THE COMMUNITY ON HEALTH TOPICS THESE ARE DESIGNED TO MEET THE SPECIFIC NEEDS OF THE COMMUNITY

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)

HENDRICK IS ABLE TO FURTHER ITS EXEMPT PURPOSE BY PROVIDING MORE PHYSICIAN COVERAGE IN NEEDED AREAS, REINVEST BACK INTO THE COMMUNITY WITH EDUCATIONAL OPPORTUNITIES, AND OTHER IN-KIND CONTRIBUTIONS THE COMMUNITY BOARD BRINGS PERSPECTIVE AND NEEDS OF THE COMMUNITY

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

See additional data

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: 75-0827446
Name: HENDRICK MEDICAL CENTER

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

BAD DEBT EXPENSE OF \$28,876,839 WAS INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT WAS SUBTRACTED FROM TOTAL EXPENSE FOR THE CALCULATION OF "PERCENT OF TOTAL EXPENSE" IN THIS COLUMN

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

THE PROVISION FOR UNCOLLECTIBLE ACCOUNTS, INCLUDING MEDICARE, MEDICAID AND CHAMPUS CONTRACTUALS, BAD DEBTS, CHARITY AND OTHER THIRD-PARTY CONTRACTUAL DEDUCTIONS, IS MADE USING THE RESERVE METHOD AND IS BASED UPON MANAGEMENT'S CONTINUING REVIEW OF ACCOUNTS RECEIVABLE AMOUNTS REPORTED ON LINE 2 IS BASED ON BAD DEBTS PER THE AUDITED FINANCIAL STATEMENTS AFTER APPLYING THE COST TO CHARGE RATIO AMOUNTS REPORTED IN LINE 3 ARE THE ORGANIZATION'S ESTIMATE OF THE AMOUNT OF BAD DEBT ATTRIBUTABLE TO CHARITY CARE PATIENTS ESTIMATED AT 6%

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

IT IS HENDRICK'S MISSION TO DELIVER HIGH QUALITY HEALTHCARE EMPHASIZING EXCELLENCE AND COMPASSION CONSISTENT WITH THE HEALING MINISTRY OF JESUS CHRIST THE ORGANIZATION GETS AN OPPORTUNITY TO FULFILL THIS MISSION DAILY BY SERVING A LARGE POPULATION OF MEDICARE PATIENTS THE PAYMENTS FROM MEDICARE DO NOT FULLY COVER THE COSTS INCURRED FOR TAKING CARE OF THESE PATIENTS, BUT THIS DOES NOT KEEP THE PATIENT FROM RECEIVING HIGH QUALITY HEALTHCARE THE ORGANIZATION USES MEDICARE COST REPORT METHODOLOGY, WHICH APPORTIONS ROUTINE COSTS (ROOM AND BOARD) BASED ON MEDICAID OR MEDICARE DAYS TO TOTAL DAYS, AND THE ANCILLARY PORTION IS APPORTIONED BASED ON PROGRAM CHARGES TO TOTAL CHARGES

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

IF THE PATIENT QUALIFIES FOR CHARITY CARE PER WRITTEN HOSPITAL CRITERIA, THE QUALIFYING BALANCE IS WRITTEN OFF TO CHARITY CARE AND NO FURTHER COLLECTION EFFORTS ARE MADE

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

A COMMUNITY HEALTH ASSESSMENT SURVEY WAS COMMISSIONED BY HENDRICK IN THE FALL OF 2006 AND WAS CONDUCTED THE FOLLOWING SPRING THE PRIMARY OBJECTIVE WAS TO ESTABLISH A BENCHMARK FOR THE GENERAL HEALTH OF THE COMMUNITY THAT IS SERVED BY HENDRICK AND USE THE RESULTING DATA IN SUPPORT OF HENDRICK'S OWN SELF ASSESSMENT AS A NON-PROFIT ORGANIZATION TO EXECUTE THE PROJECT, HENDRICK PARTNERED WITH STAFF AND FACULTY FROM THE DEPARTMENT OF MANAGEMENT SCIENCE IN THE COLLEGE OF BUSINESS AT ABILENE CHRISTIAN UNIVERSITY A MODIFIED FORM OF THE BEHAVIORAL RISK FACTORS SURVEILLANCE SYSTEM QUESTIONNAIRE DEVELOPED AT THE US CENTERS FOR DISEASE CONTROL AND PREVENTION WAS USED AS THE SURVEY INSTRUMENT THE QUESTIONNAIRE WAS MAILED TO A SAMPLE OF 8,000 HOUSEHOLDS IN TAYLOR COUNTY THE SAMPLE WAS SELECTED FROM A PROPRIETARY HOUSEHOLD LIST MAINTAINED BY THE ABILENE REPORTER NEWS AND ITS PARENT ORGANIZATION, E W SCRIPPS COMPANY A TOTAL OF 1,880 QUESTIONNAIRES WERE RETURNED FOR A RESPONSE RATE OF 23 5%

