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DLN: 93493131022872

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

2010

Open to Public Inspection

A Fo	r the :	2010 ca	alendar year, or tax year begii	nning 10-01-2010 and ending 09	9-30-2011				
_		pplicable	C Name of organization JUPITER MEDICAL CENTER INC					-	dentification number
_	Iress ch	-	Doing Business As				59-1	460	239
_	ne cha	-					E Telep	hone	number
_	ial retu		Number and street (or P O box 1210 South Old Dixie Highway	ıf mail is not delivered to street address;)	Room/suite	(561) 263	3-2234
Ter	mınate	d	1210 30util Old Dixle Highway				6 Cross	rocour	ots \$ 204,897,409
Am 	ended	return	City or town, state or country, a Jupiter, FL 33458	nd ZIP + 4			G Gloss	receip	015 \$ 204,897,409
App	olication	n pending							
			F Name and address of process of	principal officer		H(a) Is this	a group return	for affili	nates?
			1210 SOUTH OLD DIXI	HIGHWAY		H(b) Are al	l affiliates in	cluded	?
			JUPITER, FL 33458						t (see instructions)
r Ta	y-evem	npt status	□ 501(c)(2) □ 501(c) ()	◀ (insert no)	527		ıp exempt		
			VW JUPITERMED COM	4 (III) (II) (II) (II) (II) (II)	327				
					<u> </u>				
			Corporation Trust Associ	ation Other ►		L Year of fo	rmation 19	76	M State of legal domicile FL
Ра	rt I		imary	sion or most significant activitie					
Governance	- :	TECHNO STAFF A	DLOGY AND WORLD-CLASS	OT-FOR-PROFIT COMMUNITY N HEALTHCARE PROFESSIONAL LY 1,500 EMPLOYEES AND OVE	S JMC H	AS OVER 52	25 PHYSI	CIAN	IS ON OUR MEDICAL
Ī	2 (Check tl	nis box 🚩 if the organizatior	discontinued its operations or di	ısposed o	f more than 2	25% of its	neta	assets
Activities &	3	Number	of voting members of the gov	erning body (Part VI, line 1a) .				3	14
Ě	4	Number	of independent voting membe	rs of the governing body (Part VI	, line 1b)		.	4	14
ទ្ធ				ın calendar year 2010 (Part V, lı	ne 2a) .			5	1,536
-			mber of volunteers (estimate					6	453
				n Part VIII, column (C), line 12 le from Form 990-T, line 34 .				7a	3,059
	В	net unre		le irom Form 990-1, line 34 .	•	Drie	or Year	7b	Current Year
	8	Contri	ibutions and grants (Part VIII	, line 1 h)		FIIC	1,176,	129	7,685,922
₹	9		am service revenue (Part VIII		171,686,8		178,040,901		
Revenue	10	_	,	mn (A), lines 3, 4, and 7d)		683,2		$\overline{}$	39,531
æ	11						3,052,	_	3,146,862
	12			11 (must equal Part VIII, columi			176 500	227	100 012 216
	13			art IX, column (A), lines 1-3).			176,598,	0	188,913,216
	14			rt IX, column (A), line 4)				0	0
	15			oyee benefits (Part IX, column (A		_		\dashv	0
\$		10)	,, ₋ , ₋	(.,,		72,265,820		75,284,539
Expenses	16a	Profes	sional fundraising fees (Part)	IX, column (A), line 11e)			0		0
置	b		ındraısıng expenses (Part IX, column	· · · · · · · · · · · · · · · · · · ·					
	17), lines 11a-11d, 11f-24f) .			88,243,	-	103,504,859
	18			must equal Part IX, column (A), li			160,508,	-	178,789,398
	19	Keven	ue iess expenses. Subtract li	ne 18 from line 12		Do	16,089,	-	10,123,818
Net Assets or Fund Balances						_	g of Curre 'ear	110	End of Year
აგი მოგი	20	Total	assets (Part X, line 16)		•		158,901,	496	164,866,980
4 <u>8</u>	21	Total	liabilities (Part X, line 26) .				93,528,	753	88,541,287
ŽÏ	22	Netas	sets or fund balances Subtra	ct line 21 from line 20			65,372,	743	76,325,693
Undei knowl	ledge a ledge.	ties of p	ef, it is true, correct, and comple	mined this return, including accomp ete. Declaration of preparer (other th		e) is based on			
Here			N D COURIS PRESIDENT & CEO e or print name and title						
		Print/Type		Preparer's signature	Da	nte	Check if sel		PTIN
Paid		preparer's Firm's nai	me F CROWE HORWATH LLP				стирюуеа 1	·	Firm's EIN
Prepa	arer -		dress 🕨 401 East Las Olas Blvd						
Use (Only		Suite 1100 Fort Lauderdale, FL 33301						Phone no • (954) 202- 8600

May the IRS discuss this return with the preparer shown above? (see instructions)

Par	t III	Statement of Program S Check if Schedule O contains a				দ
1	Briefl	y describe the organization's mis	sion			
VE L	L-BEIN	ON OF JUPITER MEDICAL CEN G OF THE PEOPLE WE SERVE, PAYMENT THROUGH THE HOS	REGARDLESS OF THEIR	RABILITY TO PAY	CERTAIN SERVICES ARE P	
				,		
2		e organization undertake any sig ior Form 990 or 990-EZ?				Yes √ No
	If "Ye	s," describe these new services	on Schedule O			
3		e organization cease conducting				Yes 🔽 No
	If "Ye	s," describe these changes on So	hedule O			
4	Section	tibe the exempt purpose achieve on 501(c)(3) and 501(c)(4) orga tions to others, the total expens	nizations and section 49	47(a)(1) trusts are re	equired to report the amount	
4a	(Code) (Expenses \$	151,930,039 ınclud	ding grants of \$	0) (Revenue \$	180,319,564)
	FOSH. INCLU OFFEI	ER MEDICAL CENTER, INC OFFERS SEV AY CANCER CENTER, GI LAB, SLEEP DIS IDING THE MARGARET W NIEDLAND BR RS A SURGICAL WEIGHT LOSS PROGRAN IRATORY SERVICES (CONTINUED ON SO	ORDERS CENTER, OUTPATIEN EAST CENTER, OBSTETRICS, V I, CARDIOLOGY SERVICES, PEI	T LAB, HEALTH AND REHAI VOUND CARE, OUTPATIEN	BILITATION CENTER, THE KRISTIN IT IMAGING, AND VASCULAR LAB T	HOKE BREAST PROGRAM HE MEDICAL CENTER ALSO
4b	(Code) (Expenses \$	ınclud	ing grants of \$) (Revenue \$)
4c	(Code	e) (Expenses \$	ınclud	ing grants of \$) (Revenue \$)
4d	O the	r program services (Describe ir	Schedule O)			
-		enses \$	including grants of \$)	(Revenue \$)
4e	Tota	l program service expenses►\$	151,930,039			

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 (see instruction)? 😼	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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		Νο
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes	
b	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.	11b		Νο
c	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.	11c		Νο
d	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.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	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
Ь	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? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		Νο
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, Parts II and IV	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, Parts III and IV.	16		Νο
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	Yes	_
Ь	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	Yes	

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 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		Νo
С	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		Νο
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		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	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? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 \checkmark Yes \checkmark No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "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		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Form 990 (2010)
Part V	Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V			
		Yes	No
Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
gaming (gambling) winnings to prize winners?	1c	Yes	
If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
Did the organization have unrelated business gross income of \$1,000 or more during the			
year?	3a	Yes	
	3b	Yes	
over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	52		No
			N
	ЭD		.,,
In 165 to fine 54 of 50, and the organization menorin 6500-17	5c		
organization solicit any contributions that were not tax deductible?	6a		No
If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
Organizations that may receive deductible contributions under section 170(c).			
Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	7b		
	7c		N
	,,		
Contract?	7e		No
Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. DId			
the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
Sponsoring organizations maintaining donor advised funds.			
	9a		
Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
Section 501(c)(7) organizations. Enter			
Initiation fees and capital contributions included on Part VIII, line 12 10a			
Gross income from other sources (Do not net amounts due or paid to other sources			
against amounts due or received from them)			
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
1176			
year			
Note. See the instructions for additional information the organization must report on Schedule O	13a		
Enter the amount of receives the organization is required to maintain by the otata-			
In which the organization is licensed to issue qualified health plans			
	14-		KI -
Did the organization receive any payments for indoor tanning services during the tax year?	14a		N c
	Enter the number reported in Box 3 of Form 1096. Enter -0 - If not applicable Enter the number of Forms W-2G included in line 1 a. Enter -0 - If not applicable Did the organization comply with backup withholding rules for pointable payments to various and reportable gaming (gambling) winnings to prace wemens? Enter the number of employees reported on from W-3, Transmitted of Waye and Tax Statements file of the Calendar year ending with or within the year covered by this return. That teast one is reported on line 23, did the organization file all required federal amployment tax returns? Note: If the sum of lines 13 and 2 as greates than 250, you may be required to a-file. (see instructions) Old the organization have unrelated business gress income of \$1,000 or more during the rearrant. If Year's, lines it filed a form 990-T for this year? If You', provide an explanation in Schedule 0. At any time during the calendar year, did the organization have an interest in, or a signature or other national accounts. In a foreign country, (such as a bank account, securities account, or other financial accounts and of the financial foreign country. See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? Old any teaching pray notify the organization file if your as a party to a prohibited tax shelter transaction at the organization and party to appropriate or the organization and party to appropriate or the organization in the decipilation? If Yes' To line Se or 5b, did the organization file from 8866-T? Obes the organization related a payment in excess of 57 smed party time as a contribution or gifts were not tax deductable? Organizations should my contribution between the file decipilation? Organizations the organization melate with a sorre of the value of the goods on services provided? If Yes, find the organization related a form 8860-T? Organizations	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. Enter the number of Forms W-2G included in line 1e. Enter-0- if not applicable. Enter the number of Forms W-2G included in line 1e. Enter-0- if not applicable. Do the the organization comply with becomp withholding rules for reportable payments to vendors and reportable againing (ambinity) winnings to privary animars? Interest the number of employees reported on Form W-3. Framework of Wage and 7 to 15	Check if Schedule 0 contains a response to any question in this Part V Tenter the number reported in Bin 3 of Farm 1996. Enter 0- if not applicable at 1311 Enter the number reported in Bin 3 of Farm 1996. Enter 0- if not applicable at 1311 Did the organization camply with backet protein floring reportable payments to venders and reportable growing (participally winnings to private without any floring floring with packet protein floring with 1317 and 1311 Final that number of ampleyate reported on Farm 43.7 Framewhald flogge and Tear for the number of ampleyate reported on Farm 43.7 Framewhald flogge and Tear for the number of ampleting the control of the organization floring florin

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.

