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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 10-01-2009 and ending 09-30-2010

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

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

C Name of organization
YUMA REGIONAL MEDICAL CENTER

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2400 S AVENUE A

City or town, state or country, and ZIP + 4
YUMA, AZ 85364

D Employer identification number
86-6007596

E Telephone number
(928) 344-2000

G Gross receipts $ 354,367,353

F Name and address of principal officer
PATRICK WALZ
2400 S AVENUE A
YUMA, AZ 85364

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW YUMAREGIONAL ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1967 | **M** State of legal domicile AZ

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE MISSION OF YRMC IS TO IMPROVE THE HEALTH AND WELLBEING OF INDIVIDUALS, FAMILIES AND THE COMMUNITIES WE SERVE THROUGH EXCELLENCE, INNOVATION AND PRUDENT USE OF RESOURCES

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	10
5	Total number of employees (Part V, line 2a)	**5**	2,458
6	Total number of volunteers (estimate if necessary)	**6**	505
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	663,661	462,906
9	Program service revenue (Part VIII, line 2g)	317,259,786	311,221,593
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-2,183,214	5,024,867
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-356,819	2,323,098
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	315,383,414	319,032,464
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	221,143	115,452
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)	131,334,841	141,259,225
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,350,121		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	153,767,484	148,539,666
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	285,323,468	289,914,343
19	Revenue less expenses Subtract line 18 from line 12	30,059,946	29,118,121

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	453,419,902	491,350,670
21	Total liabilities (Part X, line 26)	199,810,920	216,364,460
22	Net assets or fund balances Subtract line 21 from line 20	253,608,982	274,986,210

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2011-08-11

TONY STRUCK CFO
Type or print name and title

Paid Preparer's Use Only

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

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

THE MISSION OF YRMC IS TO IMPROVE THE HEALTH AND WELLBEING OF INDIVIDUALS, FAMILIES AND THE COMMUNITIES WE SERVE THROUGH EXCELLENCE, INNOVATION AND PRUDENT USE OF RESOURCES

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 262,944,609 including grants of $ 115,452) (Revenue $ 311,221,593)

SEE SCHEDULE O

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 262,944,609

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	Yes	
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — Yes / No	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	251		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	2,458		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	15		
b	Enter the number of voting members that are independent	1b	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				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?				No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?				No
5	Did the organization become aware during the year of a material diversion of the organization's assets?				No
6	Does the organization have members or stockholders?				No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?				No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?				No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?			Yes	
b	Each committee with authority to act on behalf of the governing body?			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				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 ▶ AZ

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

☐ Own website ☐ Another's website ☑ Upon request

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

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

TONY STRUCK
2400 S AVENUE A
YUMA, AZ 85364
(928) 336-7000

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

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

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

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

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

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

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

1b Total . . . . . ▶	4,405,067	0	911,263

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 ▶ 105

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SOUTHWEST AZ HEART V 2400 SOUTH AVENUE A YUMA, AZ 85364	CATH LAB SERVICES	11,907,103
HOSPITALIST OF YUMA PLLC 2400 SOUTH AVENUE A YUMA, AZ 85364	HOSPITALIST COVERAGE	2,392,705
SW REHABILITATION 2281 W 24TH ST 10 YUMA, AZ 85364	REHABILITATION SVCS	1,706,785
YUMA CARDIAC SURGERY PLC 1501 W 24TH ST20 YUMA, AZ 85366	HEART SURGEON SVCS	1,600,000
SOUTHWESTERN CRITICAL CARE PO BOX 6935 YUMA, AZ 85364	INTENSIVIST COVERAGE	1,578,484
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 ▶ 37		

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	431,706			
	e	Government grants (contributions)	1e	13,200			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	18,000			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		462,906			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE REVENUE	622,110	305,665,387	305,665,387		
	b	EMPLOYEE HOUSING RENTAL INCOME	900,099	224,233	224,233		
	c	MEDICAL OFFICE BLDG/AFFILIATE RENTAL INCOME	531,120	692,623	692,623		
	d	GIFT SHOP	453,220	276,583	276,583		
	e	SNACK BAR / VENDING	722,310	211,507	211,507		
	f	All other program service revenue		4,151,260	4,151,260		
	g	**Total.** Add lines 2a–2f		311,221,593			
	3	Investment income (including dividends, interest and other similar amounts)		3,744,304			3,744,304
	4	Income from investment of tax-exempt bond proceeds		76			76
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	36,430,720				
	b	Less cost or other basis and sales expenses	35,150,233				
	c	Gain or (loss)	1,280,487				
	d	Net gain or (loss)		1,280,487			1,280,487
Other Revenue	8a	Gross income from fundraising events (not including $ 0 of contributions reported on line 1c) See Part IV, line 18	a 217,005				
	b	Less direct expenses	b 184,656				
	c	Net income or (loss) from fundraising events		32,349			32,349
	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	INCOME FROM INVESTMENT IN SUBSIDIARIES		2,856,716			2,856,716
	b	ALL OTHER REVENUE		-565,967			-565,967
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		2,290,749			
	12	**Total revenue.** See Instructions		319,032,464	311,221,593	0	7,347,965

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	115,452	115,452		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	2,643,746	0	2,643,746	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	105,410,378	94,315,246	10,539,947	555,185
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	11,936,678	11,395,640	541,038	0
9	Other employee benefits	13,422,956	13,210,430	174,753	37,773
10	Payroll taxes	7,845,467	6,981,211	827,372	36,884
11	Fees for services (non-employees)				
a	Management	1,111,329	1,111,329	0	0
b	Legal	584,186	230,232	353,954	0
c	Accounting	297,680	49,347	244,135	4,198
d	Lobbying	47,928	0	47,928	0
e	Professional fundraising *See Part IV, line 17*	0			0
f	Investment management fees	830,483	0	830,483	0
g	Other	17,828,747	17,310,702	518,045	0
12	Advertising and promotion	509,714	275,934	233,585	195
13	Office expenses	5,368,070	3,857,231	874,768	636,071
14	Information technology	3,390,139	3,390,139	0	0
15	Royalties	0	0	0	0
16	Occupancy	3,883,858	3,843,735	40,123	0
17	Travel	416,687	404,803	11,884	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	816,781	241,729	545,844	29,208
20	Interest	1,440,411	1,440,411	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	14,071,308	14,071,308	0	0
23	Insurance	5,350,300	5,350,300	0	0
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	MEDICAL SUPPLIES	40,763,144	40,756,302	6,842	0
b	PURCHASED SERVICES	23,367,383	20,225,225	3,103,290	38,868
c	BAD DEBT	19,254,867	19,254,867	0	0
d	EQUIPMENT RENTAL & MAINT	5,611,077	4,512,574	1,087,779	10,724
e	DUES	185,412	39,829	144,568	1,015
f	All other expenses	3,410,162	560,633	2,849,529	
25	**Total functional expenses.** Add lines 1 through 24f	289,914,343	262,944,609	25,619,613	1,350,121
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		87,331,864	1	65,607,291
	2	Savings and temporary cash investments		1,594,919	2	1,785,473
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		37,930,722	4	39,127,505
	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		5,169,892	7	6,980,966
	8	Inventories for sale or use		5,394,869	8	4,402,205
	9	Prepaid expenses and deferred charges		2,954,316	9	3,364,958
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 306,673,974			
	b	Less accumulated depreciation	10b 156,713,490	141,662,228	10c	149,960,484
	11	Investments—publicly traded securities		151,482,927	11	200,919,271
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		5,095,958	14	5,095,958
	15	Other assets See Part IV, line 11		14,802,207	15	14,106,559
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		453,419,902	16	491,350,670
Liabilities	17	Accounts payable and accrued expenses		21,630,467	17	21,748,305
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		110,550,467	20	109,357,153
	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		640,429	23	0
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		66,989,557	25	85,259,002
	26	**Total liabilities.** Add lines 17 through 25		199,810,920	26	216,364,460
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		253,608,982	27	274,986,210
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		253,608,982	33	274,986,210
	34	Total liabilities and net assets/fund balances		453,419,902	34	491,350,670

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
YUMA REGIONAL MEDICAL CENTER

Employer identification number
86-6007596

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

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

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

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

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

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

_____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

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

Section C. Computation of Public Support Percentage

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

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

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

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

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

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

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

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

Additional Data

Software ID:
Software Version:
EIN: 86-6007596
Name: YUMA REGIONAL 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			
JOANN LINVILLE EDD CHAIRPERSON	3 0	X		X				778	0	0
VICTOR VIC SMITH VICE CHAIR	3 0	X		X				0	0	0
WOODROW WOODY MARTIN SECRETARY / TREASURER	3 0	X		X				380	0	0
ISMAEL GUERRERO MD TRUSTEE	3 0	X						391	0	0
RUSS CLARK TRUSTEE	3 0	X						1,031	0	0
JEFF ANDREWS TRUSTEE	3 0	X						0	0	0
SRIDHAR RAJAMANI MD TRUSTEE	3 0	X						0	0	0
TOM TYREE TRUSTEE	3 0	X						0	0	0
LARRY DEASON TRUSTEE	3 0	X						0	0	0
LOUIE HIRTH TRUSTEE	3 0	X						0	0	0
IAN WATKINSON PHD TRUSTEE	3 0	X						0	0	0
PHILLIP RICHEMONT MD TRUSTEE	3 0	X						0	0	0
MARIO JAUREGUI TRUSTEE	3 0	X						527	0	0
PATRICK T WALZ CEO AS OF 21810 VP-FINANCE, CFO , CEO	40 0	X		X				359,148	0	70,500
KAMAL AHMED MD CHIEF OF STAFF, THRU 12/2010	3 0	X						18,855	0	0
MARGARET KUNES MD - VC CHIEF STAFF THRU 12/10 PHYS REL THRU 12/09	3 0	X						79,974	0	0
RAUL CASTILLO MD - THRU 122010 OFFICER OF PHYSICIAN RELATIONS	3 0	X						0	0	0
Kathy Watson TRUSTEE (THRU 12/31/09)	3 0	X						968	0	0
John Hudson Chairperson (thru 12/31/09)	3 0	X						0	0	0
Greg Beckman President/CEO (termed 4/20/10)	40 0	X		X				627,062	0	110,033
ROBERTO GARCIA MD TRUSTEE (THRU 12/31/09)	3 0	X						1,153	0	0
TONY STRUCK VP-FINANCE,CFO(3/1/10-9/30/10)	40 0			X				140,305	0	43,965
JAMES F HALL SR VP CLINICAL SERVICE LINES	40 0				X			306,081	0	52,147
SHARON R GARDNER VP-HUMAN RESOURCES	40 0				X			267,750	0	69,814
KAREN D JENSEN VP OF PATIENT CARE SVCS, CNO	40 0				X			291,275	0	81,847

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			
STEWART M HAMILTON MD VP OF MEDICAL AFFAIRS, CMO	40 0				X			406,469	0	115,722
EUGENE M SHAW VP INFORMATION TECHNOLOGY, CIO	40 0				X			247,684	0	54,717
MARK E PARSTON VP-PLANNING & BUSINESS DVLPMT	40 0				X			235,857	0	83,380
MACHELE HEADINGTON VP COMMUNICATION & MARKETING	40 0				X			169,286	0	62,586
THOMAS VAN HASSEL CLINICAL PHARMACIST/DIR PHAR	40 0					X		180,630	0	37,882
JOHN MAKOWSKY CLINICAL PHARMACIST	42 0					X		167,440	0	37,744
RUSSELL E MCCAMY CLINICAL PHARMACIST	40 0					X		160,635	0	37,151
CHARLES REDFEARN CLINICAL PHARMACIST	42 0					X		154,423	0	30,248
JOSEPH A PAULI CLINICAL PHARMACIST	40 0					X		160,181	0	23,527
ROBERT OLSEN PRESIDENT/CEO (THRU 11/30/08)	40 0						X	426,784	0	0

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

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
NET PATIENT SERVICE REVENUE	622,110	305,665,387	305,665,387		
EMPLOYEE HOUSING RENTAL INCOME	900,099	224,233	224,233		
MEDICAL OFFICE BLDG/AFFILIATE RENTAL INCOME	531,120	692,623	692,623		
GIFT SHOP	453,220	276,583	276,583		
SNACK BAR / VENDING	722,310	211,507	211,507		