Form 990 Schedule H, Part VI - Supplemental Information, Line 7

HENDRICK MEDICAL CENTER IS PART OF AN ORGANIZATION OF AFFILIATED COMPANIES THAT PROVIDE MEDICAL AND OTHER HEALTH CARE RELATED SERVICES TO TAYLOR COUNTY AND SURROUNDING COUNTY SERVICE AREAS THE PRIMARY BUSINESS AREAS ARE INPATIENT, OUTPATIENT AND EMERGENCY CARE SERVICES, SUB-ACUTE CARE, INPATIENT AND OUTPATIENT REHABILITATION, LONG-TERM CARE, NURSING HOME CARE, HOME HEALTH CARE, HOSPICE CARE, MEDICAL OFFICE BUILDING LEASING, DURABLE MEDICAL EQUIPMENT SALES AND LEASING, PHYSICIAN PRACTICES AND A REGIONAL HEALTH MAINTENANCE ORGANIZATION AFFILIATES INCLUDE HENDRICK MEDICAL DEVELOPMENT CORPORATION, HENDRICK MEDICAL CENTER FOUNDATION, HENDRICK RETIREMENT VILLAGE, INC , HENDRICK PROVIDER NETWORK, HENDRICK MEDICAL OFFICE BUILDINGS, LLC, HENDRICK ANESTHESIA NETWORK, HENDRICK HOSPICE CARE, HENDRICK SOUTHWESTERN HEALTH DEVELOPMENT CORPORATION, HENDRICK CENTER FOR EXTENDED CARE, HENDRICK MANAGED CARE NETWORK, LLC, AND HENDRICK HEALTH NETWORK

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
HENDRICK MEDICAL CENTER

Employer identification number
75-0827446

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
TEXAS TECH UNIVERSITY 2500 BROADWAY LUBBOCK, TX 79409	752668016	GOVERNMENTAL	10,898				NURSE EDUCATION
CONNECTING CARING COMMUNITIES402 CYPRESS ST SUITE 420 ABILENE, TX 79601	141959607	501(c)(3)	35,004				SUPPORT

2

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

2

3

Enter total number of other organizations

0

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

[illegible]

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

[illegible]

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
HENDRICK MEDICAL CENTER

Employer identification number
75-0827446

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	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	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	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				
Tim Lancaster	(i)	418,220	156,863	192,632	7,350	13,396	788,461	0
	(ii)	0	0	0	0	0	0	0
Stephen Kimmel	(i)	256,932	95,351	112,817	7,350	21,683	494,133	0
	(ii)	0	0	0	0	0	0	0
Joe Pearson	(i)	167,643	55,683	79,176	6,139	17,858	326,499	0
	(ii)	0	0	0	0	0	0	0
Mike McBroom	(i)	153,702	43,594	36,611	5,623	12,367	251,897	0
	(ii)	0	0	0	0	0	0	0
Jo Rake	(i)	138,449	40,751	70,052	5,240	15,512	270,004	0
	(ii)	0	0	0	0	0	0	0
Lisa Harp	(i)	107,911	18,447	9,794	3,533	17,135	156,820	0
	(ii)	0	0	0	0	0	0	0
Rosemaria Levinsky	(i)	160,807	34,803	36,576	5,349	7,975	245,510	0
	(ii)	0	0	0	0	0	0	0
Teresta Kolin	(i)	155,091	1,213	4,802	4,307	6,495	171,908	0
	(ii)	0	0	0	0	0	0	0
Patricia Rollins	(i)	151,987	1,374	22,369	4,341	5,991	186,062	0
	(ii)	0	0	0	0	0	0	0
Robert Harlow	(i)	148,374	0	6,463	4,859	20,338	180,034	0
	(ii)	0	0	0	0	0	0	0
Noel Sugay	(i)	131,486	1,208	4,443	4,282	18,126	159,545	0
	(ii)	0	0	0	0	0	0	0
Tim Riley	(i)	140,774	40,500	12,164	4,583	13,095	211,116	0
	(ii)	0	0	0	0	0	0	0
Bob Prewit	(i)	97,304	17,680	19,156	5,280	13,452	152,872	0
	(ii)	0	0	0	0	0	0	0
TOBY CROOKS	(i)	137,593	0	0	5,697	14,255	157,545	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							