Se	ction A. Governing Body and Management			
			Yes	No
	1 1			
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No.
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was			
_	filed?	4		N o
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? \cdot \cdot	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		N o
Se	ction B. Policies (This Section B requests information about policies not required by the Internal	<u> </u>		
	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this 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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		, 03	
	1			
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	
Se	ction C. Disclosure	02	, 03	
17	List the States with which a copy of this Form 990 is required to be filed►			
	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 🕨 ERIC JOLLY

1210 SOUTH OLD DIXIE HIGHWAY

JUPITER, FL 33458 (561) 263-2234

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

Check if Schedule O contains a response to any question in this Part VII

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

- ◆ 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, if any 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, and 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours	Posi	(((che	ck a			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)		Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) TODD BRADFORD PHYSICIAN	40					х		0	387,581	12,487
(2) BETSY HEARTFIELD VP LONG TERM CARE & PAVILION ADMINISTRATOR	10			х				0	158,307	8,865
(3) PEDRO MENDEZ-CORREA PHYSICIST	40					х		177,254	0	12,522
(4) GARY TOBIS MD PHYSICIAN	40					х		0	240,734	14,180
(5) MARK A SIMS MD PHYSICIAN	40					х		0	620,680	7,001
(6) JON GRAHAM PHD VP BUS DEV & PLAN - FORMER	0						Х	218,426	0	6,957
(7) JOHN WOLF VP HUMAN RESOURCES	40			х				193,039	0	18,860
(8) MARY BISHOP VP PATIENT CARE & CNO - FORMER	0						Х	236,269	0	5,417
(9) J MICHAEL FEHR VP CIO	40			х				225,650	0	14,411
(10) STEPHEN J GRIGSBY VP FINANCE & CFO	40			х				264,756	0	7,932
(11) JOHN D COURIS PRESIDENT & CEO	40			х				500,237	0	6,861
(12) PAUL DELL UOMO PRESIDENT & CEO - FORMER	0						х	423,568	0	14,991
(13) JACK WATERMAN DO TRUSTEE	5	х						0	0	0
(14) JOSEPH R TADDEO CHAIRMAN	10	х		х				0	0	0
(15) JAMES MULLEN MD TRUSTEE	5	х						0	0	0
(16) RICHARD J KATZ JR TRUSTEE	5	х						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours		((tion (hat a	che		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(17) KAREN GOLONKA TRUSTEE	5	х						0	0	0
(18) S BARRIE GODOWN CPA VICE CHAIRMAN	10	х		Х				0	0	0
(19) JENNIFER DOSS TRUSTEE	5	х						0	0	0
(20) EDGAR J COVARRUBIAS MD TRUSTEE	5	х						0	0	0
(21) MARK L CORRY MD TREASURER	10	х		х				0	0	0
(22) PAUL CHIAPPARONE TRUSTEE	5	х						0	0	0
(23) ERNEST L CANTELMO SECRETARY	10	х		х				0	0	0
(24) DOUGLAS BROWN TRUSTEE	5	х						0	0	0
(25) R NEILL BORLAND MD TRUSTEE	5	х						0	0	0
(26) TERESA F WENTZ VP CAO AND ADMIN SERV	40			х				204,912	0	4,447
(27) THOMAS A DAVIS DIRECTOR PHARMACY	40					х		164,531	0	10,543
(28) STEVEN SEELEY VP CNO - PARTIAL YEAR	40			х				0	0	0
1b Sub-Total							►			
c Total from continuation sheets	to Part VII, Sect	ion A		•		P -				
d Total (add lines 1b and 1c) .							>	2,608,642	1,407,302	145,474

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►36

			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					
	ındıvıdual	4	Yes			
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for					
	services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο		

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)	(B)	(C)
Name and business address	Description of services	Compensation
GORDON & DONER PA 4114 NORTHLAKE BLVD PALM BEACH GARDENS, FL 33410	LEGAL SERVICES	650,000
JUPITER REAL ESTATE INVESTMENTS LLC 1701 MILITARY TRAIL SUITE 100 JUPITER, FL 33458	RENT	488,584
MCDERMOTT WILL AND EMORY PO BOX 2995 CAROL STREAM, IL 60132	LEGAL SERVICES	265,779
HILL ADAMS HALL & SCHIEFFELIN PA 1030 WEST CANTON AVE SUITE 200 WINTER PARK, FL 32789	LEGAL SERVICES	225,746
BUSH & COMPANY LLC 12936 74TH AVENUE NORTH SEMINOLE, FL 33776	MARKETING SERVICES	197,825
2 Total number of independent contractors (including but not limited to those listed above)	who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►7

Part V		(2010) Statement of Reven					Pag	e 9
raity		Statement of Reven	ue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	
600	1a	Federated campaigns	1a					514
Contributions, gifts, grants and other similar amounts		Membership dues						
s, g		Fundraising events						
<u>#</u>		Related organizations		7,650,411				
ns, simi	e	Government grants (contributions)	1e	35,511				
er F	f	All other contributions, gifts, grants	, and 1f				l İ	
울히	a	similar amounts not included above Noncash contributions included in li						
and	_	Total. Add lines 1a-1f	_		7,685,922			
				Business Code				
enne	2a	DATIENT CERVICE DEVENUE						
Re v∢	Ь	PATIENT SERVICE REVENUE CLINIC SERVICES			177,622,339 418,562	177,622,339 414,140		
Program Serwce Revenue	c				0,002	.,2.0	,	
Serv	d							
E	e							
±Bo₁	f	All other program service re	venue		0	0	0	
	g	Total. Add lines 2a-2f			178,040,901			
	3	Investment income (including			515,206			515,20
	4	and other similar amounts) Income from investment of tax-ex		-	0			313,20
		Royalties			0			
			(ı) Real	(II) Personal				
		Gross Rents Less rental	1,206,886					
	_	expenses						
		Rental income or (loss)	120,149		120 140		1 262	124 54
-	d	Net rental income or (loss)	(i) Securities	(II) O ther	120,149		-1,363	121,51
	7a	Gross amount from sales of assets other	14,342,465	79,316				
	b	than inventory Less cost or	14,797,920	99,536				
		other basis and sales expenses						
		Gain or (loss) Net gain or (loss)	-455,455 ▶ -	-20,220	-475,675			-475,67
une		Gross income from fundraisi (not including \$	ng events		·			,
Other Revenue		of contributions reported on See Part IV, line 18						
<u>*</u>		Less direct expenses .			0			
٠		Net income or (loss) from ful Gross income from gaming a	ctivities See Part IV, line 19	a				
				b				
-	С	Net income or (loss) from ga	ming activities		0			
		Gross sales of Inventory, les returns and allowances .	a					
		Less cost of goods sold . Net income or (loss) from sa			0			
-		Miscellaneous Revenue	nes of inventory is a	Business Code				
-	11a	CAFETERIA REVENUE			392,370			392,37
		PARTNERSHIP SHARE OF			2,158,576	2,158,576		
	_	INCOME - JOSC ELECTRONIC MEDICAL			124,509	124,509		
		RECORDS AND INTEGRAT	ION_					
		All other revenue			351,258	0	0	351,25
	е	Total. Add lines 11a-11d			3,026,713			
	12	Total revenue. See Instructi	ons		188,913,216	180,319,564	3,059	904,67

	990 (2010)				Page 10					
Par	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 no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0								
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0								
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0								
4	Benefits paid to or for members	0								
5	Compensation of current officers, directors, trustees, and key employees	1,449,970	724,985	724,985						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0								
7	Other salaries and wages	59,864,062	48,101,609	11,762,453						
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,553,713	1,268,191	285,522						
9	Other employee benefits	8,016,954	6,543,698	1,473,256						
10	Payroll taxes	4,399,840	3,591,292	808,548						
а	Fees for services (non-employees) Management	0								
ь	Legal	624,324		624,324	_					
С	Accounting	353,716		353,716						
d	Lobbying	93,293		93,293						
e	Professional fundraising services See Part IV, line 17	0								
f	Investment management fees	37,176		37,176						
g	Other	13,126,867	9,857,883	3,268,984						
12	Advertising and promotion	591,052		591,052						
13	Office expenses	0								
14	Information technology	5,214,847	4,256,528	958,319						
15	Royalties	0								
16	Occupancy	5,505,633	4,644,692	860,941	_					
17	Travel	0								
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0								
19	Conferences, conventions, and meetings	0								
20	Interest	2,296,369	1,624,784	671,585						
21	Payments to affiliates	0			·					
22	Depreciation, depletion, and amortization	10,283,091	7,275,748	3,007,343						
23	Insurance	2,431,140	2,147,295	283,845						
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)									
а	MEDICAL AND OTHER SUPPLIES	43,614,342	43,397,364	216,978						
b	MEDICAID STATE TAXES	2,070,006	2,070,006							
C L	PROVISION FOR BAD DEBT	15,267,213	15,267,213							
d										
e •	All other expenses	1 005 700	4 450 751	027.020						
f 25	All other expenses Total functional expenses Add lines 1 through 24f	1,995,790			0					
25	Total functional expenses. Add lines 1 through 24f	178,789,398	151,930,039	26,859,359	0					
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the									
	organization reported in column (B) joint costs from a									
	combined educational campaign and fundraising solicitation	0			000 (2010)					