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

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
MEDICAL SUPPLIES	40,763,144	40,756,302	6,842	0
PURCHASED SERVICES	23,367,383	20,225,225	3,103,290	38,868
BAD DEBT	19,254,867	19,254,867	0	0
EQUIPMENT RENTAL & MAINT	5,611,077	4,512,574	1,087,779	10,724
DUES	185,412	39,829	144,568	1,015

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2009

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
YUMA REGIONAL MEDICAL CENTER	86-6007596

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	▶ $	1,000
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	▶ $	100
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ $	25
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?		☑ Yes ☐ No
4a	Was a correction made?		☑ Yes ☐ No
b	If "Yes," describe in Part IV		

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ $	
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	▶ $	
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ $	
4	Did the filing organization file **Form 1120-POL** for this year?		☐ Yes ☐ No

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

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

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		47,928
j	Total lines 1c through 1i			47,928
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
SCHEDULE C, PART I-A, LINE 2		IN NOVEMBER 2009, LUNCHEON FOR A POLITICAL CANDIDATE WAS ATTENDED BY FIVE HOSPITAL STAFF ONE INDIVIDUAL PAID THE $1000 LUNCHEON FEE AND WAS SUBSEQUENTLY REIMBURSED FOR THIS EXPENSE BY YRMC UPON DISCOVERING THAT THIS EXPENSE WOULD BE CONSIDERED A PROHIBITED POLITICAL CAMPAIGN CONTRIBUTION, THE INDIVIDUAL REFUNDED THE $1000 BACK TO YRMC YRMC HAS ALSO FILED FORM 4720 TO PAY THE EXCISE TAX AS A RESULT OF THIS INADVERTENT TRANSACTION
SCHEDULE C, PART II-B, LINE 1I		YUMA REGIONAL MEDICAL CENTER (YRMC) IS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION (AHA) AND ARIZONA HOSPITAL ASSOCIATION (AZHHA) OF THE AMOUNT REPORTED IN LINE 1I, $32,928 REFLECTS THE PORTION OF DUES PAID TO THE ASSOCIATIONS THAT ARE USED FOR LOBBYING ACTIVITIES YUMA REGIONAL MEDICAL CENTER ALSO CONTRIBUTED $15,000 VIA AZHHA TO SUPPORT 'YES ON 100' CAMPAIGN

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
YUMA REGIONAL MEDICAL CENTER

Employer identification number
86-6007596

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		10,281,911		10,281,911
b Buildings		171,563,179	3,973,385	167,589,794
c Leasehold improvements		11,544,478	3,514,170	8,030,308
d Equipment		105,241,132	6,132,875	99,108,257
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				285,010,270

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

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

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

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

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

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

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
INTEREST RATE SWAP FMV ADJ	16,473,664
MINIMUM PENSION LIABILITY	55,360,046
CONTINGENCIES, RESERVES & OTHE	13,425,292
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	85,259,002

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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

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

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

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

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
FIN 48		The Medical Center has not identified any uncertain tax positions as of September 30, 2010 and has determined that there are no material uncertain tax positions that have not been reflected in the combined financial statements

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
YUMA REGIONAL MEDICAL CENTER

Employer identification number
86-6007596

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	(iii) No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 SCRUB SALE (event type)	(b) Event #2 BOOK SALE (event type)	(c) Other Events 0 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	166,910	50,095		217,005
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	166,910	50,095		217,005
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	139,417	45,239		184,656
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				184,656
	11 Net income summary Combine lines 3, column d, and line 10 ▶				32,349

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a**		
b	An outside facility	**13b**		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
YUMA REGIONAL MEDICAL CENTER

Employer identification number
86-6007596

Part I Charity Care and Certain Other Community Benefits at Cost

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

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			6,654,842	0	6,654,842	2 460 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			62,232,429	48,228,370	14,004,059	5 170 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			68,887,271	48,228,370	20,658,901	7 630 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			1,278,172	126,943	1,151,229	0 430 %
f Health professions education (from Worksheet 5)			539,125	0	539,125	0 200 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)						
j **Total** Other Benefits			1,817,297	126,943	1,690,354	0 630 %
k **Total.** Add lines 7d and 7j			70,704,568	48,355,313	22,349,255	8 260 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	2	4,376,819		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	81,815		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	106,196,230		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	128,826,585		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-22,630,355		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☑ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
YUMA REGIONAL MEDICAL CENTER 2400 S AVENUE A YUMA, AZ 85364	X	X					X		
YUMA REGIONAL MED CTR-FOOTHILLS CAMPUS 11142 S SCOTTSDALE DRIVE YUMA, AZ 85367		X							
YUMA REGIONAL MEDICAL PLAZA 1501 WEST 24TH STREET YUMA, AZ 85364									BARIATRIC, IMAGING, OP SURGERY, CARDIAC
YUMA REGIONAL OUTPATIENT SURG CENTER 2261 SOUTH AVENUE B YUMA, AZ 85364		X							

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

See additional data

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

See additional data

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

See additional data

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

See additional data

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

See additional data

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

See additional data

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

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

Additional Data

Software ID:
Software Version:
EIN: 86-6007596
Name: YUMA REGIONAL MEDICAL CENTER

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

YRMC's cost accounting system is Trendstar Costs are assigned to each charge item on an RVU basis for all patient types and payors Patient accounts have cost allocated based on each line-item charge on the account Cost-to-charge ratios were not used to determine amounts reported in the table The "Other Benefit" section is actual expense not allocated by the cost accounting system

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

TOTAL BAD DEBT EXPENSE OF $19,254,867 WAS BACKED OUT OF THE DENOMINATOR FOR CALCULATING THE PERCENTAGES IN COLUMN F

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

YRMC's cost accounting system is Trendstar Costs are assigned to each charge item on an RVU basis for all patient types and payors Patient accounts have cost allocated based on each line-item charge on the account Allocated costs for bad debt accounts totaled $4,376,819 Accounts eligible for charity care were identified by cross referencing to previous financial assistance with allocated costs totaling $81,815 The Medical Center has agreements with third-party payors that provide for payments to the Medical Center at amounts different from its established rates Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments Net patient service revenue is reported at the estimated net realizable amounts before estimates for bad debts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined Accounts receivable consist principally of amounts due from patient services rendered The allowance for doubtful accounts is based on management's assessment of expected net collections of account receivable, considering economic conditions, trends in health care coverage, and other collection indicators Periodically, management assesses the adequacy of the allowance based on historical write-off experience by payor category The results of these reviews are used to make modifications to the allowance as appropriate After satisfaction of amounts due from insurance and reasonable collection efforts have been exhausted, accounts receivable are written off and deducted from the allowance

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

YRMC's cost accounting system is Trendstar Costs are assigned to each charge item on an RVU basis for all patient types and payors Patient accounts have cost allocated based on each line-item charge on the account Allocated costs for Medicare accounts totaled $128,826,585

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

Patients may be eligible for full financial assistance or partial assistance If partial, the remaining balance on the account will be subject to YRMC's normal collection process and payment arrangements will be made The balance will be turned over to a collection agency if any of the following events occur 1 Mail returned - not able to locate patient Account goes to collections after 2 consecutive mail returns 2 No telephone listing or disconnected 3 Regular sequence of statements and collection notices sent, including a final, with no response

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

Yuma Regional Medical Center (YRMC) has proactively developed several mechanisms for continuous evaluation of community health needs YRMC has contracted with Professional Research Consultants to evaluate the overall perception of health services and needs in the community The community assessment, completed at minimum every three years, includes 500 random phone surveys Findings from that study have resulted in several initiatives to include expansion of heart services, increased recruitment of primary care providers, expanded community partnerships, health education and outreach and more Key to identifying needs of the community as it relates to access to care is of particular concern given our geographic rural location Each year the YRMC Board of Directors conducts a comprehensive Medical Staff Development Plan (MSDP) The plan, which is approved annually and reviewed / modified at the six month mark - includes extensive data collection and research relating to the physician access The study includes six key indicators / evaluation (1) comparison to national physician to population ratios, (2) blind secret shoppers phone survey measuring "wait time for an appointment - how quickly a new patient can get into see a physician", (3) insurance - major insurances accepted for each provider for each provider / by specialty, (4) age / retirement projects, (5) out-migration (what medical services community members are traveling to receive), (6) projected health needs Based on a review of the above-listed indicators, the Board reviews and approves the development of a MSDP Yuma Regional Medical Center then implements the plan to recruit those needed providers into the community Recruitment assistance / support is also provided to designated local health providers In Fiscal Year 09/10, YRMC partnered with the Yuma County Public Health District and providers from throughout our community in a Local Public Health System Performance Assessment Results from that assessment were shared with members of our community More importantly results have initiated a renewed effort for collective partnerships through the existing Alliance for Health Communities YRMC has led the collective efforts and formation of the Alliance for Healthy Communities The Alliance for Healthy Communities (started in 1996) is a representation of people who care about the future health needs of our residents Membership in the Alliance is about partnering to improve the overall health through collaboration Membership includes organizations from throughout Yuma County such as local schools / colleges, health providers, public health, law enforcement, media, military, business and more Key to work of the Alliance is a comprehensive community Health Assessment - again, YRMC will contract with Professional Research Consultants for a 500 question phone survey designed to evaluate health perceptions, habits and modifiable health risks

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

AS EACH PATIENT IS REGISTERED FOR SERVICES, REQUEST FOR INSURANCE OR PAYMENT IS COMPLETED IF A PATIENT STATES THAT THEY HAVE NO INSURANCE, WE WILL REQUEST PAYMENT IN FULL OR A DEPOSIT IF A BALANCE IS LEFT AT THIS TIME WE HAVE MEDASSIST WHICH IS A CONTRACTED PROVIDER TO INTERVIEW THE PATIENT AND COMPLETE YRMC FINANCIAL ASSISTANCE FORM AT THIS TIME THE PATIENT IS GIVEN THE INFORMATION ABOUT THE AHCCCS APPLICATION PROCESS AND THE APPLICATION IS COMPLETED IF THE PATIENT IS ELIGIBLE (RESIDENCY AND INCOME FOR EXAMPLE) THE APPLICATION PROCESS IS AN ON-LINE WEB-BASED APPLICATION CALLED HEALTHY E AZ THIS ON-LINE PROCESS GIVES YOU A TENTATIVE APPROVED PENDING VERIFICATION OF INFORMATION IS THEY POTENTIALLY MIGHT QUALIFY FOR AHCCCS ONCE IT IS DETERMINED THAT THE PATIENT WILL NOT QUALIFY FOR ANY GOVERNMENT PROGRAMS THEN THE FINANCIAL COUNSELOR WILL VISIT WITH THE PATIENT AND EXPLAIN THE FINANCIAL ASSISTANCE PROGRAM AND IF THE PATIENTS WISHES TO APPLY, WILL COLLABORATE WITH MEDASSIST IN RETRIEVING ALL OF THE NECESSARY PROOF OF INCOME TO COMPLETE THE FINANCIAL ASSISTANCE PROCESS THE COMPLETION OF THIS PROCESS MAY CONTINUE AFTER THE PATIENT LEAVES THE HOSPITAL AND THE FINANCIAL ASSISTANCE PROCESS IS COMPLETED BY THE STAFF IN THE PATIENT ACCOUNTING DEPARTMENT IF THE PATIENT IS ONLY AN ER PATIENT AND DOES NOT QUALIFY FOR COMPLETING AN AHCCCS APPLICATION, THE PATIENT IS GIVEN A SHEET OF INSTRUCTIONS EXPLAINING THE FINANCIAL ASSISTANCE PROCESS, DOCUMENTS THAT ARE NEEDED TO COMPLETE THE APPLICATION AND PHONE NUMBERS TO CALL TO MAKE AN APPOINTMENT SO THEY CAN COMPLETE THE FINANCIAL ASSISTANCE PROCESS THIS PROCESS IS COMPLETED BETWEEN A COLLABORATION OF FRONT-END REGISTRARS, FINANCIAL COUNSELORS, MEDASSIST EMPLOYEES, CASHIER AND THE PATIENT ACCOUNTING DEPARTMENT