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
Sch J, Part I, Question 4b	participation in or payment from supplemental nonqualified retirement plan	The individuals listed below participate in a 457(f) nonqualified retirement plan. Tim Lancaster 140,723 Stephen Kimmel 66,311 Joe Pearson 42,161 Rosemaria Levinsky 17,673 Jo Rake 33,210 H N Lowry 34,167 Bob Prewit 10,236
Sch J, Part I, Question 1a	Benefits provided by the organization	Housing allowance is provided to Mike McBroom. Any taxable amounts are recorded on Form W-2 as taxable compensation. Social club dues are paid for Tim Lancaster and Stephen Kimmel. Any non-business portion of the dues is included on Form W-2. Any personal expenses charged to the account are reimbursed by the individual.

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
HENDRICK MEDICAL CENTER

Employer identification number
75-0827446

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	TARRANT COUNTY CULTURAL EDU FACILITIES FIN CORP	04-3833551	87638QCA5	09-02-2009	33,940,000	TO REFINANCE BONDS & FINANCE CONST		X		X
B	TARRANT COUNTY CULTURAL EDU FACILITIES FIN CORP	04-3833551	87638QCS6	09-02-2009	44,795,000	TO REFINANCE BONDS & FINANCE CONST		X		X
C	TARRANT COUNTY CULTURAL EDU FACILITIES FIN CORP	04-3833551	87638QDM8	09-09-2009	25,000,000	TO REFINANCE BONDS & FINANCE CONST		X		X

Part II

Proceeds

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Total proceeds of issue										
2	Gross proceeds in reserve funds										
3	Proceeds in refunding or defeasance escrows										
4	Other unspent proceeds										
5	Issuance costs from proceeds										
6	Working capital expenditures from proceeds										
7	Capital expenditures from proceeds										
8	Year of substantial completion										
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

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

Part IV

Arbitrage

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

Additional Data

Software ID:

Software Version:

EIN: 75-0827446

Name: HENDRICK MEDICAL CENTER

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493188008021

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 HENDRICK MEDICAL CENTER	Employer identification number 75-0827446
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Identifier	Return Reference	Explanation
FORM 990, PART VI, QUESTION 7A	DESCRIBE WHO MAY ELECT ONE OR MORE MEMBERS OF THE GOVERNING BODY	ARTICLE 1, SECTION 4 OF THE BYLAWS PROVIDES, IN PART, THAT THE BAPTIST GENERAL CONVENTION OF TEXAS APPOINTS AT LEAST 75% OF THE MEMBERS OF THE BOARD OF TRUSTEES

Identifier	Return Reference	Explanation
FORM 990, PART VI, QUESTION 7B	DECISIONS OF GOVERNING BODY SUBJECT TO APPROVAL BY OTHERS	ARTICLE VII OF THE RESTATED ARTICLES OF INCORPORATION PROVIDES, IN PART, THAT AN AMENDMENT OF ARTICLE II RELATING TO THE PURPOSE OF THE CORPORATION AND ARTICLE VI RELATING TO THE NUMBER AND METHOD OF THE ELECTION OR APPOINTMENT OF THE BOARD OF TRUSTEES SHALL OCCUR ONLY WITH THE CONSENT OF THE BAPTIST GENERAL CONVENTION OF TEXAS OR ITS EXECUTIVE BOARD

Identifier	Return Reference	Explanation
FORM 990, PART VI, QUESTION 11A	DESCRIBE REVIEW PROCESS OF FORM 990	THE ORGANIZATION ENGAGES AN OUTSIDE ACCOUNTING FIRM TO PREPARE FORM 990 ONCE PREPARED, THE FORM IS REVIEWED BY THE ORGANIZATION'S INTERNAL ACCOUNTANTS AND ADMINISTRATIVE MANAGEMENT PRIOR TO FILING