Pa	rt X	Balance Sheet					
		barance once:			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	i		16,676	1	
	2	Savings and temporary cash investments			15,117,819	2	12,695,530
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			22,966,538	4	23,037,030
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$, and contributing esponsoring organizations of section $501(c)(9)$ voluntary emploorganizations (see instructions)					
\$		Schedule L				6	
ssets	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use			3,508,843	8	3,718,259
	9	Prepaid expenses and deferred charges			2,020,051	9	2,052,905
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	224,899,848			
	ь	Less accumulated depreciation	10b	85,039,544	10 c	87,030,818	
	11	Investments—publicly traded securities	14,215,345	11	16,290,611		
	12	Investments—other securities See Part IV, line 11	0	12	0		
	13	Investments—program-related See Part IV , line 11	1,113,146	13	2,423,341		
	14	Intangible assets			10,887,322	14	10,887,322
	15	Other assets See Part IV, line 11		4,016,212	15	6,731,164	
	16	Total assets. Add lines 1 through 15 (must equal line 34) .	158,901,496	16	164,866,980		
	17	Accounts payable and accrued expenses .			21,609,329	17	20,676,374
	18	Grants payable				18	
	19	Deferred revenue			24,055	19	24,055
	20	Tax-exempt bond liabilities		41,905,221	20	39,126,453	
<u>. 6</u>	21	Escrow or custodial account liability Complete Part IV of Schedu	le D			21	
abilities	22	Payables to current and former officers, directors, trustees, kee employees, highest compensated employees, and disqualified					
Ę		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie	s .		14,660,354	23	9,546,964
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			15,329,794	25	19,167,441
	26	Total liabilities. Add lines 17 through 25			93,528,753	26	88,541,287
~		Organizations that follow SFAS 117, check here ▶ 🔽 and com	plet e l	ines 27			
<u>9</u>		through 29, and lines 33 and 34.					
5	27	Unrestricted net assets			65,372,743	27	76,325,693
Fund Balance	28	Temporarily restricted net assets		28			
Ξ	29	Permanently restricted net assets			29		
or Fu		Organizations that do not follow SFAS 117, check here ► □ a lines 30 through 34.	nd con	nplete			
	30	Capital stock or trust principal, or current funds				30	
Ą	31	Paid-in or capital surplus, or land, building or equipment fund				31	
Assets	32	Retained earnings, endowment, accumulated income, or other f				32	
Net	33	Total net assets or fund balances	-		65,372,743		76,325,693
Ź	34	Total liabilities and net assets/fund balances			158,901,496		164,866,980
	L				1 .55,551,400	J-T	131,000,000

Pai	Check if Schedule O contains a response to any question in this Part XI			. [
1	Total revenue (must equal Part VIII, column (A), line 12)	1		188.9	913,216
2	Total expenses (must equal Part IX, column (A), line 25)	2			789,398
3	Revenue less expenses Subtract line 2 from line 1	3			123,818
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		65,3	372,743
5	Other changes in net assets or fund balances (explain in Schedule O)	5		8	329,132
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		76,3	325,693
Par	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	•
				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
Ь	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	
			20	res	
a	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	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 reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

93493131022872

OMB No 1545-0047

2040

Open to Public

SCHEDULE A Public Charity Status and Public Support

Department of the Treasury
Internal Revenue Service

(Form 990 or 990EZ)

Name of the organization

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.

ns. Inspection
Employer identification number

JUPITER MEDICAL CENTER INC 59-1460239 Reason for Public Charity Status (All organizations must complete this part.) See instructions organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 굣 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 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 Type I ┌ Type II c Type III - Functionally integrated Type III - Other 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (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) (iii) (iv) (v) (vi)

(i) Name of supported organization	(ii) EIN	organization (described on lines 1- 9 above or IRC section (see	col (ı) lıs your gove	Is the organization in col (i) listed in your governing document?		tify the ion in your t?	Is the organization in col (i) organized in the U S ?		(vii) A mount of support	
		instructions))	Yes	No	Yes	No	Yes	No		
Total										

Part II Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	dider rate III. If the	organización i	ans to quanty t	maci die tests	iisted below, pie	case complet	c raic III.
S	ection A. Public Support		_				
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude 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						
	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						
Ü	line 4						
S	ection B. Total Support	1				I	
	endar year (or fiscal year beginning						
Cur	in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
0	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 Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activities	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	nızatıon,
	check this box and stop here	_	r		•	. , . , -	▶ ┌॔
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2010	(lıne 6 column (f) divided by line	11 column (f))		14	
15	Public Support Percentage for 2009	Schedule A Par	rt II line 14			15	
							
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, chec	
	and stop here. The organization qua	•				2.2.4.204	▶ [
b	33 1/3% support test—2009. If the				oa, and line 15 is :	1/3% or mor	. -
17-	box and stop here. The organization				12 16 1C	handler - 4.4	▶
r/a	10%-facts-and-circumstances test-						ın.
	is 10% or more, and if the organization made			•			
	in Part IV how the organization mee	is the facts and	circumstances"	test ine organiz	acion quanifies as	a publicly supp	orted F
L	organization 10%-facts-and-circumstances test-	_2000 Ifthe era	anization did not	chack a hay an lu	no 13 165 166 5	or 17a and line	F1
ט	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat			•		<u>-</u>	clv
	supported organization	aon meets the 16	aces and circuitis	tances test life	. organization qual	iiiies as a publi	LIY ▶
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b. check this	box and see	- 1
	instructions	a.a not eneck		, , 0 0 , 7 0 0	. 2. 2, 511558 61115		▶ □

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15		16	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 33 1/3% support tests—2010. 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

33 1/3% support tests—2009. 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

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

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493131022872

OMB No 1545-0047

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.

Open to Public Inspection

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

- ◆ 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

Se If the	ction 501(c)(3) organizations that	t have filed Form 5768 (election un t have NOT filed Form 5768 (elections," to Form 990, Part IV, Line 5 gations Complete Part III	on under section 501	(h)) Complete Part II-B Do r	not complete Part II-A
Na	me of the organization ITER MEDICAL CENTER INC			Employer ider	itification number
				59-1460239	
Par	t I-A Complete if the or	ganization is exempt und	er section 501(c) or is a section 527	organization.
1	Provide a description of the or	ganızatıon's dırect and ındırect po	litical campaign act	civities in Part IV	
2	Political expenditures			F	\$
3	V olunteer hours				
Par	t I-B Complete if the or	ganization is exempt und	er section 501(c)(3).	
1	Enter the amount of any excise	tax incurred by the organization	under section 4955	5	\$
2	Enter the amount of any excise	tax incurred by organization mai	nagers under sectio	n 4955 🕨	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 4	1720 for this year?		☐ Yes ☐ No
4a	Was a correction made?				┌ Yes ┌ No
ь	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt und	er section 501(c) except section 50:	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for	section 527 exem	pt function activities 🕨	\$
2	Enter the amount of the filing of exempt funtion activities	rganızatıon's funds contributed to	o other organizations	s for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter he	re and on Form 112	.0-POL, line 17b ►	¢
4	Did the filing organization file I	Form 1120-POL for this year?			↑ — Yes No
5	organization made payments f amount of political contribution	nd employer identification number For each organization listed, enter ns received that were promptly an political action committee (PAC)	the amount paid fro d directly delivered	om the filing organization's to a separate political orga	funds Also enter the inization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Sc	hedule C (Form 990 or 990-EZ) 2010						Page 2
P	art II-A Complete if the organization under section 501(h)).	is ex	cempt under	section 501(c)(3) and fi	led Form 5768	
A B	Check If the filing organization belongs to a Check If the filing organization checked bo			" provisions apply	/		
	Limits on Lobbying E (The term "expenditures" means a)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
<u>1</u> a	Total lobbying expenditures to influence public o	pinion	(grass roots lob	oyıng)			
b	Total lobbying expenditures to influence a legisl	atıve b	ody (direct lobby	ıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)					
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1	c and :	Ld)				
f	Lobbying nontaxable amount Enter the amount columns	from th	e following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The	lobbying nontaxa	ble 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 \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175	,000 plus 10% of the	excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225	,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,00	00,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1 f)					
_	Subtract line 1g from line 1a If zero or less, ent	-					
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -					
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h d	or line 11, did the	organization file F	orm 4720 rep	orting	┌ Yes ┌ No
	4-Year Av (Some organizations that made a columns below. See t	secti	on 501(h) ele		havè to co		ne five
	Lobbying Exp	endit	ures During 4	l-Year Averag	jing Period		
	Calendar year (or fiscal year						

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total			
2a	Lobbying non-taxable amount								
b	Lobbying ceiling amount (150% of line 2a, column(e))								
С	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	a)	(b)	
		Yes	No	A mount	
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				
а	Volunteers?		No		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo		
С	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
е	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
i	Other activities? If "Yes," describe in Part IV	Yes		93,293	
j	Total lines 1c through 1i			93,293	
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				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		ľ		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
D	till A. Complete if the exception is exempt under section E01(c)(4), section	- FΔ1/-	\ <u> </u>		

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".

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).		
а	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

Dues, assessments and similar amounts from members

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

Ident if ier	Return Reference	Explanation
Description of other lobbying activities		THE ORGANIZATION PAYS DUES TO PROFESSIONAL ORGANIZATIONS AND MEMBERSHIP ASSOCIATIONS, SUCH AS THE AMERICAN HOSPITAL ASSOCIATION A PORTION OF DUES ARE IDENTIFIED BY THESE ORGANIZATIONS AS HAVING BEEN SPENT ON LOBBYING ACTIVITIES ADDITIONALLY, THE ORGANIZATION HIRED AN OUTSIDE CONSULTANT TO PERFORM THE FOLLOWING LOBBYING ACTIVITIES TO TAKE A PROACTIVE APPROACH IN THE TRACKING AND MONITORING OF ALL PERTINENT LEGISLATION AND WORK TO PLAN STRATEGIES WHICH WOULD BENEFIT JUPITER MEDICAL CENTER

1

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As Filed Data -

DLN: 93493131022872

OMB No 1545-0047

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Employer identification number Name of the organization JUPITER MEDICAL CENTER INC 59-1460239 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 Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? 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 Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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 Preservation of a certified historic structure Protection of natural habitat Preservation of open space 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌 Number of states where property subject to conservation easement is located **\(\mathbb{F}_{\top}\)** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ ____ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? 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. 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 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

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

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

following amounts required to be reported under SFAS 116 relating to these items

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

Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Cat No 52283D Schedule D (Form 990) 2010