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

Yuma Regional Medical Center (YRMC) is in a rural setting It is the only hospital in Yuma County and also serves surrounding areas (such as towns on the California/Arizona border) and residents of Mexican border towns The county has been designated as a Medically Underserved area In the city of Yuma, over 50 percent of the population is Hispanic or Latino, and in the city of San Luis and the city of Somerton (both in Yuma County), over 90 percent of the population is Hispanic or Latino Nearly 62 percent of the population is under 42 years old Yuma County population is about 205,000 and is expected to grow by 10 percent in the next five years Over 26 percent of the population in Yuma County has a GED or high school diploma, 7 percent have an associate's degree and 8 percent have a bachelor's degree Approximately 4 percent have a master's degree The Large industries in Yuma County are agriculture, tourism and the military There are two military bases here - Marine Corps Air Station Yuma and Yuma Proving Grounds (Army) The median household income in Yuma County is approximately $41,200, while the per capita income is approximately $16,000 The geography of Yuma County is desert land accented with rugged mountains It is bordered by both California and Mexico There are valley regions that are irrigated with water from the Colorado River The average temperature in July is 107 degrees and in January it's 70 degrees

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

Yuma Regional Medical Center is involved in several community building activities that address the root causes of health problems Through these activities, YRMC supports community assets by offering the expertise and resources of our healthcare organization We encourage employees to be involved in the community through community boards, health advocacy programs and physical improvement projects to continuously improve the quality of life for the communities we serve Economic Development Participation in an economic development council or chamber of commerce - Yuma County Chamber of Commerce - Greater Yuma Economic Development Council Coalition Building Hospital representation to community coalitions related to community health, collaborative partnerships with community groups to improve community health, costs for task force-specific projects and initiatives - Arizona Society for Human Resource Management State Council - Arizona Western College Computer and Information Systems Advisory Board - Community Involvement through clubs and partnerships o American Nurses Association o Soroptimist of Yuma o Salvation Army Angel YRMC Event o Fort Yuma Rotary Club - Insurance Board for the Yuma Union High School District - Step Out for Diabetes - Yuma County Health Initiative Coalition - Yuma County United Way Board - Yuma Visitor's Bureau - Yuma's Education Scholarship Fund for Kids Advocacy for Community Health Improvements Local, state and national advocacy on behalf of such areas such as access to healthcare, public health, transportation and housing - Southwest Arizona Futures Forum - STEPS Participation - Yuma County Health Department - Health Assessment Focus Groups Workforce Development Address community-wide workforce issues - Arizona Healthcare Human Resources Association - Arizona Western College Science Fair - Drive for School Supplies - Southwest Arizona Human Resources Association

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

Open Medical Staff Yuma Regional Medical Center follows an open medical staff model (medi cal staff membership is open to all physicians in the community who meet membership and cl inical privilege requirements) Our Medical Staff is self governing and assumes a leaders hip role in ensuring effective, efficient and safe delivery of care Board of Directors Y uma Regional Medical Center is governed by a volunteer Board of Directors The Board is ma de-up of unpaid community residents who have an interest in healthcare and a strong commit ment to improving the health and well-being of their fellow citizens These directors set policy for the hospital, provide direction for long-range strategic planning and monitor f inancial viability Medical Staff Development Plan Again, working to identify the communi tys healthcare needs as it relates to access to care is of particular concern because of o ur rural location As stated in a description above, each year the YRMC Board of Directors conducts a comprehensive Medical Staff Development Plan (MSDP) The plan, which is approv ed annually and reviewed / modified at the six month mark - includes extensive data collec tion and research relating to the physician access The study includes six key indicators / evaluation (1) comparison to national physician to population ratios, (2) blind secret shopper phone survey measuring "wait time for an appointment - how quickly a new patient c an get into see a physician", (3) insurance - major insurance accepted for each provider / by specialty, (4) age / retirement projects, (5) out-migration (what medical services com munity members are traveling to receive), (6) projected health needs Based on a review of the above listed indicators, the Board reviews and approves the development of a MSDP Yu ma Regional Medical Center then implements the plan to recruit those needed providers into the community Recruitment assistance / support is also provided to designated local heal th providers OTHER INFORMATION ABOUT FINANCIAL ASSISTANCE POLICY (PART I, LINE 1A) THE MI SSION OF YUMA REGIONAL MEDICAL CENTER IS TO IMPROVE THE HEALTH AND WELL-BEING OF INDIVIDUA LS, FAMILIES AND COMMUNITIES WE SERVE THROUGH EXCELLENCE, INNOVATION AND PRUDENT USE OF RE SOURCES THE PURPOSE OF YUMA REGIONAL MEDICAL CENTER'S FINANCIAL ASSISTANCE POLICY IS TO O FFER ASSISTANCE AND INFORMATION TO YOU REGARDING YOUR HOSPITAL BILL WE UNDERSTAND THAT ME DICAL EXPENSES ARE OFTEN LARGE, UNPLANNED AND MAY CREATE FINANCIAL STRESS AT A TIME WHEN Y OUR PRIMARY CONCERN IS YOUR HEALTH RATHER THAN FINANCIAL ISSUES IT IS OUR GOAL TO ASSIST YOU IN UNDERSTANDING WHAT OPTIONS ARE AVAILABLE TYPES OF INSURANCE COVERAGE MEDICARE - H EALTH INSURANCE FOR INDIVIDUALS AGE 65+ AND/OR THOSE WITH A QUALIFYING DISABILITY IF YOU ARE COVERED BY MEDICARE, WE WILL FILE YOUR CLAIM FOR YOU IF YOU HAVE A MEDICARE SUPPLEMEN TAL POLICY, UPON OUR RECEIPT OF PAYMENT FROM MEDICARE, WE WILL BILL YOUR SUPPLEMENTAL INSU RANCE PLAN AS WELL AHCCCS (MEDICAID) - A FEDERALLY AND STATE FUNDED PROGRAM ADMINISTERED BY THE STATE OF ARIZONA THAT PAYS FOR SERVICES TO PERSONS WHO ARE MEDICALLY VULNERABLE AND /OR OF LOW INCOME IF YOU ARE CURRENTLY COVERED BY ARIZONA AHCCCS UPON VERIFICATION OF YOU R ELIGIBILITY WE WILL SUBMIT YOUR CLAIM WE ALSO SUBMIT CLAIMS FOR PERSONS COVERED BY MEDI -CAL FOR THE STATE OF CALIFORNIA COMMERCIAL - PAYMENT RECEIVED FROM A PREMIUM-BASED INSUR ANCE PLAN THE MOST COMMON TYPES OF INSURANCE PLANS INCLUDE, BUT NOT LIMITED TO CONVENTION AL, EMPLOYER GROUP INSURANCE PLANS, HMO AND PPO WE WILL MAKE EVERY EFFORT TO VERIFY INSUR ANCE ELIGIBILITY AND BENEFITS WE WILL ALSO ATTEMPT TO OBTAIN AUTHORIZATION IN ACCORDANCE WITH YOUR INSURANCE COMPANY'S POLICIES WORKERS COMPENSATION - PAYMENTS RECEIVED FROM AN E MPLOYER, OR THE EMPLOYER'S REPRESENTATIVE, TO COVER MEDICAL EXPENSES RESULTING FROM A WORK RELATED INJURY WE WILL ATTEMPT TO OBTAIN AUTHORIZATION FROM YOUR EMPLOYER AND/OR INDUSTR IAL INSURANCE PLAN TYPES OF FINANCIAL ASSISTANCE FOR PATIENTS WITHOUT INSURANCE COVERAGE SELF-PAY - PAYMENTS RECEIVED DIRECTLY FROM THE PATIENT OR GUARANTOR OF THE PATIENT PROMP T PAY DISCOUNT - A 10% REDUCTION OF YOUR TOTAL HOSPITAL BILL IS AVAILABLE TO ALL PATIENTS WITHOUT INSURANCE FOR INPATIENT OR OUTPATIENT SERVICES, IF THE SERVICE IS PAID WITHIN 30 D AYS OF YOUR FIRST BILLING STATEMENT DATE THIS PROMPT PAY DISCOUNT PROGRAM DOES NOT APPLY TO SERVICES RELATED TO EXISTING CASH DISCOUNT PROGRAMS THIS MAY INCLUDE, BUT NOT LIMITED TO BARIATRIC SURGERY, COSMETIC SURGERY, DENTAL SURGERY, HEART PROMO, MAMMOGRAM PROMO OR TH E SPECIAL DELIVERY PROGRAM PRENATAL PROGRAM - THE PROGRAM IS FOR PATIENTS WHO DO NOT HAVE ANY TYPE OF INSURANCE COVERAGE YRMC ENCOURAGES PATIENTS TO APPLY FOR THE PRENATAL PROGRA M OR OUR SPECIAL DELIVERY PROGRAM BY COMING TO THE MATERNAL - CHILD REGISTRATION AREA OR C ALLING 928-336-7615 FOR INFORMATION FINANCIAL ASSISTANCE PROGRAMS - PROVIDES HEALTHCARE S ERVICES TO INDIVIDUALS WITH LIMITED FINANCIAL RESO

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

URCES WHO ARE UNABLE TO QUALIFY FOR ENTITLEMENT PROGRAMS (AHCCCS) SHALL BE ELIGIBLE FOR FR EE OR REDUCED HEALTHCARE SERVICES BASED ON ESTABLISHED GUIDELINES ELIGIBILITY GUIDELINES WILL BE BASED UPON THE FEDERAL POVERTY GUIDELINES AND WILL BE UPDATED ANNUALLY IN CONJUNCT ION WITH THE PUBLISHED UPDATES BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES IF YOUR INC OME IS BELOW 200% OF THE FEDERAL POVERTY INCOME GUIDELINES YOU MAY QUALIFY FOR 100% CHARIT Y CARE FOR YOUR HOSPITAL BILL IF YOUR INCOME IS 201% TO 400% OF THE FEDERAL POVERTY INCOM E GUIDELINES, YOU MAY QUALIFY FOR PARTIAL CHARITY CARE REDUCTION OF YOUR HOSPITAL BILL TH IS FINANCIAL ASSISTANCE PROGRAMS DOES NOT APPLY TO SERVICES RELATED TO EXISTING CASH DISCO UNT PROGRAMS THIS MAY INCLUDE, BUT NOT LIMITED TO BARIATRIC SURGERY, COSMETIC SURGERY, DE NTAL SURGERY, HEART PROMO, MAMMOGRAM PROMO, STERILIZATION OR THE SPECIAL DELIVERY PROGRAM

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
YUMA REGIONAL MEDICAL CENTER

Employer identification number
86-6007596

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
THE CANCER PROJECT 5100 WISCONSIN AVE NW WASHINGTON,DC 20016	201678231	501(C)(3)	13,000				PROGRAM SUPPORT
CROSSROADS MISSION OF YUMA944 S ARIZONA AVE YUMA,AZ 85364	866052435	501(C)(3)	50,000				PROGRAM SUPPORT
HOSPICE OF YUMA1808 S 8TH AVE YUMA,AZ 85364	860409708	501(C)(3)	7,050				PROGRAM SUPPORT

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

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.