Identifier	Return Reference	Explanation
FORM 990, PART VI, QUESTION 12C	DESCRIBE THE ORGANIZATION'S PRACTICE FOR MONITORING COMPLIANCE WITH POLICY	THE ORGANIZATION SENDS OUT A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY TO ALL TRUSTEES OF THE BOARD AND TO THE EXECUTIVE EMPLOYEES THE QUESTIONNAIRES ARE REVIEWED BY OUR OUTSIDE AUDITORS PRIOR TO THE ANNUAL AUDIT AND BY THE ORGANIZATION'S DIRECTOR OF COMPLIANCE TO IDENTIFY POSSIBLE CONFLICTS OF INTEREST AND OTHER FINANCIAL RELATIONSHIPS UNDER THE CONFLICT OF INTEREST POLICY

Identifier	Return Reference	Explanation
FORM 990, PART VI, QUESTIONS 15A & 15B	PROCESS FOR DETERMINING COMPENSATION OF CEO AND KEY EMPLOYEES	A COMPREHENSIVE REVIEW OF COMPENSATION IS CONDUCTED BY AN INDEPENDENT PARTY AT LEAST EVERY THREE YEARS THIS REPORT PRESENTS THE RESULTS OF THE ANALYSIS OF SALARY, INCENTIVE, TOTAL CASH COMPENSATION (SALARY PLUS INCENTIVE), BENEFITS, AND TOTAL COMPENSATION (TOTAL CASH AND BENEFITS) INTEGRATED HEALTHCARE STRATEGIES (IHS) WORKS WITH THE PERSONNEL COMMITTEE TO FORMALLY DEFINE AN EXECUTIVE TOTAL COMPENSATION PHILOSOPHY HENDRICK HEALTH SYSTEM'S CURRENT PHILOSOPHY IS TO USE RANGES BUILT AROUND THE MEDIAN OF THE MARKET WITH A 50% SPREAD FROM MINIMUM TO MAXIMUM INCENTIVE OPPORTUNITY LEVELS ARE COMPETITIVE WITH PRACTICES OF PEER GROUPS AND BENEFITS WILL BE DELIVERED AT MARKET COMPETITIVE LEVELS SEVERANCE AND PERQUISITES REFLECT A CONSERVATIVE PHILOSOPHY THE COMMITTEE DETERMINED THAT THE PEER GROUP WOULD BE PRIMARILY REGIONAL NOT-FOR-PROFIT HOSPITALS OF SIMILAR SIZE AND COMPLEXITY NATIONAL PEER GROUP WILL BE USED FOR REFERENCE PURPOSES WHERE APPROPRIATE THE HENDRICK HEALTH SYSTEM PERSONNEL COMMITTEE IS DELEGATED THE RESPONSIBILITY FOR THE EXECUTIVE COMPENSATION PROGRAM BY THE BOARD OF TRUSTEES THE COMMITTEE SETS THE OVERALL EXECUTIVE COMPENSATION PHILOSOPHY TO BE IMPLEMENTED BY HENDRICK HEALTH SYSTEM, SETS COMPENSATION COMPONENTS FOR THE PRESIDENT & CEO, REVIEWS, DISCUSSES AND MAKES DECISIONS BASED ON THE PRESIDENT & CEO'S RECOMMENDATIONS FOR HIS DIRECT REPORTS, REPORTS A SUMMARY OF THE PROCESS BACK TO THE BOARD OF TRUSTEES ALONG WITH THE ACTUAL COMPENSATION APPROVED FOR THE PRESIDENT AND CEO, AND APPROVES ALL INCENTIVE GOALS AND AWARDS

Identifier	Return Reference	Explanation
FORM 990, PART VI, QUESTION 19	DESCRIBE WHETHER THE ORGANIZATION MAKES ITS DOCUMENTS AVAILABLE TO PUBLIC	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
FORM 990, PART VII	AVERAGE HOURS WORKED FOR RELATED ORGANIZATIONS	HOURS WORKED FOR RELATED ORGANIZATIONS TIM LANCASTER 12 STEPHEN KIMMEL 12 JOE PEARSON 34 ALL OTHER OFFICERS AND DIRECTORS LISTED IN PART VII DEVOTE AN AVERAGE OF 2 TO 6 HOURS PER WEEK TO RELATED ORGANIZATIONS