Pari	444 Organizations Maintaining Co	llections of Art	, His	torical Tr	eası	ures, or Ot	:hei	r Similar Ass	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	e following t	hat a	re a sıgnıfıcaı	nt us	se of its collecti	on	
а	Public exhibition		d	┌ Loan o	rexc	hange progra	ms			
ь	Scholarly research		e	┌ Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın hov	v they furthe	r the	organization':	s ex	empt purpose ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			•					Yes	┌ No
Par	t IV Escrow and Custodial Arrang					n answered	l "Y€	es" to Form 99	90,	
	Part IV, line 9, or reported an an		-							
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?		-		ions	or other asse	ets n	not F	Yes	Г No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ing table						
_							_	A mo	ount	
C	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year									
f	Ending balance						1f			
2a	Did the organization include an amount on Fo		e 21?						Yes	No
	If "Yes," explain the arrangement in Part XIV			1 1137		F 000	D	1.71/ 1 40		
Рα	rt V Endowment Funds. Complete	(a)Current Year		<u>wered "Yes</u>)Prior Year		FORM 990, Two Years Back		T IV, IINE 1U. Three Years Back	(e) Four Y	ears Back
1a	Beginning of year balance	17,532,381		11,034,876		12,111,24	_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(-)	
b	Contributions	993,800		5,243,570		63,49	0			
c	Investment earnings or losses	-244,774		1,253,935	;	-540,01	2			
d	Grants or scholarships			0			0			
e	Other expenditures for facilities and programs	4,124		0	1	599,84	4			
f	Administrative expenses			0			0			
g	End of year balance	18,277,283		17,532,381		11,034,87	6			
2	Provide the estimated percentage of the yea	r end balance held a	s							
а	Board designated or quasi-endowment 🕨	82 810 %								
ь	Permanent endowment 🕨 15 610 %									
c	Term endowment ► 1 580 %									
3a	Are there endowment funds not in the posses	ssion of the organiz	ation 1	that are held	and	admınıstered	for	the		
	organization by								Yes	No
	(i) unrelated organizations				•		•	3a(i)		No
h	(ii) related organizations				•			3a(ii	Yes	<u> </u>
4	Describe in Part XIV the intended uses of th	•			•		•	35	1163	
Par	t VI Investments—Land, Buildings				90, P	art X, line 1	LO.			
	Description of investment			(a) Cost or o	ther	(b) Cost or oth basis (other)	ner	(c) Accumulated depreciation	(d) Bo	ok value
1a	Land					5,595,	546			5,595,546
	Buildings					79,075,9		32,122,971		6,952,964
	Leasehold improvements					3,138,		2,177,920		960,900
d	Equipment					95,871,	358	76,252,051	1	9,619,307
	Other					41,218,	189	27,316,088	1	3,902,101

87,030,818

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		
her		
tal. (Column (b) should equal Form 990, Part X, col (B) line 12)		
rt VIII Investments—Program Related. See	Form 990, Part X, line 13	. (c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
		·
otal. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin	e 15.	
(a) Descrip	tion	(b) Book value
		-
otal. (Column (b) should equal Form 990, Part X, col.(B) line 1		
Part X Other Liabilities. See Form 990, Part X		
(a) Description of Liability	(b) A mount	
deral Income Taxes	0	
APITAL LEASES	4,974,425	
ELF INSURANCE LIABILITIES	6,747,855	
DIGENT CARE TAX	2,979,541	
JE TO JMC PAVILION, INC	4,465,620	
otal. (Column (b) should equal Form 990, Part X, col (B) line 25)	19,167,441	
	- /= - · / · · =	

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	0
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	0
9	Total adjustments (net) Add lines 4 - 8	9	0
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	0
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	0
Par	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	<u> </u>	
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d 0		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:	<u> </u>	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b 0	1	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	0
	t XIV Supplemental Information		

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

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.

Ident if ier	Return Reference	Explanation
Intended uses of endowment funds	Schedule D, Part V, Line 4	ENDOWMENT FUNDS ARE HELD BY JUPITER MEDICAL CENTER FOUNDATION, INC (A RELATED ORGANIZATION) THE FUNDS ARE HELD TO SUPPORT HEALTHCARE SERVICES FOR THOSE IN GREATEST NEED AND FOR FUTURE PHYSICAL PLANT AND EQUIPMENT EXPENDITURES TO EXPAND SERVICES OFFERED THE FUNDS ARE INTENDED TO SUPPORT THE PROGRAMS AND MISSION OF JUPITER MEDICAL CENTER, INC AND JUPITER MEDICAL CENTER PAVILION, INC
FIN 48 (ASC 740) footnote	Schedule D, Part X, Line 2	JUPITER MEDICAL CENTER INC IS INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS BELOW IS THE TEXT OF THE FIN 48 FOOTNOTE FROM THOSE FINANCIAL STATEMENTS THE INTERNAL REVENUE SERVICE HAS DETERMINED ON AUGUST 2, 1973, THAT THE HOSPITAL, THE PAVILION, THE FOUNDATION AND THE PHYSICIANS GROUP ARE EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) ACCORDINGLY, NO INCOME TAXES HAVE BEEN PROVIDED FOR THESE ENTITIES ASC TOPIC 740, INCOME TAXES, PRESCRIBES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAX POSITIONS RECOGNIZED IN THE FINANCIAL STATEMENTS ASC 740 PROVIDES GUIDANCE FOR RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTES FOR THE FINANCIAL RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THERE WERE NO UNCERTAIN TAX POSITIONS RECORDED IN THE CONOLIDATED FINANCIAL STATEMENTS AT SEPTEMBER 30, 2011 OR 2010

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization JUPITER MEDICAL CENTER INC

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

Hospitals

Employer identification number

					59-	1460239			
Pā	rt I Financial Assista	nce and C	ertain Oth	er Community Be	nefits at Cost				
							Yes	No	
1a	Did the organization have a fi	nnancial assis	stance policy	during the tax year? I	f "No," skip to questio	n 6a . 1 a	Yes		
Ь	b If "Yes," is it a written policy?								
2	If the organization has multiple hospitals, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year								
	Applied uniformly to all ho	•	ls	Applied uniformly	to most hospitals				
3	Answer the following based o organization's patients during	n the the finar		nce eligibility criteria th	nat applied to the large	st number of the			
а	Does the organization use Fe	deral Poverty				ity for from care			
		_			or	36	Yes	-	
	T 100% T 150%			O ther					
Ь	Does the organization use FP "Yes," indicate which of the fo								
	□ 200% □ 250%	_	0% 	350%	_	<u> </u>	Yes	-	
					_				
С	If the organization does not u determining eligibility for free test or other threshold, regar	or discounted	d care Inclu	de in the description wh	nether the organization				
4	Did the organization's financi		•		·	uring the tax year 4	Yes		
5a	provide for free or discounted Did the organization budget amount			-		year? 5	Yes		
ь	If "Yes," did the organization	's financial as	sistance exp	enses exceed the budg	geted amount?				
c	If "Yes" to line 5b, as a resul care to a patient who was elig	_		-	•	or discounted	:	No	
6a	Does the organization prepar			ort during the tax		6	Yes		
6b	If "Yes," did the organization			ublic?		61	Yes		
	Complete the following table worksheets with the Schedule	-	ksheets prov	ided in the Schedule H	instructions Do not si	ubmit these			
7	Financial Assistance and C	ertain O ther	Community E	Benefits at Cost		•	•		
	Financial Assistance 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 benef expense	it (f) Per total e		
а	Financial Assistance at cost (from Worksheets 1 and 2)			4,161,166	7,928	4,153,23	8 2	540 %	
b	Unreimbursed Medicaid (from Worksheet 3, column a)			8,273,914	3,671,612	4,602,30		810 %	
с	Unreimbursed costs—other means-tested government			3,2,3,311	3,3,1,312	1,002,00	1		
	programs (from Worksheet 3, column b)			1,658,330	597,353	1,060,97	7 0	650 %	
d	Total Financial Assistance and Means-Tested Government Programs	0	0	14,093,410	4,276,893	9,816,51	7 6	000 %	
e	Other Benefits Community health improvement services and community benefit operations (from (Worksheet 4)			91,878	0	91,87	8 0	060 %	
f	Health professions education (from Worksheet 5)			0	0	- 2,00	0	0 %	
g	Subsidized health services (from Worksheet 6)			0	0		0	0 %	
h	Research (from Worksheet 7)			177,604	0	177,60	-	110 %	
i	Cash and in-kind contributions to community groups (from Worksheet 8)			27,080	0	27,08	0 0	020 %	
-	Total Other Benefits	0	0	296,562	0	296,56		190 %	
k	Total. Add lines 7d and 7j	0	0	14,389,972	4,276,893	10,113,07	9 6	190 %	

Pa	rt II Community Buildir activities during the of the communities i	tax year, an								ldıng	ealth
		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	1 ' '	rect offse revenue	ttıng	(e) Net communit building expense		(f) Perc total ex	
1	Physical improvements and housing	(1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1							0		0 %
2	Economic development								0		0 %
3	Community support								0		0 %
4											
5	Environmental improvements Leadership development and training								0		0 %
	for community members								0		0 %
7	Coalition building Community health improvement								0		0 %
	advocacy								0		0 %
8 9	Workforce development Other								0		0 %
10	Total	0					0		0		0 %
Pai	t IIII Bad Debt, Medicar		_		o _l		<u> </u>		<u> </u>		0 %
		•									
Sect 1	ion A. Bad Debt Expense Did the organization report bad Statement No 15?	d debt expense	e in accordance	with Heathcare Fin	ancıal M	anagem	ent As	sociation	1	Yes	No
2	Enter the amount of the organi	zatıon's bad d	ebt expense (a	t cost)	· · ·	 2		2,986,225		† -	
3	Enter the estimated amount of	the organizati	on's bad debt e	expense (at cost)				1 104 400			
	attributable to patients eligible	e under the org	janization's fina	ancial assistance po	olicy .	3		1,194,490			
4	Provide in Part VI the text of t In addition, describe the costi rationale for including a portion	ng methodolog	y used in deter	mining the amounts							
	ion B. Medicare			1 - 1 - 1							
5	Enter total revenue received fr			•		5		61,955,627			
6 7	Enter Medicare allowable cost Subtract line 6 from line 5 Thi		•			7		69,155,122			
8	Describe in Part VI the extent Also describe in Part VI the co Check the box that describes	to which any so	shortfall reporte ology or source	ed in line 7 should b	e treated	d as con		y benefit			
	Cost accounting system	c∘	st to charge ra	tio Γ	Other						
Sect	ion C. Collection Practices										
9a	Does the organization have a v	written debt co	llection policy?						9a	Yes	
b	If "Yes," does the organizatior patients who are known to qua								9b	Yes	
Pa	rt IV Management Com				.iibe iii i	ait v I				1	l
	(a) Name of entity	(b) Description of pr activity of entity		(c) Organı profit % o ownersh	r stock	er	Officers, directors, trustees, or key nployees' profit % stock ownership%	pro	Physic fit % or wnershi	stock
1 JU	PITER OUTPATIENT SURGERY CENTER	OUTPATIENT SU	RGERY CENTER			61 %		0 %			39 %
2											
3									†		
4									+		
									+		
5											
6											
7											
8											
9									+		
10									+		
									_		
11											
12											
		+					+		+		