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

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

Identifier	Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	PROCEDURES FOR MONITORING THE USE OF GRANTS	CASH GRANTS AND DONATIONS ALL REQUESTS MUST BE PRESENTED IN WRITING ALLOWING THE OPTION OF A FORMAL PRESENTATION ON THE REQUEST OF THE FOUNDATION BOARD OF TRUSTEES OR ITS RESPECTIVE REVIEW COMMITTEE ALL REQUESTS WILL BE INITIALLY REVIEWED BY THE FOUNDATION EXECUTIVE COMMITTEE THE PROPOSALS THAT FALL WITHIN THE IDENTIFIED GUIDELINES WILL BE PRESENTED TO THE BOARD OF TRUSTEES OR THEIR DESIGNATED COMMITTEE FOR A DECISION OF FUNDING ALL REQUESTS WILL BE REVIEWED AND ACTION TAKEN BY THE FOUNDATION ADMINISTRATIVE COMMITTEE AND THE RESULTS WILL BE REPORTED TO THE BOARD OF TRUSTEES FUNDING WILL BE BASED ON THE FOLLOWING GUIDELINES 1 THE PROJECT OR ACTIVITY MUST DIRECTLY SUPPORT HEALTH CARE 2 THE REQUEST MUST BE SUPPORTED BY FACTS ON HOW THE FUNDS WILL BE USED 3 THE REQUEST FITS WITH THE MISSION OF THE HOSPITAL AND THE FOUNDATION 4 THE REQUEST MUST DIRECTLY BENEFIT THE YUMA COMMUNITY ADDITIONAL CONSIDERATIONS 1 INDIVIDUAL REQUESTS WILL BE CONSIDERED IF THEY ARE HEALTH CARE RELATED 2 GOLF TOURNAMENT SPONSORSHIPS WILL NOT BE CONSIDERED

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
YUMA REGIONAL MEDICAL CENTER

Employer identification number
86-6007596

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☑ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☑ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
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**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ROBERT OLSEN	(i)	0	106,519	320,265	0	0	426,784	0
	(ii)	0	0	0	0	0	0	0
PATRICK T WALZ CEO AS OF 2181	(i)	293,997	65,151	0	53,204	17,296	429,648	0
	(ii)	0	0	0	0	0	0	0
JAMES F HALL SR	(i)	257,278	48,803	0	33,771	18,376	358,228	0
	(ii)	0	0	0	0	0	0	0
SHARON R GARDNER	(i)	219,679	48,071	0	52,518	17,296	337,564	0
	(ii)	0	0	0	0	0	0	0
KAREN D JENSEN	(i)	236,128	55,147	0	71,637	10,210	373,122	0
	(ii)	0	0	0	0	0	0	0
STEWART M HAMILTON MD	(i)	331,557	74,912	0	98,426	17,296	522,191	0
	(ii)	0	0	0	0	0	0	0
EUGENE M SHAW	(i)	199,857	47,827	0	43,427	11,290	302,401	0
	(ii)	0	0	0	0	0	0	0
MARK E PARSTON	(i)	188,031	47,826	0	59,767	23,613	319,237	0
	(ii)	0	0	0	0	0	0	0
MACHELE HEADINGTON	(i)	141,652	27,634	0	41,472	21,114	231,872	0
	(ii)	0	0	0	0	0	0	0
TONY STRUCK	(i)	126,281	14,024	0	20,065	23,900	184,270	0
	(ii)	0	0	0	0	0	0	0
THOMAS VAN HASSEL	(i)	164,567	16,063	0	14,782	23,100	218,512	0
	(ii)	0	0	0	0	0	0	0
JOHN MAKOWSKY	(i)	167,440	0	0	14,824	22,920	205,184	0
	(ii)	0	0	0	0	0	0	0
RUSSELL E MCCAMY	(i)	160,635	0	0	14,231	22,920	197,786	0
	(ii)	0	0	0	0	0	0	0
CHARLES REDFEARN	(i)	154,423	0	0	13,621	16,627	184,671	0
	(ii)	0	0	0	0	0	0	0
JOSEPH A PAULI	(i)	160,181	0	0	14,010	9,517	183,708	0
	(ii)	0	0	0	0	0	0	0
Greg Beckman	(i)	460,105	166,957	0	86,816	23,217	737,095	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
SUPPLEMENTAL COMPENSATION INFORMATION	SCHEDULE J	SCHEDULE J, PART I, LINE 1 - TRAVEL FOR COMPANIONS IS AVAILABLE TO BOARD MEMBERS AND IS TREATED AS TAXABLE COMPENSATION THE CEO IS ENTITLED TO A MONTHLY PERQ ALLOWANCE WHICH IS TREATED AS TAXABLE COMPENSATION SCHEDULE J, PART I, LINE 4A - GREG BECKMAN RECEIVED SEVERANCE GROSS PAYMENT OF $991,800 DURING CALENDAR YEAR SCHEDULE J, PART I, LINE 4B - YUMA REGIONAL MEDICAL CENTER ESTABLISHED THE "CAPITAL ACCUMULATION AND RETENTION PLAN" AS AN INELIGIBLE DEFERRED COMPENSATION PLAN AS DESCRIBED IN SECTION 457(f) OF THE CODE (INTERNAL REVENUE CODE OF 1986) AS APPROVED BY THE BOARD OF DIRECTORS THE PURPOSE OF THIS PLAN IS TO PROVIDE CERTAIN SUPPLEMENTAL RETIREMENT BENEFITS TO ELIGIBLE EXECUTIVES THE BOARD MAY ONLY DESIGNATE PARTICIPANTS FROM AMONG THOSE EMPLOYEES WHO ARE PART OF A SELECT GROUP OF MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES YRMC WILL ESTABLISH AN INITIAL VESTING DATE FOR EACH PARTICIPANT AND WITHIN THE BOARD'S DISCRETION MAY OFFER TO EXTEND A PARTICIPANT'S VESTING DATE MEETING SPECIFIC CRITERIA AS SET FORTH WITHIN THE PLAN DOCUMENT THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE PLAN AND HAD CONTRIBUTIONS TO THE PLAN IN 2009 SHARON GARDNER - $37,518 STEWART HAMILTON - $56,814 KAREN JENSEN - $37,050 MARK PARSTON - 25,860 EUGENE SHAW - $44,877 PATRICK WALZ - $36,727 MACHELLE HEADINGTON - $15,780 SCHEDULE J, PART I, LINE 7 - YUMA REGIONAL MEDICAL CENTER HAS A PAY AT RISK INCENTIVE PROGRAM FOR CERTAIN EXECUTIVES SEE SECTION II OF THE SCHEDULE O DISCLOSURE FOR 990, PART VI, LINES 15A AND 15B FOR A DESCRIPTION OF THIS PROGRAM

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 86-6007596
Name: YUMA REGIONAL MEDICAL CENTER

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
ROBERT OLSEN	(I)	0	106,519	320,265	0	0	426,784	0
	(II)	0	0	0	0	0	0	0
PATRICK T WALZ CEO AS OF 2181	(I)	293,997	65,151	0	53,204	17,296	429,648	0
	(II)	0	0	0	0	0	0	0
JAMES F HALL SR	(I)	257,278	48,803	0	33,771	18,376	358,228	0
	(II)	0	0	0	0	0	0	0
SHARON R GARDNER	(I)	219,679	48,071	0	52,518	17,296	337,564	0
	(II)	0	0	0	0	0	0	0
KAREN D JENSEN	(I)	236,128	55,147	0	71,637	10,210	373,122	0
	(II)	0	0	0	0	0	0	0
STEWART M HAMILTON MD	(I)	331,557	74,912	0	98,426	17,296	522,191	0
	(II)	0	0	0	0	0	0	0
EUGENE M SHAW	(I)	199,857	47,827	0	43,427	11,290	302,401	0
	(II)	0	0	0	0	0	0	0
MARK E PARSTON	(I)	188,031	47,826	0	59,767	23,613	319,237	0
	(II)	0	0	0	0	0	0	0
MACHELE HEADINGTON	(I)	141,652	27,634	0	41,472	21,114	231,872	0
	(II)	0	0	0	0	0	0	0
TONY STRUCK	(I)	126,281	14,024	0	20,065	23,900	184,270	0
	(II)	0	0	0	0	0	0	0
THOMAS VAN HASSEL	(I)	164,567	16,063	0	14,782	23,100	218,512	0
	(II)	0	0	0	0	0	0	0
JOHN MAKOWSKY	(I)	167,440	0	0	14,824	22,920	205,184	0
	(II)	0	0	0	0	0	0	0
RUSSELL E MCCAMY	(I)	160,635	0	0	14,231	22,920	197,786	0
	(II)	0	0	0	0	0	0	0
CHARLES REDFEARN	(I)	154,423	0	0	13,621	16,627	184,671	0
	(II)	0	0	0	0	0	0	0
JOSEPH A PAULI	(I)	160,181	0	0	14,010	9,517	183,708	0
	(II)	0	0	0	0	0	0	0
Greg Beckman	(I)	460,105	166,957	0	86,816	23,217	737,095	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
YUMA REGIONAL MEDICAL CENTER

Employer identification number
86-6007596

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	INDUSTRIAL DEVELOPMENT AUTHORITY OF CITY OF YUMA	86-0498547	988514BQ7	12-11-2008	109,025,000	SERIES 2008 - SEE SCHEDULE O		X		X
B	industrial development authority of city of yuma	86-0496547	98851RAA2	10-25-2007	1,430,000	SERIES 2007 - SEE SCHEDULE O		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	109,025,000	1,430,000			
2	Gross proceeds in reserve funds	0	0			
3	Proceeds in refunding or defeasance escrows	106,781,055	0			
4	Other unspent proceeds	0	0			
5	Issuance costs from proceeds	2,243,945	0			
6	Working capital expenditures from proceeds	0	0			
7	Capital expenditures from proceeds	1,430,000	1,430,000			
8	Year of substantial completion	2008	2007			

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X						
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X						
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %						
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 ▶		0 %		0 %						
6	Total of lines 4 and 5		0 %		0 %						
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X							

Part IV Arbitrage

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

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
YUMA REGIONAL MEDICAL CENTER

Employer identification number
86-6007596

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) No
See Additional Data Table					

Additional Data

Software ID:
Software Version:
EIN: 86-6007596
Name: YUMA REGIONAL MEDICAL CENTER

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction $	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
SOUTHWESTERN CRITICAL CARE	SRIDHAR RAJAMANI /BD MEMB	1,578,484	MEDICAL SERVICES		No
SOUTHWEST EMERGENCY PHYSICIANS	PHILLIP RICHEMONT/BD MEMB	794,814	GROUP INCENTIVES/TRANSCRIPTION		No
MIGUEL GUERRERO	ISMAEL GUERRERO / BD MEMB	24,362	EMPLOYEE OF YRMC		No
ELLEN HAMILTON	STEWART HAMILTON /KEY EMP	60,979	EMPLOYEE OF YRMC		No
SCOTT HALL	JAMES HALL / KEY EMPLOYEE	61,997	EMPLOYEE OF YRMC		No
ZINA HALL	JAMES HALL / KEY EMPLOYEE	19,058	EMPLOYEE OF YRMC		No
MICHAEL SHAW	EUGENE SHAW /KEY EMPLOYEE	14,996	EMPLOYEE OF YRMC		No
MICHAEL HEADINGTON	MACHELE HEADINGTON/KY EMP	62,088	EMPLOYEE OF YRMC		No
LYDIA BROWN	ISMAEL GUERRERO / BD MEMB	50,298	EMPLOYEE OF YRMC		No
MERRIL WALKER BUILDERS	MACHELE HEADINGTON/KY EMP	791,370	Building Contractor		No
Yuma Anesthesia Medical Services	Raul Castillo / BD MEMBER	1,301,375	MEDICAL SERVICES		No

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
YUMA REGIONAL MEDICAL CENTER

Employer identification number
86-6007596

Identifier	Return Reference	Explanation
SERVICES PROVIDED BY VOLUNTEERS	FORM 990, PART I, LINE 6	VOLUNTEERS ARE A VITAL PART OF YUMA REGIONAL MEDICAL CENTER THAT'S WHY YRMC OFFERS OPPORTUNITIES FOR SERVICE THAT ACCOMMODATE THE SCHEDULES OF WORKING ADULTS, STUDENTS AND RETIREES SOME OF OUR VOLUNTEERS WORK DIRECTLY WITH PATIENTS, WHILE OTHERS PROVIDE INVALUABLE ASSISTANCE IN SUPPORT AREAS OR WITH SPECIAL PROJECTS IN 2010, 505 VOLUNTEERS HELPED OUT IN OVER 55 SERVICE AREAS AND CONTRIBUTED ALMOST 62,000 VOLUNTEER HOURS VOLUNTEERS ARE AN ESSENTIAL PART OF YRMC PERFORMING A VARIETY OF SERVICES TO HELP PATIENTS, VISITORS AND STAFF THEY OFFER SUPPORT IN CLINICAL AND NON-CLINICAL DEPARTMENTS PERFORMING SUCH DUTIES AS INFORMATION DESK RECEPTIONIST, TRANSPORTING VISITORS AS A CART DRIVER, BOOK AND BEVERAGES CART SERVICE, PATIENT VISITORS AND WHEEL CHAIR TRANSPORTERS, SOOTHING A CRYING BABY IN THE NICU, PRINT SHOP, WAREHOUSE AND OFFICE ASSISTANTS THEY ALSO WORK IN THE CORNER STORK CAF, GIFT SHOP AND THE DAILY GRIND RETAIL AREAS IN ADDITION, VOLUNTEERS SUPPORT UBS BLOOD DRIVES, HOSPITAL SUPPORT GROUPS, COMMUNITY OUTREACH EVENTS, SHADOWING PROGRAM AND PATIENT AND FAMILY CENTER CARE VOLUNTEERS RAISED $185,302 TO HELP SUPPORT YRMC PATIENT SERVICES AND PROGRAMS THEY ALSO HAVE A COMMITMENT TO THE COMMUNITY BY DONATING ANNUAL SCHOLARSHIPS TO COLLEGE STUDENTS, FOUR SCHOLARSHIPS WERE AWARDED AT $1,500 EACH THERE ARE MANY BENEFITS IN BECOMING A VOLUNTEER, ASIDE FROM THE PERSONAL FULFILLMENT MANY RECEIVE IN HELPING THOSE IN NEED, THEY ALSO FEEL A SENSE OF ACCOMPLISHMENT, MEET NEW PEOPLE, LEARN NEW SKILLS AND THE OPPORTUNITY TO EXPLORE CAREERS IN HEALTH CARE