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
HENDRICK MEDICAL CENTER

Employer identification number
75-0827446

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
HENDRICK MEDICAL OFFICE BUILDING PO BOX 3117 ABILENE, TX 79604 75-2856740	BUILD RENTAL	TX	452,512	15,244,477	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
HENDRICK MEDICAL CENTER FOUNDATION PO BOX 3117 ABILENE, TX 79604 23-7413284	FUNDRAISING	TX	501(C)(3)	11	na
MESA SPRINGS RETIREMENT VILLAGE INC PO BOX 3117 ABILENE, TX 79604 75-1988319	HEALTHCARE	TX	501(C)(3)	9	NA
HENDRICK ANESTHESIA NETWORK PO BOX 3117 ABILENE, TX 79604 75-2728889	ANESTHESIA	TX	501(C)(3)	9	NA
HENDRICK PROVIDER NETWORK PO BOX 3117 ABILENE, TX 79604 75-2660403	PHYS GROUP	TX	501(C)(3)	9	NA
HENDRICK CENTER FOR EXTENDED CARE PO BOX 3117 ABILENE, TX 79604 75-2434172	HOSPITAL	TX	501(C)(3)	3	NA
HENDRICK MEDICAL DEVELOPMENT CORPORATION PO BOX 3117 ABILENE, TX 79604 75-1586080	SUPPORT SVCS	TX	501(C)(3)	11	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?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
SHA LLC 12940 NORTH HWY 183 AUSTIN, TX78750 75-2569094	HEALTH SERVICES	TX	NA	UNRELATED	-4,300,278	23,087,373		No	0		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
HENDRICK HEALTH NETWORK PO BOX 3117 ABILENE, TX79604 72-1619011	HEALTH INSURANCE	TX	MEDICAL CENTER	C-CORPORATION	-715	0	100 000 %
HENDRICK MANAGED CARE NETWORK LLC PO BOX 3117 ABILENE, TX79604 52-2001034	INACTIVE	TX	NA	C-CORPORATION	0	0	0 %

Part V

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

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

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

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a Yes

1b No

1c Yes

1d No

1e No

1f No

1g No

1h No

1i No

1j No

1k No

1l Yes

1m No

1n No

1o No

1p No

1q No

1r No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) HENDRICK PROVIDER NETWORK	A	251,276
(2) HENDRICK CENTER FOR EXTENDED CARE	A	75,788
(3) HENDRICK MEDICAL CENTER FOUNDATION	A	1,227
(4) HENDRICK MEDICAL CENTER FOUNDATION	C	65,745
(5) HENDRICK MEDICAL DEVELOPMENT CORPORATION	I	4,353,316
(6)		

Schedule R (Form 990) 2009

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.

[illegible]

Software ID:

Software Version:

EIN: 75-0827446

Name: HENDRICK MEDICAL CENTER

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

(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 501(c)(3))	(f) Direct Controlling Entity
HENDRICK MEDICAL CENTER FOUNDATION PO BOX 3117 ABILENE, TX79604 23-7413284	FUNDRAISING	TX	501(C)(3)	11	na
MESA SPRINGS RETIREMENT VILLAGE INC PO BOX 3117 ABILENE, TX79604 75-1988319	HEALTHCARE	TX	501(C)(3)	9	NA
HENDRICK ANESTHESIA NETWORK PO BOX 3117 ABILENE, TX79604 75-2728889	ANESTHESIA	TX	501(C)(3)	9	NA
HENDRICK PROVIDER NETWORK PO BOX 3117 ABILENE, TX79604 75-2660403	PHYS GROUP	TX	501(C)(3)	9	NA
HENDRICK CENTER FOR EXTENDED CARE PO BOX 3117 ABILENE, TX79604 75-2434172	HOSPITAL	TX	501(C)(3)	3	NA
HENDRICK MEDICAL DEVELOPMENT CORPORATION PO BOX 3117 ABILENE, TX79604 75-1586080	SUPPORT SVCS	TX	501(C)(3)	11	NA