Section A. Hospital Facilities (list in order of size, measured by total revenue per facility, from largest to smallest) Critical access hospital Children's hospital Children's hospital How many hospital facilities did the organization operate during the tax year? 1	
How many hospital facilities did the organization operate during 발 음 호 호 호 호 호 호 호 크 *	
the tax year?1 ਨਿ spital ਨਿ spital	
Name and address Other (Describe)
1 JUPITER MEDICAL CENTER 1210 SOUTH OLD DIXIE HIGHWAY JUPITER, FL 33458	

Part V Facility Information (continued) Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility:	,
ine Number of Hospital Facility (from Schedule H, Part V, Section A):	

			res	NO
Coi	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a Γ A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community			
	d How data was obtained			
	e The health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and			
	minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health			
	needs			
	h The process for consulting with persons representing the community's interests			
	Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j Cother (describe in Part VI)			
	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the			
	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		<u> </u>
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b A vailable upon request from the hospital facility			
	c T Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the CHNA			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Fin	ancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that	'		
8	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		<u> </u>
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		<u> </u>
	If "Yes." indicate the FPG family income limit for eligibility for free care %			

If 11 Ex	sed FPG to determine eligibility for providing discounted care to low income individuals?	10	Yes	No
If 11 Ex	f "Yes," indicate the FPG family income limit for eligibility for discounted care% xplained the basis for calculating amounts charged to patients?			
11 E	xplained the basis for calculating amounts charged to patients?	11		
		11		
If a b c	f "Yes," indicate the factors used in determining such amounts (check all that apply)			
a b c				
b c	Income level			
c	Asset level			
	Medical indigency			
d	Insurance status			
е	Uninsured discount			
f	Medicaid/Medicare			
g	State regulation			
h	Other (describe in Part VI)			
12 E	xplained the method for applying for financial assistance?	12		
	ncluded measures to publicize the policy within the community served by the hospital facility?	13		
	f "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
а	The policy was posted at all times on the hospital facility's web site			
b	The policy was attached to all billing invoices			
с	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d				
е	The policy was provided, in writing, to patients upon admission to the hospital facility			
f	The policy was available upon request			
g				
Billing	g and Collections	l I		
	id the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial			
	ssistance policy that explained actions the hospital facility may take upon non-payment?	14		
	heck all of the following collection actions against a patient that were permitted under the hospital facility's policies at			
ar a	ny time during the tax year Reporting to credit agency			
a h	Lawsuits			
	Liens on residences			
٦	Body attachments or arrests			
u	Other (describe in Part VI)			
	I Other (describe in Part VI) Indicate the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the			
	ax year?	16		
	f "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)			
а	Reporting to credit agency			
b	Lawsuits			
С	Liens on residences			
d	Body attachments			
е	Other (describe in Part VI)			
17 In	ndicate which actions the hospital facility took before initiating any of the collection actions checked in question 16			
•	check all that apply)			
а	·			
ь	Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
c	h.lla		- 1	
	bills Documented its determination of whether a nations who applied for financial assistance under the financial			
c d				

Part V Facility Information (continued)

Dalieu	Doloting	+ a E	mergency	Madical	Cara

			Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	18		
	The hospital facility did not provide care for any emergency medical conditions			
	b The hospital facility did not have a policy relating to emergency medical care			
	The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
	d Other (describe in Part VI)			
Cha	arges for Medical Care			
19	Indicate how the hospital facility determined the amounts generally billed to individuals who had insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital			
	facility			
	b The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
	c The hospital facility used the Medicare rate for those services			
	d Other (describe in Part VI)			
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	20		
	If "Yes," explain in Part VI			
21	Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient?	21		
	If "Yes," explain in Part VI			

	Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, measured by total revenue per facility, from largest to smallest)			
Hov	w many non-hospital facilities did the organization ope	erate during the tax year?		
Nar	me and address	Type of Facility (Describe)		
1	JUPITER OUTPATIENT SURGERY CENTER 2055 MILITARY TRAIL SUITE 100 JUPITER,FL 33458	AMBULATORY SURGICAL CENTER		
2	JUPITER OUTPATIENT SURGERY CENTER 2055 MILITARY TRAIL SUITE 100 JUPITER,FL 33458	AMBULATORY SURGICAL CENTER		
3	JUPITER OUTPATIENT SURGERY CENTER 2055 MILITARY TRAIL SUITE 100 JUPITER, FL 33458	AMBULATORY SURGICAL CENTER		
4				
5				
6				
7				
8				
9				
10				
		Schedule H (Form 990) 2010		

Part V Facility Information (continued)

Schedule H (Form 990) 2010 Page **8**

Part VI Supplemental Information

Complete this part to provide the following information

Required descriptions. Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B
- 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 financial assistance policy
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- Promotion of community health. Provide any other information important to describing how the organization's hospital facilities 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.)
- Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
Bad Debt Expense excluded from financial assistance calculation	Schedule H, Part I, Line 7, column(f)	15,267,213

Identifier	ReturnReference	Explanation
Costing Methodology used to calculate financial assistance	Schedule H, Part I, Line /	THE HOSPITAL UTILIZED THE COST TO CHARGE RATIO FROM ITS MEDICARE COST REPORT IN TABULATING ALL FIGURES IN PART I. LINE 7

Identifier	ReturnReference	Explanation
Bad debt expense - financial statement footnote		JUPITER MEDICAL CENTER, INC IS INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS BELOW IS THE TEXT OF FOOTNOTES REGARDING BAD DEBT EXPENSE THE CENTER'S ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR SELF-PAY PATIENTS REMAINED CONSISTENT WITH PRIOR YEAR EXPERIENCE AT APPROXIMATELY 100% OF SELF-PAY ACCOUNTS RECEIVABLE THE CENTER'S SELF- PAY WRITE-OFFS INCREASED APPROXIMATELY \$1,330,000 FROM \$14,422,000 FOR FISCAL YEAR 2010 TO \$15,752,000 FOR FISCAL YEAR 2011 THE CENTER'S SELF- PAY PATIENTS HAVE EXPERIENCED SIMILAR ECONOMIC DIFFICULTIES IN BOTH FISCAL YEARS, WITH AN INCREASE IN WRITE-OFFS DUE TO A CHARGE INCREASE THAT WENT INTO EFFECT ON JANUARY 1, 2011 THE CENTER HAS NOT CHANGED ITS CHARITY CARE OR UNINSURED DISCOUNT POLICIES SINCE OCTOBER 1, 2009 THE CENTER DOES NOT MAINTAIN A MATERIAL ALLOWANCE FOR DOUBTFUL ACCOUNTS FROM THIRD- PARY PAYORS, NOR DID IT HAVE SIGNIFICANT WRITE- OFFS FROM THIRD-PARTY PAYORS FOR UNINSURED PATIENTS WHO DO NOT QUALIFY FOR CHARITY CARE, THE CENTER RECOGNIZES REVENUE ON THE BASIS OF ITS STANDARD RATES FOR SERVICES PROVIDED (OR ON THE BASIS OF DISCOUNTED RATES, IF NEGOTIATED OR PROVIDED BY POLICY) ON THE BASIS OF HISTORICAL EXPERIENCE, A SIGNIFICANT PORTION OF THE CENTER'S UNINSURED PATIENTS WILL BE UNABLE OR UNWILLING TO PAY FOR THE SERVICES PROVIDED COSTING METHODOLOGY THE CENTER UTILIZES THE MEDICARE COST REPORT'S COST TO CHARGE RATIO IN ESTIMATING COST OF SERVICES WRITTEN OFF AS BAD DEBT

Identifier	ReturnReference	Explanation
Community benefit & methodology for determining medicare costs	Schedule H, Part III, Line 8	JUPITER MEDICAL CENTER, INC PROVIDES SERVICES UNDER GOVERNMENTAL PROGRAMS AS A COMMUNITY BENEFIT AND AS PART OF ITS MISSION, IN MANY CASES, THIS RESULTS IN ACCEPTING PAYMENT FOR THOSE SERVICES AT LESS THAN COST JUPITER MEDICAL CENTER, INC UTILIZES THE MEDICARE COST REPORT'S COST TO CHARGE RATIO TO DETERMINE THE COST OF CARE

Identifier	ReturnReference	Explanation
Collection practices for patients eligible for financial assistance	Schedule H, Part III, Line 9b	JUPITER MEDICAL CENTER HAS A COLLECTIONS POLICY WHICH IS FOLLO WED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR CHARITY CARE, WHICH INCLUDES REVIEW OF TRADITIONAL CHARITY CARE INFORMATION, INCLUDING SUBMITTED TAX RETURNS, SOURCES OF INCOME, AVAILABLE CREDIT AND OTHER DEMOGRAPHIC INFORMATION IN ADDITION TO OUR TRADITIONAL CHARITY CARE METHODOLOGY, JMC HAS INSTITUTED A CHARITY CARE POLICY WHICH ALLOWS FOR WRITE OFF OF ACCOUNT BALANCES WITHOUT A PATIENT APPLICATION FOR CARE BASED UPON REVIEW OF AVAILABLE CONSUMER CREDIT SCORES AND CERTAIN DEMOGRAPHIC INFORMATION GATHERED AT THE TIME OF REGISTRATION ALL COLLECTION ACTIVITY CEASES ON CHARITY CARE PATIENT ENCOUNTERS