Identifier	Return Reference	Explanation
DESCRIPTION OF PROGRAM SERVICES		OUR VISION THE VISION OF YUMA REGIONAL MEDICAL CENTER WILL BE RECOGNIZED AS THE FOCUS FOR HEALTHCARE WE WILL WORK COLLABORATIVELY TO EVOLVE THE BEST SYSTEM OF COORDINATED HEALTHCARE IN OUR SERVICE AREA OUR MISSION THE MISSION OF YUMA REGIONAL MEDICAL CENTER IS TO IMPROVE THE HEALTH AND WELL-BEING OF INDIVIDUALS, FAMILIES AND THE COMMUNITY WE SERVES THROUGH EXCELLENCE, INNOVATION AND PRUDENT USE OF RESOURCES OUR VALUES COMMITMENT - RESPECT - SAFETY / QUALITY - CREATIVITY - TEAMWORK OVERVIEW YUMA REGIONAL MEDICAL CENTER IS A 333 LICENSED BED GENERAL ACUTE CARE HOSPITAL THAT PROVIDES INPATIENT, OUTPATIENT, EMERGENCY ROOM AND OTHER ACUTE CARE AND HOSPITAL RELATED SERVICES TO THE PEOPLE OF YUMA, ARIZONA AND THE SURROUNDING COMMUNITIES PRESIDENT/CEO AS A NOT-FOR-PROFIT COMMUNITY HOSPITAL, YUMA REGIONAL MEDICAL CENTER IS DEDICATED TO MEETING THE HEALTHCARE NEEDS OF THIS COMMUNITY TODAY, TOMORROW AND WELL INTO THE FUTURE THROUGH THIS REPORT, YOU WILL LEARN ABOUT MANY SERVICES AND PROGRAMS THAT WE PROVIDE THE YRMC TEAM CONSISTS OF ABOUT 2,000 EMPLOYEES, SOME 300 PHYSICIANS AND NEARLY 400 VOLUNTEERS YRMC MAINTAINS THE HIGHEST STANDARDS FOR OUR MEDICAL STAFF TO HELP ENSURE YOU RECEIVE THE QUALITY CARE YOU EXPECT MORE THAN 95 PERCENT OF THE PHYSICIANS PRACTICING AT YRMC ARE BOARD CERTIFIED/ELIGIBLE IN ONE OR MORE SPECIALTIES WE PLEDGE TO SERVE AS AN ACTIVE COMMUNITY PARTNER WHILE CONTINUING OUR MISSION TO IMPROVE THE HEALTH AND WELL-BEING OF THE COMMUNITIES WE SERVE CHAIRMAN, YRMC BOARD OF DIRECTORS THE BOARD OF YUMA REGIONAL MEDICAL CENTER IS COMPOSED OF AN ARRAY OF PROFESSIONALS WHO BRING THEIR SKILLS AND TALENTS TOGETHER TO WORK WITHOUT PAY SO THAT YOU CAN RECEIVE THE HIGHEST QUALITY OF MEDICAL CARE IN YOUR COMMUNITY AS WE LOOK TO THE FUTURE, THE YRMC BOARD OF DIRECTORS HAS AGAIN SET THE BAR HIGH IT IS OUR VISION TO WORK COLLABORATIVELY TO EVOLVE THE BEST SYSTEM OF COORDINATED HEALTH CARE IN OUR SERVICE AREA AS A NON-PROFIT COMMUNITY HOSPITAL, WE REINVEST FUNDS REMAINING AT THE CLOSE OF THE YEAR TO NEW SERVICES AND PROGRAMS FOR THE COMMUNITY OUR STRATEGIES MOVING FORWARD INCLUDE A FIVE-PHASE IMPLEMENTATION OF AN ELECTRONIC HEALTH RECORD TO IMPROVE PATIENT SAFETY AND QUALITY, IMPROVE PATIENT ACCESS TO SERVICES THROUGH RECRUITMENT OF PHYSICIANS IN IDENTIFIED SHORTAGE AREAS, INVESTMENT IN NEW TECHNOLOGIES, REMAINING FINANCIALLY SOUND, AND PROVIDING THE HIGHEST STANDARD OF CARE AND PATIENT SAFETY AS A NOT-FOR-PROFIT HOSPITAL, YRMC HAS NO SHAREHOLDERS WE ANSWER TO AND ARE OWNED BY THE COMMUNITY WE SERVE FINANCIAL A SOLID FUTURE AS A NON-PROFIT HOSPITAL, YUMA REGIONAL MEDICAL CENTER RELIES SOLELY ON PATIENT REVENUES FOR FUNDING WE DO NOT RECEIVE LOCAL, STATE OR FEDERAL TAX MONEY THERE ARE NO OUT-OF-STATE CORPORATIONS OR PRIVATE SHAREHOLDERS INVOLVED WITH YRMC - THE ONLY SHAREHOLDERS ARE THE PEOPLE AND COMMUNITIES WE SERVE THE MEDICAL CENTER INCURRED EXPENSES OF APPROXIMATELY $1,194,000 IN 2010 SUPPORTING COMMUNITY BENEFIT PROGRAMS CHARITY CARE/FINANCIAL ASSISTANCE AT YUMA REGIONAL MEDICAL CENTER, WE BELIEVE THAT ALL PEOPLE HAVE A RIGHT TO MEDICALLY NECESSARY HEALTH CARE AND EQUAL ACCESS TO DIAGNOSTIC AND THERAPEUTIC TREATMENT, REGARDLESS OF FINANCIAL STATUS ELIGIBILITY CRITERIA FOR CHARITY CARE OR DISCOUNTS ARE BASED ON A PERCENTAGE OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES ANNUAL "POVERTY GUIDELINES " ELIGIBILITY CRITERIA INCLUDES INDIVIDUAL OR FAMILY INCOME, INDIVIDUAL OR FAMILY NET WORTH, EMPLOYMENT STATUS, OTHER FINANCIAL OBLIGATIONS, AMOUNT AND FREQUENCY OF HEALTHCARE BILLS AND OTHER FINANCIAL RESOURCES AVAILABLE TO THE PATIENT BECAUSE YRMC DOES NOT PURSUE COLLECTIONS, CHARITY CARE IS NOT INCLUDED IN NET PATIENT SERVICE REVENUE A COPY OF THE YRMC'S CHARITY CARE POLICY IS AVAILABLE ON THE WEBSITE WWW YUMAREGIONAL ORG THE COSTS OF THESE SERVICES ARE ESTIMATED TO BE $6,655,000 IN 2010 UNPAID COST OF PUBLIC PROGRAMS PUBLIC PROGRAMS SUCH AS ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM ARE PROVIDED FOR THE POOR AND INDIGENT PUBLIC PROGRAMS SUCH AS MEDICARE ARE PROVIDED FOR THE ELDERLY PUBLIC PROGRAMS DO NOT ALWAYS COVER THE COSTS OF PROVIDING THOSE SERVICES THE UNREIMBURSED COSTS OF THE AHCCCS PROGRAM WERE APPROXIMATELY $14,004,000 IN 2010 CARE OF UNDOCUMENTED PATIENTS YUMA REGIONAL MEDICAL CENTER PROVIDES CARE FOR PATIENTS WHO HAVE ENTERED THE COMMUNITY ILLEGALLY THE CHARGES FOR THESE PATIENTS ARE PARTIALLY REIMBURSED UNDER SECTION 1011 OF THE MEDICARE PRESCRIPTION DRUG, IMPROVEMENT AND MODERNIZATION ACT OF 2003 THE UNREIMBURSED COSTS FOR SERVING THESE PATIENTS WERE APPROXIMATELY $429,000 IN 2010

Identifier	Return Reference	Explanation
DESCRIPTION OF PROGRAM SERVICES	FORM 990, PART III, LINE 4	(CONTINUED) CHILDREN'S REHAB SERVICES ARIZONA DEPARTMENT OF HEALTH SERVICES PROVIDES FUNDI NG FOR SERVICES TO CHILDREN WITH SEVERE DISABILITIES THE FUNDING PAYS FOR A PORTION OF TH E COSTS OF SERVICES PROVIDED CHILDREN'S SCHOOL HEALTHCARE PROGRAM YUMA REGIONAL MEDICAL C ENTER SPONSORS CLINICS IN SIX SCHOOL DISTRICTS IN YUMA COUNTY - FROM SAN LUIS TO DATELAND SINCE 1996, THE CLINICS HAVE PROVIDED FREE, PRIMARY CARE FOR KIDS THAT MAY OTHERWISE END UP AT THE EMERGENCY DEPARTMENT THE COSTS FOR THIS PROGRAM WERE $451,000 IN 2010 WE'RE NO T FOR PROFIT WE'RE FOR HEALTHY BEGINNINGS THE BIRTH OF A BABY IS A PRECIOUS GIFT AND AN EXCITING TIME IN THE LIVES OF EXPECTANT COUPLES YET, NO MATTER HOW HARD THEY MAY BE WORK ING TO SUPPORT THEIR FAMILIES, SOME OF THEM STILL FACE FINANCIAL PRESSURES BECAUSE THEY DO N'T HAVE MEDICAL INSURANCE THAT COVERS THE PRENATAL CARE AND DELIVERY OF THEIR BABY ALLIS ON AND WESLEY SPLAWN, WHOSE FAMILY HAS LIVED IN YUMA FOR MANY GENERATIONS, FOUND THEMSELVE S IN THIS SITUATION "THIS WAS MY FIRST BABY, AND THE FIRST THING I DID WAS CALL THE DOCTO R," ALLISON EXPLAINS "I DIDN'T HAVE HEALTH INSURANCE SO I TRIED FOR AHCCCS, BUT MY HUSBAN D MADE TOO MUCH " WITHOUT MEDICAL COVERAGE, SHE HAD NO ALTERNATIVE BUT TO PAY FOR EACH OF HER PRENATAL CARE APPOINTMENTS OUT-OF-POCKET BUT THEN, WHEN SHE REGISTERED FOR HER DELIVE RY AT YRMC, SHE FOUND A WELCOME SURPRISE SHE DISCOVERED THAT YRMC HAS A PRENATAL PROGRAM FOR LOW INCOME FAMILIES THAT COVERS PRENATAL CARE, DOCTORS' FEES, LAB TESTS, ULTRASOUNDS A ND HOSPITAL COSTS FOR THE DELIVERY AT A REDUCED RATE FOR EXPECTANT MOTHERS WHO QUALIFY AL LISON APPLIED FOR THE PROGRAM AND WAS ACCEPTED "I WENT HOME AFTER WE FOUND OUT THAT WE QU ALIFIED FOR THE PROGRAM AND CRIED," SHE SAYS "WE WERE JUST SO EXCITED ABOUT IT " YRMC STA FF EVEN WORKED WITH WOMEN'S HEALTH SPECIALISTS ON A REIMBURSEMENT PLAN THAT APPLIED THE MO NEY ALLISON HAD ALREADY PAID FOR PRENATAL CARE TO THE COST OF THE PROGRAM "IT WAS JUST A BIG RELIEF," ALLISON ADDS "IT FELT LIKE A BIG WEIGHT WAS LIFTED OFF OUR SHOULDERS " NEARL Y 200 WOMEN QUALIFIED FOR THE PRENATAL PROGRAM IN FY 2010 WHILE UNDERWRITING THE COST OF THIS PROGRAM ($109,341 IN FY 2010) REPRESENTS A SIGNIFICANT INVESTMENT ON THE PART OF YRMC , THE BENEFITS TO THE COMMUNITY FAR OUTWEIGH THESE COSTS MARY MOCHNAL, ADMINISTRATIVE DIR ECTOR OF WOMEN & CHILDREN SERVICES, CITES THE IMPORTANCE OF GETTING PROPER PRENATAL CARE "THE GOAL IS TO HELP THE MOTHER AVOID COMPLICATIONS AND DELIVER A HEALTHY WEIGHT BABY THAT GOES TO TERM BUT IF THE MOTHER DOES BEGIN TO EXPERIENCE COMPLICATIONS, WE WANT TO BE ABL E TO TREAT THEM RIGHT AWAY " "IN ADDITION TO THE TESTING AND ASSESSMENT THAT TAKES PLACE A T PRENATAL APPOINTMENTS, THERE'S A LOT OF EDUCATION THAT GOES ON," MARY CONTINUES "A LOT OF WHAT THE MOTHER CAN CHOOSE TO DO AND NOT DO AFFECTS BOTH HER HEALTH AND THE BABY'S THE MOM HAS A VERY IMPORTANT ROLE IN KEEPING HERSELF AND THE BABY AS HEALTHY AS POSSIBLE " TH E SPLAWN FAMILY'S STORY HAS A HAPPY ENDING IN APRIL 2009, ALLISON GAVE BIRTH TO A HEALTHY BABY BOY NAMED RAWLING "WE ARE GRATEFUL FOR THE YRMC PRENATAL PROGRAM LIKE EVERY PARENT , WE WANTED OUR BABY TO HAVE A HEALTHY START THIS PROGRAM GAVE US THAT WE'RE FOR EDUCATI ON FUTURE HEALTHCARE PROFESSIONALS TO PROVIDE THE BEST POSSIBLE PATIENT CARE, NURSES NE ED TO BE HIGHLY SKILLED IN MANY AREAS BUT HAVE YOU EVER WONDERED HOW THEY DEVELOP THESE S KILLS? HOW, FOR EXAMPLE, DO THEY LEARN TO INSERT AN IV CHANGE THE DRESSINGS ON A WOUND OR RESPOND TO A PATIENT WHO IS GOING INTO CARDIAC ARREST? FOR NURSING STUDENTS ATTENDING NORTHERN ARIZONA UNIVERSITY-YUMA OR UNIVERSITY OF ARIZONA, THE ANSWER IS YRMC'S CLINICAL S KILLS LAB FUNDED ENTIRELY BY YRMC, THE CLINICAL SKILLS LAB IS EQUIPPED WITH SPECIALLY DES IGNED SIMULATION MANNEQUINS THAT NURSING STUDENTS CAN PRACTICE ON TO PREPARE THEM FOR THEI R WORK WITH REAL PATIENTS "THEY CAN PLACE NG (NASOGASTRIC) TUBES, THEY CAN START IVS, THE Y CAN PLACE CATHETERS, DO DRESSING CHANGES AND ASSESSMENTS," EXPLAINS KRISTIE VAN DYN HOVE N, MSN, RNC, AND YRMC'S ACADEMIC LIAISON NURSE AND EXTERN COORDINATOR "THEY CAN ALSO PRAC TICE BED MAKING, DAILY PATIENT CARE, MOVING PATIENTS, LIFTING, AND MEDICATION ADMINISTRATI ON " INSTRUCTORS CAN SET THE MANNEQUIN'S HEART RATE, BLOOD PRESSURE, LUNG SOUNDS, BOWEL SO UNDS AND OTHER VITAL SIGNS TO SIMULATE A VARIETY OF CLINICAL SCENARIOS YRMC'S CLINICAL SK ILLS LAB ALSO INCLUDES A SIMULATION ROOM EQUIPPED WITH A TECHNOLOGICALLY ADVANCED MANNEQUI N KNOWN AS "SIMMAN " "IT'S A FULLY AUTOMATED MANNEQUIN," KRISTIE EXPLAINS "WE CAN PROGRAM HIM TO DO ANYTHING WE WANT WE CAN PROGRAM HIM TO HAVE SHORTNESS OF BREATH, BE DISORIENTE D, GO INTO CARDIAC ARREST OR HAVE A STROKE " SIMMAN CAN EVEN BE PROGRAMMED TO TALK TO GIVE NURSING STUDENTS IMPORTANT VERBAL CUES ON ANY PAIN OR DISCOMFORT HE MAY BE "FEELING" AND HOW HE IS RESPONDING TO TREATMENT THE SIMULATION ROOM IS ALSO EQUIPPED WITH THE SAME PATI ENT MONITORING EQUIPMENT USED IN YRMC'S HOSPITAL R