		4
Identifier	ReturnReference	Explanation
Gross Charges for Medical Care	21	(1) JUPITER MEDICAL CENTER - THE HOSPITAL UTILIZES GROSS CHARGES IN BILLING PATIENTS WITHOUT INSURANCE FOR ELECTIVE (NON-EMERGENCY OR OTHER MEDICALLY NECESSARY SERVICES) CARE,

Identifier	ReturnReference	Explanation
eds assessment	Schedule H, Part VI, Line 2	JUPITER MEDICAL CENTER ENGAGED THE FLORIDA PUBLIC HEALTH INSTITUTE TO PERFORM A NEEDS ASSESSMENT ON ITS PRIMARY SERVICE AREA THE NEEDS ASSESSMENT DEMONSTRATED THE NEED FOR ADDITIONAL PRIMARY CARE RESOURCES FOR THE MOST NEEDY IN THE JUPITER, FLORIDA AREA DURING FY 2011, JUPITER MEDICAL CENTER BEGAN A PARTNERSHIP WITH
		THE PALM BEACH COUNTY HEALTH DEPARTMENT TO OPERATE A VOLUNTEER CLINIC IN ORDER EXPAND CARE FOR UNINSURED AND UNDERINSURED IN OUR COMMUNITY JUPITER MEDICAL CENTER HAS CONTRACTED WITH THE CLINIC TO PROVIDE FREE DIAGNOSTIC LAB AND RADIOLOGY SERVICES

Identifier	ReturnReference	Explanation					
Patient education of eligibility for assistance	Schedule H, Part VI, Line 3	WHEN JUPITER MEDICAL CENTER REGISTERS A PATIENT, INSURANCE/GUARANTOR INFORMATION IS SOUGHT IF A PATIENT DOES NOT HAVE INSURANCE, JMC EMPLOYS FINANCIAL COUNSELORS WHO ARE TRAINED IN HELPING PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE FEDERAL, HILL-BURTON PROGRAM, STATE OF FLORIDA MEDICAID ASSISTANCE, LOCAL PALM BEACH COUNTY HEALTH DISTRICT CARE ALONG WITH ADVISING ON CHARITY CARE UNDER JMC'S FINANCIAL ASSISTANCE POLICIES, AMONG OTHERS FINANCIAL COUNSELORS ADVISE THE PATIENT ON COMPLETION OF PAPERWORK NECESSARY TO RECEIVE ASSISTANCE IN ADDITION, JMC HAS PARTNERED WITH A FINANCING INSTITUTION TO PROVIDE PATIENTS OF ADDITIONAL MEANS THE ABILITY TO FINANCE PATIENT CARE AT A 0% INTEREST RATE PROVIDED THAT PAYMENTS ARE MADE OVER A 12 MONTH PERIOD					

Identifier	Explanation						
romotion of community health	Schedule H, Part VI, Line 5	ALL MEMBERS OF JMC'S GOVERNING BODY IS COMPRISED OF PERSONS AND PHYSICIANS WHO RESIDE IN THE ORGANIZATION'S PRIMARY SERVICE AREA WHO ARE NEITHER EMPLOYEES NOR CONTRACTORS, NOR FAMILY MEMBERS THEREOF JMC EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY FOR SOME OR ALL OF ITS SERVICE LINES TO THE EXTENT THAT JMC HAS SURPLUS FUNDS, JMC CONSTANTLY LOOKS AT COMMUNITY NEEDS IN ORDER TO DETERMINE WHAT SERVICE LINE SHOULD BE EXPANDED AND EQUIPMENT REINVESTMENTS SHOULD BE MADE TO BETTER SERVE OUR PRIMARY SERVICE AREA DURING THE PAST YEAR, THE ORGANIZATION HAS ADDED ADDITIONAL WOUND CARE AND HYPERBARIC SERVICES, INVESTED IN TECHNOLOGY TO PROVIDE MORE LOCALIZED RADIATION DOSES TO CANCER PATIENTS AND EXPANDED INTO THE DIAGNOSTIC CARDIAC CATH SERVICE LINE THE ORGANIZATION OFFERS MEDICAL EDUCATION TO THE COMMUNITY AND					

Identifier	ReturnReference	Explanation
Affiliated health care system	Schedule H, Part VI, Line 6	JUPITER MEDICAL CENTER, INC IS AN AFFILIATE OF JUPITER MEDICAL CENTER PAVILION, INC AND JUPITER MEDICAL CENTER PHYSICIANS GROUP, INC TOGETHER WITH JUPITER MEDICAL CENTER FOUNDATION, INC, THE ORGANIZATION IS FOCUSED ON PROVIDING HIGH QUALITY, COMMUNITY CENTERED HEALTHCARE IN A COST-EFFECTIVE AND COMPASSIONATE MANNER AS A NON-PROFIT ORGANIZATION, WE RECOGNIZE RESPONSIBILITY FOR THE HEALTH OF OUR COMMUNITY TOGETHER, THESE ORGANIZATIONS PROVIDE A CONTINUUM OF CARE TO THE COMMUNITY FROM PRIMARY CARE OF PATIENTS THROUGH TO HOSPITAL AND ANCILLARY CARE SERVICES, LONG-TERM, RESIDENTIAL AND REHABILITATION CARE WE CONSTANTLY REVIEW THE HEALTHCARE NEEDS OF OUR COMMUNITY AND HAVE PERFORMED A COMMUNITY NEEDS ASSESSMENT, WHICH INCLUDES REVIEW OF OUR AREA AS A MEDICALLY UNDERSERVED DISTRICT

Schedule H (Form 990) 2010

DLN: 93493131022872

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Internal Revenue Service

Department of the Treasury

Name of the organization

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.

Open to Public Inspection

JOF	THE MEDICAL CENTER INC		59-1460239			
Pa	rt I Questions Regarding Compensation		<u> </u>			
					Yes	Νo
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III		· · · · · · · · · · · · · · · · · · ·			
	First-class or charter travel	굣	Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments	<u> </u>				
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the orgonic reimbursement orprovision of all the expenses descr			1b	Yes	
2	Did the organization require substantiation prior to reofficers, directors, trustees, and the CEO/Executive			2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the		у			
	 ✓ Compensation committee ✓ Independent compensation consultant 	▽	Written employment contract Compensation survey or study			
	Form 990 of other organizations	<u>ا</u>	Approval by the board or compensation committee			
	Tomi 550 of other organizations	,	Approval by the board of compensation committee			
4	During the year, did any person listed in Form 990, Por a related organization	art V I	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control p	aymer	nt from the organization or a related organization?	4a	Yes	
ь	Participate in, or receive payment from, a supplemen	tal nor	nqualified retirement plan?	4b		Νο
С	Participate in, or receive payment from, an equity-ba	sed co	ompensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	vide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mus	st com	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, I compensation contingent on the revenues of	ıne 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, I compensation contingent on the net earnings of	ıne 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," do			7		Νo
8	Were any amounts reported in Form 990, Part VII, pasubject to the initial contract exception described in in Part III			8		No
9	If "Yes" to line 8 did the organization also follow the	rehutt	able presumption procedure described in Regulations			

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & (iii) Other reportable compensation compensation		other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) TO DD BRADFORD	(ı) (ıı)	0 342,581	0 45,000	0	0	0 12,487	0 400,068	0
(2) BETSY HEARTFIELD	(1) (11)	0 137,546	0 20,761	0	0 6,792	0 2,073	0 167,172	0
(3) PEDRO MENDEZ- CORREA	(1) (11)	177,254 0	0	0 0	4,055 0	8,467 0	189,776 0	0
(4) GARY TOBIS MD	(I)	0 240,734	0	0 0	0 7,001	0 7,179	0 254,914	0
(5) MARK A SIMS MD	(ı) (ıı)	0 620,680	0	0	0 844	0 6,157	0 627,681	0
(6) JON GRAHAM PHD	(1) (11)	196,436 0	21,990 0	0	521 0	6,436	225,383	0
(7) JOHN WOLF	(1) (11)	163,919 0	29,120 0	0	8,695 0	10,165	211,899	0
(8) MARY BISHOP	(1) (11)	205,755 0	30,514 0	0	3,604 0	1,813	241,686	0
(9) J MICHAEL FEHR	(ı) (ıı)	188,863 0	36,787 0	0	4,525 0	9,886	240,061	0
(10) STEPHEN J GRIGSBY	(1) (11)	221,506 0	43,250 0	0	0	7,932	272,688 0	0
(11) JOHN D COURIS	(1) (11)	236,589 0	34,995 0	228,653 0	2,884 0	3,977 0	507,098 0	0
(12) PAUL DELL UOMO	(1) (11)	423,568 0	0	0	0	14,991 0	438,559	0
(13) TERESA F WENTZ	(ı) (ıı)	174,205 0	30,707 0	0	2,636 0	1,811	209,359	0
(14) THOMAS A DAVIS	(I) (II)	150,317 0	14,214 0	0	3,364 0	7,179 0	175,074 0	0
(15)								
(16)								

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
,	· '	THE ORGANIZATION'S NEW PRESIDENT/CEO RECEIVED THE BENEFIT OF A HOUSING ALLOWANCE FOR HIS FIRST 12 MONTHS THE HOUSING ALLOWANCE IS PAID BY THE ORGANIZATION AND IS TREATED AS TAXABLE COMPENSATION TO HIM
		THE PRESIDENT/CEO RECEIVES THE BENEFIT OF A GOLF CLUB MEMBERSHIP WHICH IS PAID BY THE ORGANIZATION THE MEMBERSHIP IS USED FOR BUSINESS PURPOSES, THEREFORE IT IS NOT TREATED AS TAXABLE COMPENSATION TO THE INDIVIDUAL
	Part I, Line 4a	PAUL DELL UOMO, THE PRESIDENT AND CEO, RECEIVED A SEPARATION PAYMENT EQUAL TO TWELVE MONTHS SALARY FROM JUPITER MEDICAL CENTER, INC MARY BISHOP, THE FORMER VP OF NURSING/CNO , RECEIVED A SEPARATION PAYMENT EQUAL TO NINE MONTHS SALARY FROM JUPITER MEDICAL CENTER, INC JON GRAHAM, THE FORMER VP OF PLANNING/BUSINESS DEVELOPMENTADMINISTRATOR OF THE PHYSICIANS GROUP, RECEIVED A SEPARATION PAYMENT EQUAL TO NINE MONTHS SALARY FROM JUPITER MEDICAL CENTER, INC

Schedule J (Form 990) 2010

DLN: 93493131022872

2010

OMB No 1545-0047

Schedule K (Form 990)

Department of the Treasury

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.

Open to Public **Inspection**

Internal Revenue Service Name of the organization JUPITER MEDICAL CENTER INC

59-1460239

Employer identification number

	59-1460239													
Pa	rt I Bond Issues													
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Pri	ce (f)	Description	of Purpose	(g) De	feased	Beh	On alf of suer		Pool ncing
									Yes	No	Yes	No '	Yes	No
A	PALM BEACH COUNTY HEALTH FACILITIES AUTHORITY	52-1297505		08-07-2009	13,000,	000 VARI	REFINANCE DEBT AND VARIOUS CAPITAL IMPROVEMENTS			х		х		X
Da	rt II Proceeds													
Fa	Proceeds				A			В	Π	С			D	
1	A mount of bonds retired				2,112,425	+	-							
2	A mount of bonds legally defe	ased				0								
3	Total proceeds of issue				1	3,087,369	1							
4	Gross proceeds in reserve funds					0								
5	Capitalized interest from proceeds					0								
6	Proceeds in refunding escrow	,				0								
7	Issuance costs from proceed	S				0								
8	Credit enhancement from pro	ceeds				0								
9	Working capital expenditures	from proceeds				0								
10	Capital expenditures from pro	oceeds			1	13,000,000								
11	Other spent proceeds					0								
12	Other unspent proceeds					0								
13	Year of substantial completion		20:	2010										
					Yes	No	Yes	No	Yes		No	Yes		No
14	4 Were the bonds issued as part of a current refunding issue?			X										
15	Were the bonds issued as part of an advance refunding issue?			Χ										
16	Has the final allocation of proceeds been made?		Х											
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?			x										
Pai	t IIII Private Business l	Jse					1		1					
					A			B	ļ	<u> </u>			D	
					Yes	No	Yes	No	Yes		No	Yes		No

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

Χ

Part III Private Business Use (Continued)

	111 Trivate basiness ese (continued)		A	В		С			D
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		х						
b	Are there any research agreements that may result in private business use of bond-financed property?		х						
С	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		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 %						
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х							
Da	at IV Arbitrago								

Part IV	Arb	itra	ge
---------	-----	------	----

		А		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		x						
2	Is the bond issue a variable rate issue?		X						
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		х						
ь	Name of provider								
С	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		Х						
ь	Name of provider								
С	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?		х						
6	Did the bond issue qualify for an exception to rebate?	x							

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Ident if ier	Return Reference	Explanat ion

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493131022872

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
JUPITER MEDICAL CENTER INC

59-1460239

Employer identification number

59-1460239

ldentifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENT	FORM 990, PART III, LINE 4A	(CONTINUED FROM PART III) IN ADDITION, JMC CONTINUALLY IMPLEMENTS NEW TECHNOLOGY AND SERVICES TO MEET THE COMMUNITY'S NEEDS THE MEDICAL CENTER CONSISTS OF 163 PRIVATE ACUTE CARE HOSPITAL BEDS AND 120 LONG-TERM CARE BEDS, PROVIDES A BROAD RANGE OF SERVICES WITH SPECIALTY CONCENTRATIONS IN CANCER CARE, ORTHOPEDICS/SPINE, EMERGENCY SERVICES, CARDIAC SERVICES, WOMEN'S AND CHILDREN'S SERVICES, MINIMALLY-INVASIVE SURGICAL PROCEDURES, INCLUDING A ROBOTIC SURGERY PROGRAM, ADVANCED DIAGNOSTICS, AND REHABILITATION JUPITER MEDICAL CENTER IS AFFILIATED WITH THE UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE THE MEDICAL CENTER HAS APPROXIMATELY 1,500 EMPLOYEES, 525 PHY SICIANS AND 453 VOLUNTEERS FOR THE YEAR ENDING SEPTEMBER 30, 2011, THE MEDICAL CENTER HAD 10,044 ADMISSIONS, 1,116 BIRTHS, 29,277 EMERGENCY ROOM VISITS, 108,938 OUTPATIENT VISITS, AND 6,451 SURGERIES OVER THE YEARS, JUPITER MEDICAL CENTER HAS GAINED A REPUTATION AS A WORLD-CLASS MEDICAL FACILITY, KNOWN FOR ITS EXCELLENT, COMPASSIONATE CARE

ldentifier	Return Reference	Explanation
	Form 990, Part VI, Section B, Line 11a	THE CFO AND SENIOR VICE PRESIDENT OF HUMAN RESOURCES REVIEW THE FORM 990 PRIOR TO ITS FINALIZATION THE FORM 990 IS ALSO APPROVED AND REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS ACCESS TO THE FINAL DRAFT OF THE FORM 990 IS PROVIDED ELECTRONICALLY TO EVERY MEMBER OF THE BOARD OF DIRECTORS BEFORE IT IS FILED

ldentifier	Return Reference	Explanation
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	THE ORGANIZATION MAINTAINS A CORPORATE COMPLIANCE PROGRAM THAT MONITORS FOR POTENTIAL AND ACTUAL CONFLICTS OF INTEREST ON AN ANNUAL BASIS, ALL DEPARTMENTAL MANAGERS THROUGH ORGANIZATION SENIOR MANAGEMENT AND ALL MEMBERS OF THE GOVERNING BODY ARE REQUIRED TO SIGN A STATEMENT TO DISCLOSE POTENTIAL CONFLICTS THE STATEMENTS ARE REVIEWED IN DETAIL BY THE CEO AND THE CORPORATE COMPLIANCE DIRECTOR IF ANY CONFLICT DOES EXIST, THE INDIVIDUAL WITH THE CONFLICT IS PROHIBITED FROM PARTICIPATING IN THE TRANSACTION OR VOTING ON MATTERS RELATED TO THE CONFLICT

ldentifier	Return Reference	Explanation
Process used to establish compensation of top management official	Form 990, Part VI, Section B, Line 15a	THE COMPENSATION COMMITTEE OF THE BOARD OF JUPITER MEDICAL CENTER, INC. REVIEWS SURVEY DATA, FINANCIAL ABILITY OF THE ORGANIZATION, AND ACCOMPLISHMENT OF GOALS TO DETERMINE THE AMOUNT OF COMPENSATION OF THE PRESIDENT & CEO. COMPENSATION IS THEN APPROVED BY THE BOARD OF JUPITER MEDICAL CENTER, INC. THE DELIBERATIONS AND DECISIONS OF THE COMPENSATION COMMITTEE ARE DOCUMENTED IN THE COMMITTEE MINUTES THIS PROCESS WAS LAST UNDERTAKEN IN THE YEAR ENDED SEPTEMBER 30, 2011

ldentifier	Return Reference	Explanation
Process used to establish compensation of other officers/key employees	Form 990, Part VI, Section B, Line 15b	THE COMPENSATION COMMITTEE OF THE BOARD OF JUPITER MEDICAL CENTER, INC REVIEWS AND APPROVES THE COMPENSATION OF THE OTHER OFFICERS AND KEY EMPLOYEES THE COMPENSATION COMMITTEE REVIEWS SURVEY DATA, FINANCIAL ABILITY OF THE ORGANIZATION, AND ACCOMPLISHMENT OF GOALS IN ORDER TO DETERMINE THE COMPENSATION OF THE TOP OFFICIALS COMPENSATION IS THEN APPROVED BY THE BOARD OF JUPITER MEDICAL CENTER, INC THE DECISIONS AND DELIBERATIONS ARE DOCUMENTED IN THE COMMITTEE MINUTES THIS PROCESS WAS LAST UNDERTAKEN IN THE YEAR ENDED SEPTEMBER 30, 2011

ldentifier	Return Reference	Explanation
Public Disclosure		THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC THROUGH THE STATE OF FLORIDA BECAUSE THEY ARE FILED WITH THE AGENCY FOR HEALTH CARE ADMINISTRATION THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE FOR REVIEW UPON REQUEST AT HOSPITAL ADMINISTRATION

ldentifier	Return Reference	Explanation
Other changes in net assets or fund balances	Form 990, Part XI, Line 5	NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS57655, CHANGE IN VALUE OF CASH FLOW HEDGE - 673996, TRANSFER FROM FOUNDATION - 212791,

DLN: 93493131022872

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** JUPITER MEDICAL CENTER INC

59-1460239 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) Part I (d) (c) (e) Name, address, and EIN of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity 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.) (c) (d) Section 512(b)(13) Direct controlling Legal domicile (state Name, address, and EIN of related organization Exempt Code section Public charity status Primary activity controlled (if section 501(c)(3)) or foreign country) entity organization Yes (1) JUPITER MEDICAL CENTER FOUNDATION INC JUPITER MEDICAL 1210 SOUTH OLD DIXIE HIGHWAY SUPPORTING ORGANIZATION FL 501(C)(3) 11 - Type I CENTER INC Yes JUPITER, FL 33458 65-0132406 (2) JUPITER MEDICAL CENTER PAVILION INC JUPITER MEDICAL 1230 SOUTH OLD DIXIE HIGHWAY REHABILITATION HOSPITAL FL 501(C)(3) CENTER INC Yes JUPITER, FL 33458 59-2452576 (3) JUPITER MEDICAL CENTER PHYSICIANS GROUP INC JUPITER MEDICAL 1210 SOUTH OLD DIXIE HIGHWAY PHYSICIAN OFFICES FL 501(C)(3) CENTER INC Yes JUPITER, FL 33458 26-3187119

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) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana part	ral or aging	(k) Percentage ownership
							Yes	No		Yes	No	
(1) JUPITER OUTPATIENT SURGERY CENTER LLC 1471 CADES BAY AVENUE JUPITER, FL33458 65-0925020	SURGERY CENTER	FL	NA	RELATED	1,542,251	1,918,338		No	0		No	62 03 %
(2) TTB PARTNERS LTD 2300 GLADES ROAD SUITE 100E BOCA RATON, FL33431 65-0945554	LAND RENTAL	FL	NA	UNRELATED	265,787	2,429,100		No	0		No	51 %
Part IV Identif	ication of Relat	ed Org	anizations Tax	able as a Corpo	ration or Trust (Complete if the o	organı	zatıon	answered "Yes"	on Fo	rm 9	90, Part IV,