Identifier	Return Reference	Explanation
DESCRIPTION OF PROGRAM SERVICES	FORM 990, PART III, LINE 4	OOMS TO GIVE STUDENTS ADDITIONAL VALUABLE EXPERIENCE "THE CLINICAL SKILLS LAB IS A GREAT OPPORTUNITY FOR THE NURSING STUDENTS TO BRUSH UP ON THEIR SKILLS AND PRACTICE THEM BEFORE WE GO OUT AND PERFORMS THEM ON REAL PEOPLE," SAYS LISA MCGARRY, A NURSING STUDENT AT NORTH ERN ARIZONA UNIVERSITY-YUMA WHO WILL RECEIVE HER BSN DEGREE IN MAY LISA ADDS, "BECAUSE IT GIVES US REAL TIME INFORMATION AND GIVES US A SENSE OF TAKING CARE OF A REAL PATIENT "

Identifier	Return Reference	Explanation
DESCRIPTION OF PROGRAM SERVICES	FORM 990, PART III, LINE 4	(CONTINUED) WE'RE FOR NURSING EDUCATION THROUGH LAUNCHING NEW CAREERS WHILE SUSANA ABARCA WAS GROWING UP IN A FAMILY WITH EIGHT CHILDREN, HER PARENTS HAD TO WORK HARD EVERY DAY JUST TO PUT FOOD ON THE TABLE THEY HAD NO TIME OR ENERGY LEFT TO MAKE EDUCATION A PRIORITY SO WHILE SUSANA DREAMED OF GOING TO COLLEGE, SHE NEVER THOUGHT THAT DREAM WOULD BECOME A REALITY LIKE MANY PEOPLE, SUSANA AND HUSBAND JOHN MARRIED AND STARTED A FAMILY WHILE RAISING HER CHILDREN WAS HER TOP PRIORITY, HER GOAL OF ATTENDING COLLEGE ALWAYS STAYED IN THE BACK OF HER MIND "I HAD HOPES OF BECOMING SOMETHING, SHE SAYS SHE SLOWLY STARTED TAKING ONE COLLEGE COURSE AT A TIME, AND MANY YEARS LATER WERE ACCEPTED INTO ARIZONA WESTERN COLLEGE'S NURSING PROGRAM EVEN THOUGH HER DREAM WAS STARTING TO COME TRUE, HER PATH TO A COLLEGE DEGREE WASN'T AN EASY ONE "I HAD TO MAKE THE DIFFICULT DECISION TO LEAVE MY VERY WELL PAID FULL-TIME JOB WITH BENEFITS DURING A RECESSION TO ATTEND NURSING SCHOOL, ALL WHILE MY REALTOR HUSBAND WAS TRYING TO MAKE A LIVING DURING A HOUSING CRISIS WE SOLELY LIVED BY FAITH " "NURSING SCHOOL WAS A GROUP EFFORT," SHE ADDS "I HAD THE FULL SUPPORT OF MY HUSBAND, FAMILY, COLLEAGUES, RECEPTORS, AND INSTRUCTORS I COULD NOT HAVE DONE IT WITHOUT ALL OF THEIR SUPPORT I WAS BLESSED WITH SCHOLARSHIP MONEY FROM THE FOUNDATION OF YRMC, THE PEGRAM FAMILY AND NURSING ASSOCIATIONS EVERY PENNY MADE A DIFFERENCE MY SUCCESS IS OWED TO ALL THOSE THAT BELIEVED AND INVESTED IN ME, AND FOR THAT I AM ETERNALLY GRATEFUL " THE DAY SUSANA HAD LONG AWAITED FINALLY ARRIVED SHE COMPLETED HER DEGREE IN MAY 2010 "TODAY, I CAN SAY I'M A COLLEGE GRADUATE, THE FIRST COLLEGE GRADUATE IN MY FAMILY I CAN TRULY SAY THAT NURSING HAS CHANGED MY LIFE I WENT INTO NURSING HOPING TO TOUCH PEOPLE'S LIVES, BUT I QUICKLY FOUND THAT PEOPLE WERE TOUCHING MY LIFE I DON'T SEE NURSING AS A JOB NURSING IS MY PASSION I VOW TO GIVE BACK MORE THAN WAS AFFORDED ME, AND PRAY I CAN BE A GOOD STEWARD OF ALL THAT I AM ENTRUSTED WITH " EDUCATIONAL SUPPORT IN FY 2010 IN FY 2010, YRMC PROVIDED $412,405 IN FINANCIAL SUPPORT TO THE NURSING PROGRAM AT ARIZONA WESTERN COLLEGE (AWC) AWC HAD 70 NURSING GRADUATES IN 2010 IN ADDITION, YRMC PROVIDED $126,717 IN OPERATING COSTS FOR THE CLINICAL SKILLS LAB WHICH BENEFITS NURSING STUDENTS AT NORTHERN ARIZONA UNIVERSITY- YUMA (NAU) AND UNIVERSITY OF ARIZONA (U OF A) NAU HAD SIX NURSING GRADUATES LAST YEAR AND IS ANTICIPATING 14 GRADUATES IN 2011 U OF A WILL GRADUATE ITS FIRST GROUP OF NURSES IN AUGUST 2011 WE'RE FOR HELPING CHILDREN WITH ASTHMA GOING AWAY TO CAMP IS A FUN CHILDHOOD EXPERIENCE MANY OF US TAKE FOR GRANTED HOWEVER CHILDREN WHO HAVE ASTHMA ARE OFTEN DENIED THIS OPPORTUNITY DUE TO PARENTAL CONCERNS ABOUT CONTROLLING THEIR SYMPTOMS WHILE THEY'RE AWAY THANKS TO THE RESPIRATORY TEAM AND PARTNERS IN OUR COMMUNITY, CHILDREN WITH ASTHMA CAN ENJOY THE FUN OF CAMP IN A SAFE ENVIRONMENT EACH YEAR, YRMC SPONSORS CAMP NOT-A-CHOO, A SAFE AND ENJOYABLE OVERNIGHT CAMP EXPERIENCE DESIGNED FOR CHILDREN 8-11 WHO HAVE MODERATE TO SEVERE ASTHMA NOW ENTERING ITS SEVENTH YEAR, CAMP NOT-A-CHOO WAS THE BRAINCHILD OF TWO YRMC REGISTERED RESPIRATORY THERAPISTS, TINA DUKES AND JUANITA HUDSICK "IT WAS OUR VISION TO HAVE AN OVERNIGHT CAMP WHERE KIDS COULD HAVE FUN WHILE LEARNING TO CONTROL THEIR ASTHMA," TINA EXPLAINS TODAY THE CAMP IS OPERATED BY THE REGIONAL CENTER FOR BORDER HEALTH CAMP NOT-A-CHOO IS DESIGNED TO PROMOTE A POSITIVE SELF-IMAGE AND INDEPENDENCE FOR CHILDREN WITH ASTHMA EACH CAMPER IS ASSESSED BY A VOLUNTEER PULMONOLOGIST TWO WEEKS BEFORE CAMP TO ENSURE THAT THEY'RE ON THE CORRECT MEDICATION THEN, ON THE FIRST NIGHT OF CAMP, THE CHILDREN PARTICIPATE IN A HANDS-ON DEMONSTRATION OF THE EQUIPMENT THEY NEED TO MANAGE THEIR ASTHMA THE CAMPERS ENJOY TRADITIONAL CAMP ACTIVITIES SUCH AS ARTS AND CRAFTS, GAMES, AND SPORTS THEY ALSO VISIT A SERIES OF STATIONS TO LEARN ABOUT ASTHMA "TRIGGERS " TINA GIVES AN EXAMPLE "THEY'LL LEARN ABOUT TRIGGERS SUCH AS HORSES OR DOGS SO THEY CAN LEARN WHAT DO IF SOMETHING HAPPENS TO THEM THEN THEY'LL GO WORK WITH THE HORSES OR THERAPY DOGS " THERE IS EVEN A CAMPFIRE FOR THE CHILDREN TO ENJOY "THEY JUST HAVE TO TAKE THEIR MEDICINE BEFORE THEY GO TO THE CAMPFIRE BECAUSE THAT CAN BE ONE OF THEIR TRIGGERS," TINA ADDS CAMP NOT-A-CHOO OFFERS THESE CHILDREN A FUN WAY TO LEARN HOW TO MANAGE THEIR ASTHMA SYMPTOMS SO THEY CAN ENJOY THEIR LIVES MORE FULLY THE CAMP CAN ACCOMMODATE UP TO 25 CHILDREN, AND SCHOLARSHIPS ARE AVAILABLE FOR THOSE WHO CANNOT AFFORD TO ATTEND THE CAMP IS STAFFED AROUND-THE-CLOCK BY A DOCTOR, NURSES, AND RESPIRATORY THERAPISTS, SO PARENTS CAN HAVE THE PEACE OF MIND OF KNOWING THAT THEIR CHILD WILL BE WELL SUPPORTED PHYSICALLY, MEDICALLY AND EMOTIONALLY THE CAMP CONCLUDES WITH A CELEBRATION ATTENDED BY THE CAMPERS AND THEIR PARENTS

Identifier	Return Reference	Explanation
DESCRIPTION OF PROGRAM SERVICES	FORM 990, PART III, LINE 4	(CONTINUED) WE'RE IMPROVING ACCESS TO PHYSICIANS YRMC RECRUITS PHYSICIANS TO YUMA FOR THE BENEFIT OF THE COMMUNITY IN 2009, YRMC SUCCESSFULLY RECRUITED 20 PHYSICIANS TO THE COMMUNITY THESE EFFORTS ARE BASED ON A MEDICAL STAFF DEVELOPMENT PLAN WHICH IDENTIFIES PHYSICIAN SPECIALTIES THAT ARE EITHER NOT CURRENTLY AVAILABLE IN THE COMMUNITY, OR THOSE SPECIALTIES IN WHICH OUR CURRENT SUPPLY OF PHYSICIANS IS NOT SUFFICIENT TO MEET THE GROWING DEMAND FOR THESE SERVICES WE'RE FOR HELPING PEOPLE AT A CROSSROADS IN THEIR LIFE YUMA REGIONAL MEDICAL CENTER IS A PROUD SUPPORTER OF CROSSROADS MISSION, A NONPROFIT ORGANIZATION THAT HAS BEEN DEDICATED TO SERVING THOSE IN NEED IN YUMA COUNTY FOR THE PAST 50 YEARS WHETHER THESE INDIVIDUALS ARE FACING HOMELESSNESS, UNEMPLOYMENT, ADDICTIONS, OR OTHER LIFE-ALTERING CHALLENGES, THEY CAN TURN TO CROSSROADS MISSION FOR HELP YRMC SUPPORTS CROSSROADS MISSION IN SEVERAL WAYS "IT TRULY IS A COMMUNITY PARTNERSHIP," EXPLAINS MYRA GARLIT, CROSSROADS' EXECUTIVE DIRECTOR "MOST RECENTLY, THE HOSPITAL HELPED US PURCHASE 25 MATTRESSES FOR OUR SHELTER ON A LARGE SCALE, WE RECEIVE FUNDING FROM YRMC EVERY YEAR TO HELP OFFSET THE COSTS OF OUR FIRST STEPS CENTER THESE FUNDS HELP SUPPORT THE MEDICAL UNIT FOR OUR DRUG AND ALCOHOL RECOVERY PROGRAM WHERE PATIENTS GO THROUGH DETOXIFICATION AND GET STABILIZED" CROSSROADS MISSION SERVES APPROXIMATELY 3,000 PEOPLE EACH YEAR "OUR OVERALL MISSION IS TO HELP PEOPLE AT THE CROSSROADS OF THEIR LIFE," MYRA SAYS "WE WANT TO MAKE YUMA COUNTY BETTER ONE PERSON AT A TIME" WE'RE FOR LENDING A HELPING HAND YRMC EMPLOYEES ARE PASSIONATE ABOUT VOLUNTEERING IN FY 2010 THEY SELFLESSLY DONATED MORE THAN 1,950 HOURS OF THEIR FREE TIME TO WORK AT A VARIETY OF COMMUNITY OUTREACH EVENTS, EVEN WHEN IT MEANT GETTING UP IN THE VERY EARLY HOURS OF A COLD DECEMBER MORNING THAT'S THE KIND OF COMMITMENT IT TAKES TO WORK AT DIA DEL CAMPESINO (DAY OF THE FARMWORKER) HELD EACH DECEMBER IN SAN LUIS, THE EVENT ATTRACTS THOUSANDS OF FARMWORKERS WHO RECEIVE FREE HEALTH SCREENINGS PERFORMED BY YRMC EMPLOYEES THE EVENT BEGINS AT 3 A M TO ACCOMMODATE THE PARTICIPANTS' WORK SCHEDULES IN THE FIELDS AND IT ALWAYS DRAWS A LARGE GROUP OF ENTHUSIASTIC YRMC VOLUNTEERS "YRMC PROVIDES THE ONLY CHOLESTEROL SCREENINGS THAT ARE OFFERED IN OUR COMMUNITY FOR FREE," EXPLAINS FLOR REDONDO, COORDINATOR OF PROGRAMS FOR CAMPESINOS SIN FRONTERAS, THE GROUP THAT ORGANIZES THE EVENT "THEY PROVIDE OVER 800 EACH YEAR AT CAMPESINO AND THEY BRING A WHOLE TEAM WITH THEM THEY ALSO PROVIDE GLUCOSE AND BLOOD PRESSURE TESTING AND OFFER EDUCATION ON THE PREVENTION OF OBESITY AND OTHER DISEASES LIKE DIABETES AND CARDIOVASCULAR DISEASE" "OUR EVENT WOULD NOT BE AS SUCCESSFUL AS IT HAS BEEN WITHOUT THE HOSPITAL," SHE ADDS "JUST HAVING THEM AS ONE OF OUR MAIN COLLABORATORS ALSO BRINGS A LOT OF TRUST THAT THE SERVICES THAT ARE PROVIDED WILL BE PROFESSIONAL AND RESPECTFUL" THE YUMA COUNTY PUBLIC HEALTH DEPARTMENT AND SUNSET HEALTH CLINIC ALSO PARTICIPATE IN THE EVENT FLOR SAYS THAT THE FARMWORKERS ARE VERY APPRECIATIVE OF THE SERVICES THAT ARE PROVIDED TO THEM "IT REALLY BRINGS A BIG BENEFIT TO OUR COMMUNITY THOUSANDS OF DOLLARS ARE BEING SAVED IN PREVENTION IT'S SOMETHING THAT WE LOOK FORWARD TO IT'S REALLY COLD AND REALLY EARLY, BUT IT REALLY GIVES YOU A LOT OF SATISFACTION TO PROVIDE THOSE SERVICES THE NEED IS THERE" COMMUNITY OUTREACH IN FISCAL 2010, YRMC COMMUNITY OUTREACH SERVED NEARLY 25,000 PEOPLE AT OVER 18 EVENTS AND HEALTH FAIRS THROUGHOUT THE COMMUNITY YRMC IS COMMITTED TO SERVING THE COMMUNITY FAR BEYOND THE WALLS OF THE HOSPITAL YRMC EMPLOYEES PARTICIPATED IN SEVERAL EVENTS THROUGHOUT THE COMMUNITIES WE SERVE TO INCLUDE - BACK TO SCHOOL FAIR - DIA DEL CAMPESINO HEALTH FAIR - DRIVE FOR SCHOOL SUPPLIES - EXPO MUJER - HEALTH AND FITNESS EXPO - FOOD BANK FOOD DRIVE - LETTUCE DAYS - MARTIN LUTHER KING HEALTH FAIR - MCAS AIRSHOW - SILVER CONNECTIONS MEMBER EVENTS - SOMERTON MELON FESTIVAL - UNITED WAY - WELLTON-MOHAWK TRACTOR RODEO - WELCOME BACK BASH - WOMEN'S EXPO - YUMA COUNTY FAIR - YUMA PLAY DAY - ZOOPER DUPER SPLASH CHARITY CARE CHARITY CARE INCLUDES FREE OR DISCOUNTED HEALTH AND HEALTH-RELATED SERVICES PROVIDED TO PERSONS WHO CANNOT AFFORD TO PAY ALL OR PART OF A BILL, INCLUDING PERSONS WHO ARE UNINSURED AND LOW-INCOME PATIENTS AND WHO QUALIFY UNDER FEDERAL POVERTY LEVEL GUIDELINES, USING AN INCOME RELATED FEE SCHEDULE AS THE NUMBER OF UNINSURED GROWS, SO DOES THE NEED FOR CHARITY CARE, OR FREE OR DISCOUNTED HEALTH SERVICES PROVIDED TO THOSE WHO CANNOT AFFORD TO PAY COMMUNITY BENEFITS INDIVIDUALS ARE NOT CHARGED, OR PAY ONLY A NOMINAL FEE, FOR A WIDE ARRAY OF PROGRAMS OFFERED BY YRMC TO OUR COMMUNITY INCLUDED IN THIS ARE HEALTH SCREENINGS, HEALTH EDUCATION, AND SPONSORSHIP OF PROGRAMS AND PROJECTS BY OTHER NON-PROFIT ORGANIZATIONS

Identifier	Return Reference	Explanation
PROCESS USED TO REVIEW FORM 990	FORM 990, PART VI, LINE 11	THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY THE FINANCE DEPARTMENT THE 990 IS THEN REVIEWED BY MANAGEMENT IN THE FINANCE DEPARTMENT AND PRESENTED TO THE BOARD AUDIT COMMITTEE FOR REVIEW AND COMMENT THE 990 IS THEN PROVIDED TO THE ENTIRE BOARD PRIOR TO FILING WITH THE IRS

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICT OF INTEREST POLICY	FORM 990, PART VI, LINE 12C	YRMC RECOGNIZES THAT THE POTENTIAL FOR CONFLICTS OF INTEREST EXISTS FOR DECISION-MAKERS AT ALL LEVELS WITHIN THE ORGANIZATION LEVELS WITHIN THE ORGANIZATION INCLUDE YRMC EMPLOYEES, VOLUNTEERS, AND BOARD MEMBERS YRMC REQUIRES THE DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST SO THAT APPROPRIATE ACTION MAY BE TAKEN TO ENSURE THAT SUCH CONFLICTS WILL NOT INAPPROPRIATELY INFLUENCE IMPORTANT DECISIONS EMPLOYEES ARE REQUIRED TO DISCLOSE ANY AND ALL POTENTIAL CONFLICTS OF INTEREST THAT COULD INAPPROPRIATELY INFLUENCE DECISIONS THIS WOULD INCLUDE BECOMING INVOLVED AS A VENDOR, OR RECEIVING REMUNERATION OR OTHER BENEFIT FROM A VENDOR THIS INCLUDES IMMEDIATE FAMILY MEMBERS IF A TRANSACTION IS PLANNED THE EMPLOYEE MUST DISCLOSE THE FOLLOWING INFORMATION TO HIS OR HER DEPARTMENT DIRECTOR AND THE V P OF HUMAN RESOURCES THE EMPLOYEE'S OR FAMILY MEMBERS' PERSONAL INTEREST, AND A DESCRIPTION OF THE PROPOSED TRANSACTION INCLUDING ALL RELEVANT INFORMATION YRMC'S WORKFORCE MEMBER ACKNOWLEDGEMENT, CONFIDENTIALITY AGREEMENT, CONFLICT OF INTEREST AND DISCLOSURE STATEMENT AND CERTIFICATION FORM IS SIGNED UPON ENTRY AND THEN ANNUALLY RECORDS ARE RETAINED IN THE PERSONNEL FILE IN THE VOLUNTEER DEPARTMENT OFFICE OR THE HUMAN RESOURCES DEPARTMENT OFFICE DOCUMENTS SIGNED BY MEMBERS OF THE YRMC BOARD OF DIRECTORS ARE KEPT WITH THE BOARD COORDINATOR

Identifier	Return Reference	Explanation
PROCESS TO DETERMINE COMPENSATION OF TOP OFFICIALS, OFFICERS & KEY EMP	FORM 990, PART VI, LINES 15A AND 15B	POLICY THE BOARD OF YUMA REGIONAL MEDICAL CENTER HAS ADOPTED A COMPETITIVE PAY STRATEGY IN ORDER TO ATTRACT AND RETAIN QUALIFIED EXECUTIVES TO LEAD OUR ORGANIZATION AND TO FAIRLY C OMPENSATE EXECUTIVES FOR ADVANCING THE MISSION OF YUMA REGIONAL MEDICAL CENTER THE POLICY IS ALSO INTENDED TO ESTABLISH A FORMAL, CONSISTENT PROCESS FOR GOVERNING EXECUTIVE COMPEN SATION DECISIONS THIS PROCESS IS MEANT TO ESTABLISH A "REBUTTABLE PRESUMPTION OF REASONAB LENESS" UNDER IRC SECTION 4958 TO SECURE A LEGAL "REBUTTABLE PRESUMPTION OF REASONABLENES S" IN DETERMINING COMPENSATION OF THE CEO AND OTHER EXECUTIVES CONSIDERED DISQUALIFIED IND IVIDUALS, AN OUTSIDE CONSULTANT IS ENGAGED PERIODICALLY TO PROVIDE COMPARABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION IN SETTING UP TOTAL COMPEN SATION PACKAGES INCLUDING AN INCENTIVE PAY PROGRAM KNOWN AS "PAY AT RISK" AND EXECUTIVE RE TIREMENT PROGRAMS I OUR TOTAL COMPENSATION PHILOSOPHY IS COMPRISED OF THE FOLLOWING ELEM ENTS ROLE OF THE EXECUTIVE COMMITTEE * THE BOARD'S EXECUTIVE COMMITTEE, AFTER REVIEWING T HE MATERIAL PROVIDED BY THE CONSULTANT, SETS THE COMPENSATION FOR THE PRESIDENT/CEO AS WEL L AS THE COMPENSATION POLICY AND STRATEGY FOR OTHER EXECUTIVES THE EXECUTIVE COMMITTEE WI LL REVIEW AND APPROVE, OR MODIFY AS APPROPRIATE, THE CEO'S RECOMMENDATIONS FOR OTHER EXECU TIVES THE EXECUTIVE COMMITTEE PRESENTS ITS RECOMMENDATIONS TO THE FULL BOARD FOR ENDORSEM ENT PEER GROUP * A NATIONAL PEER GROUP OF HEALTH CARE ORGANIZATIONS COMPARABLE TO YRMC IN REVENUE, STRUCTURE, MISSION AND SCOPE OF OPERATIONS WILL BE USED IN COLLECTING COMPARABIL ITY DATA COMPETITIVE POSITIONING * SALARY RANGE MIDPOINTS ARE SET AT THE 60TH PERCENTILE OF THE PEER GROUP INDIVIDUAL SALARIES ARE POSITIONED WITHIN THE SALARY RANGES BASED ON F ACTORS SUCH AS QUALIFICATIONS, EXPERIENCE AND PERFORMANCE AS WELL AS RECRUITMENT AND RETEN TION NEEDS * ANNUAL INCENTIVE OPPORTUNITY FOR THE PRESIDENT/CEO, VICE PRESIDENTS AND DIRE CTORS ARE POSITIONED ON PAR WITH THE AVERAGE LEVELS PROVIDED TO INDIVIDUALS OCCUPY ING COMP ARABLE POSITIONS IN THE PEER GROUP * BENEFIT EXPENDITURES ARE POSITIONED ABOVE THE 75TH P ERCENTILE AND DESIGNED TO ENCOURAGE RETENTION AND STABILITY OF THE EXECUTIVE TEAM * OUR T OTAL COMPENSATION INCLUDING CASH COMPENSATION AND BENEFITS WILL BE POSITIONED AT APPROXIMA TELY THE 75TH PERCENTILE FOR EXPECTED PERFORMANCE TOTAL COMPENSATION ABOVE THE 75TH PERCE NTILE MAY BE ACHIEVED FOR EXCEPTIONAL OR SUPERIOR PERFORMANCE APPROPRIATE PERQUISITES WIL L BE PROVIDED BASED ON POSITION LEVEL AND TYPICALLY WILL BE FUNDED BY A PERQ ALLOWANCE A MODERATE SEVERANCE POLICY IS ALSO PROVIDED BASED ON POSITION LEVEL SEE THE SEVERANCE POLI CY FOR FURTHER DETAIL II PAY AT RISK INCENTIVE PROGRAM A YRMC'S ANNUAL INCENTIVE PLAN (OUR "PAY AT RISK" PROGRAM) USES A COMBINATION OF ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE MEASURES I ORGANIZATIONAL MEASURES ALIGNED WITH THE ORGANIZATION'S PILLARS OF PERFORMAN CE INCLUDING QUALITY/SAFETY, SERVICE SATISFACTION, PEOPLE, SYSTEMS, PROCESSES, FINANCE AND GROWTH ARE ESTABLISHED ANNUALLY AND APPROVED BY THE BOARD EXECUTIVE COMMITTEE THE WEIGHT ING FOR EACH MEASURE IS ESTABLISHED ANNUALLY AND SLIGHTLY MORE WEIGHT MAY APPLY TO ANY OF THESE FIVE CATEGORIES II TRIGGERS ARE ESTABLISHED TO DEFINE CERTAIN MINIMUM PERFORMANCE LEVELS THAT MUST BE MET BEFORE INCENTIVE AWARDS MAY BE PAID 1 NET OPERATING MARGIN MUST BE ACHIEVED AT A MINIMUM OF 80% OF BUDGET 2 ACCREDITATION MUST BE MAINTAINED B PERFORM ANCE MEASURES ARE TYPICALLY EXPRESSED IN TERMS OF DEFINED OUTCOMES I EACH PERFORMANCE ME ASURE INCLUDES THREE LEVELS OF PERFORMANCE THAT CORRESPOND TO THREE LEVELS OF AWARD OPPORT UNITY 1 A THRESHOLD LEVEL OF PERFORMANCE REPRESENTING "SIGNIFICANT PROGRESS" TOWARD ACHI EVING THE PLANNED PERFORMANCE OBJECTIVE (TARGET) 2 A STRETCH LEVEL OF PERFORMANCE INDICA TING THAT THE PLANNED PERFORMANCE OBJECTIVE HAS BEEN FULLY ACHIEVED (WINNING) 3 AN OUTST ANDING LEVEL OF PERFORMANCE REPRESENTING RESULTS THAT "CLEARLY EXCEED" THE PLANNED PERFORM ANCE OBJECTIVE (MAXIMUM OR CHAMPION) 4 TARGETS ARE SET AT THE 60TH PERCENTILE OF NATIONA L DATA WHEN AVAILABLE WINNING LEVEL IS SET AT THE 75TH PERCENTILE AND CHAMPION LEVEL IS T HE 90TH PERCENTILE FOR FINANCIAL MEASURES, WINNING IS SET AT THE BUDGET LEVEL WITH 95% EQ UALING TARGET AND 105% EQUALING CHAMPION LEVEL II EACH YEAR, THE CEO RECOMMENDS TO THE C OMMITTEE THE OUTCOMES REQUIRED TO ACHIEVE EACH GOAL LEVEL AND PROVIDES SUPPORTING RATIONAL E AND DATA FOR THE RECOMMENDATIONS THE COMMITTEE REVIEWS THE RECOMMENDATIONS, MODIFIES AS APPROPRIATE, AND APPROVES THE FINAL GOALS AND REQUIRED OUTCOMES III PERFORMANCE LEVEL P ERCENTAGES ARE SET BASED ON POSITION 1 CEO'S WINNING LEVEL EQUALS 40% OF INCUMBENT'S SAL ARY WITH A MINIMUM OF 30% AND A MAXIMUM OF 50% WITH 100% WEIGHTING ON ORGANIZATIONAL GOALS 2 VICE PRESIDENT'S WINNING LEVEL EQUALS 20% OF INCUMBENT'S SALARY WITH A MINIMUM OF 10% AND A MAXIMUM OF 30% WITH 70% WEIGHTING ON ORGANI

Identifier	Return Reference	Explanation
PROCESS TO DETERMINE COMPENSATION OF TOP OFFICIALS, OFFICERS & KEY EMP	FORM 990, PART VI, LINES 15A AND 15B	ZATIONAL GOALS, 30% WEIGHTING FOR DIVISION GOALS 3 DIRECTOR'S WINNING LEVEL EQUALS 10% O F MIDPOINT OF SALARY RANGE WITH A MINIMUM OF 5% AND A MAXIMUM OF 15% WITH 60% WEIGHTING ON ORGANIZATIONAL GOALS, 40% WEIGHTING FOR DIVISION GOALS C THE AMOUNT, IF ANY, DUE WILL B E PAID PRIOR TO THE DECEMBER 31 FOLLOWING THE CLOSE OF THE FISCAL YEAR III INSURANCE PRO DUCTS A NUMBER OF EXECUTIVE INSURANCE PRODUCTS ARE AVAILABLE AT THE EXECUTIVE'S CHOICE TH ESE BENEFITS ARE OPTIONAL AND EXECUTIVES WILL HAVE AN OPPORTUNITY TO ELECT THESE BENEFITS AT ANY TIME WITH THE EXCEPTION OF SURVIVOR LIFE INSURANCE, EXECUTIVES MAY BE BILLED DIREC TLY FOR THESE PRODUCTS AND PREMIUMS ARE PAID ON AN AFTER TAX BASIS THE CURRENTLY AVAILABL E PROGRAMS ARE A LONG-TERM CARE INSURANCE FOR THE EXECUTIVE AND SPOUSE B EXECUTIVE DISA BILITY COVERAGE (THIS WOULD SUPPLEMENT THE BASIC HOSPITAL PLAN) C SURVIVOR LIFE INSURANCE - FOR EXECUTIVES ENROLLING IN THIS BENEFIT, THE HOSPITAL WILL PAY THE EXECUTIVE'S PREMIUM UNDER APPLICABLE TAX RULES, THE PREMIUM PAYMENTS MADE BY THE HOSPITAL WILL BE TREATED AS A LOAN THE EXECUTIVE MUST PAY INTEREST ON HOSPITAL PAID PREMIUMS THE HOSPITAL WILL BE R EPAID FROM THE CASH SURRENDER VALUE OF THE POLICY OR THE FACE AMOUNT OF THE POLICY IN THE EVENT OF DEATH THIS ARRANGEMENT IS DOCUMENTED BY AN AGREEMENT ACCEPTABLE TO THE HOSPITAL IV PAID LEAVE TIME CASH OUT REFER TO THE EXECUTIVE PAID LEAVE TIME CASH OUT POLICY FOR D ETAILS THE PURPOSE OF THIS POLICY IS TO ALLOW EXECUTIVES TO CASH OUT A LIMITED AMOUNT OF PLT TO FUND PREMIUMS OR OTHER COSTS FOR INSURANCE OR TO USE THE PROCEEDS IN WHATEVER MANNE R THEY WISH THE EXECUTIVE HAS TO MEET CERTAIN CRITERIA TO QUALIFY

Identifier	Return Reference	Explanation
AVAILABILITY OF THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT	OF INTEREST POLICY, AND FINANCIAL STATEMENTS	FORM 990, PART VI, LINE 19 THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTdo S ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION ON TAX-EXEMPT BONDS	SCHEDULE K, PART I, COLUMN (F) DESCRIPTION OF PURPOSE	A, COLUMN (F) SERIES 2008 - HOSPITAL REVENUE REFUNDING OF 2004 BONDS - ISSUED 06/24/2004 AND 07/08/2004 B, COLUMN (F) SERIES 2007 - EXPANSION / IMPROVEMENT OF HEALTHCARE FACILITIES

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
YUMA REGIONAL MEDICAL CENTER

Employer identification number
86-6007596

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
YUMA REGIONAL OUTPATIENT SURGICAL CENTER 2261 S AVENUE B YUMA, AZ 85364 26-0708281	HEALTHCARE	AZ	3,529,380	9,208,806	NA
YUMA REGIONAL MED CTR PROF SVCS GROUP 2400 S AVENUE A YUMA, AZ 85364 35-2381086	HEALTHCARE	AZ	9,583	98,160	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
FOUNDATION OF YUMA REGIONAL MEDICAL CTR 2400 S AVENUE A YUMA, AZ 85364 51-0179146	FOUNDATION	AZ	501(C)(3)	7	NA

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
YUMA HEATHCARE SERVICES INC 2400 S AVENUE A YUMA, AZ85364 86-0775929	HEALTHCARE	AZ	NA	C-CORP	3,448,183	3,033,191	100 000 %

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

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

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) YUMA HEALTHCARE SERVICES INC	A (IV	64,700
(2) YUMA HEALTHCARE SERVICES INC	P	416,223
(3) FOUNDATION OF YUMA REGIONAL MEDICAL CENTER	C	433,202
(4) FOUNDATION OF YUMA REGIONAL MEDICAL CENTER	P	92,991
(5) Yuma Healthcare Services Inc	N	132,413
(6)		

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

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

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