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

(4)

(5)

(6)

Pa	Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV	', line 34, 35, 35A,	or 36.)			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV			Y	es	No
1 [During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-	·IV?				
а	a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		es	
b	b Gift, grant, or capital contribution to other organization(s)		1b	<u> </u>		No
c	c Gift, grant, or capital contribution from other organization(s)		1 c	Y	es	
d	d Loans or loan guarantees to or for other organization(s)		1d	I Ye	es	
e	e Loans or loan guarantees by other organization(s)		1e	Y	es	
f	f Sale of assets to other organization(s)					No
	g Purchase of assets from other organization(s)		1 g			No
_	h Exchange of assets		1h	_		No
	i Lease of facilities, equipment, or other assets to other organization(s)		1i	Y	es	
Ī	- Louis of the manner, of the manner of the			+		_
j	j Lease of facilities, equipment, or other assets from other organization(s)		1 j	Y	es	
k	k Performance of services or membership or fundraising solicitations for other organization(s)		1k	Y	es	
ı	I Performance of services or membership or fundraising solicitations by other organization(s)		11			No
n	m Sharing of facilities, equipment, mailing lists, or other assets		1n	n Ye	es	
n	n Sharing of paid employees		1n	Y	es	
o	• Reimbursement paid to other organization for expenses		10	,		No
p	p Reimbursement paid by other organization for expenses		1 p	Y	es	
q	q O ther transfer of cash or property to other organization(s)		1 q	ı Ye	es	
r	r Other transfer of cash or property from other organization(s)		1r	Y	es	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationsh	nips and transaction t				
	(a) Name of other organization (b) Transaction type(a-r)	(c) Amount involved	(d) Method of determi involve		amou	nt
1)						
ee /	e Addıtıonal Data Table					
2)						
3)						
		1				

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	(state or foreign partners end-of-year country) section assets 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		20 of Schedule K-1 (Form 1065)		h) eral d lagin tner?	
			Yes	No		Yes	No		Yes	N
										+
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Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier I Return Reference I	er Return Reference Explanation
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Schedule R (Form 990) 2010

Software ID: 10000128

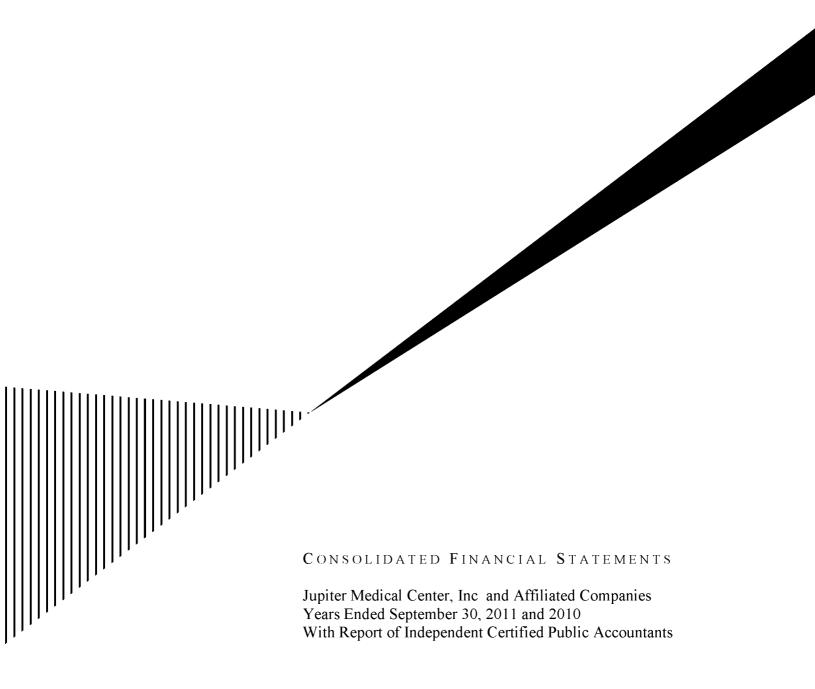
Software Version: v2010.1.0

EIN: 59-1460239

Name: JUPITER MEDICAL CENTER INC

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) A mount Involved (\$)	(d) Method of determining amount involved
(1)	TTB PARTNERS LTD	А	265,787	FMV
(2)	JUPITER OUTPATIENT SURGERY CENTER LLC	А	1,084	FMV
(3)	JUPITER OUTPATIENT SURGERY CENTER LLC	В	108,001	FMV
(4)	JUPITER OUTPATIENT SURGERY CENTER LLC	R	1,324,961	FMV
(5)	TTB PARTNERS LTD	R	349,350	FMV
(6)	JUPITER MEDICAL CENTER PHYSICIANS GROUP INC	Р	2,182,922	COST
(7)	JUPITER MEDICAL CENTER PHYSICIANS GROUP INC	D	3,018,097	FMV
(8)	JUPITER MEDICAL CENTER FOUNDATION INC	Р	9,410,882	COST
(9)	JUPITER MEDICAL CENTER FOUNDATION INC	R	212,791	COST
(10)	JUPITER MEDICAL CENTER FOUNDATION INC	С	7,650,411	FMV
(11)	JUPITER MEDICAL CENTER FOUNDATION INC	D	1,128,804	FMV
(12)	JUPITER MEDICAL CENTER PAVILION INC	E	4,465,620	FMV
(13)	JUPITER MEDICAL CENTER PAVILION INC	Q	327,829	FMV



Ernst & Young LLP



Consolidated Financial Statements

Years Ended September 30, 2011 and 2010

Contents

Report of Independent Certified Public Accountants	1
Audited Consolidated Financial Statements	
Consolidated Balance Sheets	2
Consolidated Statements of Activities	4
Consolidated Statements of Changes in Net Assets	5
Consolidated Statements of Cash Flows	6
Notes to Consolidated Financial Statements	8



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Report of Independent Certified Public Accountants

The Board of Trustees
Jupiter Medical Center, Inc. and Affiliated Companies

We have audited the accompanying consolidated balance sheets of Jupiter Medical Center, Inc and Affiliated Companies (the Center) as of September 30, 2011 and 2010, and the related consolidated statements of activities, changes in net assets, and cash flows for the years then ended These consolidated financial statements are the responsibility of the Center's management Our responsibility is to express an opinion on these consolidated financial statements based on our audits

We conducted our audits in accordance with auditing standards generally accepted in the United States Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. We were not engaged to perform an audit of the Center's internal control over financial reporting. Our audits included consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Center's internal control over financial reporting Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of the Center as of September 30, 2011 and 2010, and the consolidated results of its operations, changes in net assets, and cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States

As discussed in Note 2 to the consolidated financial statements, the Center changed its method of accounting for patient service revenue and the provision for doubtful accounts effective October 1, 2010

December 22, 2011

1108-1278507

Ernst + Young LLP

Consolidated Balance Sheets

	September 30			
	 2011		2010	
Assets				
Current assets				
Cash and cash equivalents	\$ 17,921,202	\$	16,979,632	
Short-term investments	8,766,572		8,562,993	
Accounts receivable, less allowances for doubtful accounts				
of approximately \$7.985,000 and \$7.206,000 at				
September 30, 2011 and 2010, respectively	24,568,012		24,450,707	
Pledges receivable – net, current portion, less allowance				
for doubtful accounts of approximately \$60,000 at				
September 30, 2011 and 2010	5,308,285		1,261,105	
Inventories, prepaid expenses, and other current assets	 7,532,683		6,446,610	
Total current assets	64,096,754		57.701.047	
Assets limited as to use				
By Board for capital improvements	23,513,500		24,388,933	
Under bond indenture agreement – held by trustee	3,679,026		3,666,938	
Held for self-insurance programs and other	5,494,426		5,434,870	
Pledges receivable – net of current portion	 15,035,257		3,548,409	
Total assets limited as to use	47,722,209		37,039,150	
Donor restricted assets	13,316,093		8,303,363	
Long-term investments	5,860,865		5.945.713	
Property and equipment – net	89,698,265		88.006.457	
Other assets				
Unamortized financing costs	659,511		765,498	
Goodwill	10,887,322		10,887,322	
Other	 2,774,061		1,379,836	
Total other assets	 14,320,894		13.032.656	
	\$ 235,015,080	\$	210,028,386	

	September 30			
	2011		2010	
Liabilities and net assets				
Current liabilities				
Accounts payable and accrued expenses	\$ 20,833,832	\$	21.594.831	
Accrued interest payable	193,498		204,954	
Indigent care assessment – current portion	1,960,955		1.932,158	
Reserve for self-insurance programs – current portion	3,279,260		5.261.342	
Current portion of long-term debt	4,570,449		4.965,332	
Other current liabilities	 586,946		912,345	
Total current liabilities	 31,424,940		34,870,962	
Long-term debt	49,077,393		52,603,547	
Other liabilities				
Indigent care assessment – net of current portion	1,018,586		992,593	
Reserve for self-insurance programs – net of current portion	4,256,647		2,253,897	
Other long-term liabilities	 1,805,455		2,352,172	
Total other liabilities	 7,080,688		5.598.662	
Total liabilities	87,583,021		93.073.171	
Net assets				
Unrestricted	112,404,294		101,097,027	
Temporarily restricted	32,174,874		12,999,097	
Permanently restricted	2,852,891		2.859.091	
Total net assets	147,432,059		116,955,215	
	\$ 235,015,080	\$	210,028,386	

See accompanying notes

Consolidated Statements of Activities

	Year Ended Se 2011	ptember 30 2010
Unrestricted revenue, gains, losses, and other support		
Patient service revenue (net of contractual allowances		
and discounts)	\$ 190,700,603	8 184,468,227
Provision for doubtful accounts	 (15,752,450)	(14,422,758)
Net patient service revenue, less provision for		_
doubtful accounts	174,948,153	170,045,469
Contributions and pledges	2,145,667	2.184.971
Other revenue	5,600,961	5,101,285
Investment income	2,697,284	1.214.679
Change in net unrealized (losses) gains	(1,757,068)	2,113,655
Change in value of cash flow hedge	673,996	219.257
Loss on termination of cash flow hedge	(459,000)	_
Net assets released from restrictions used for operations	 1,466,220	509,429
Total unrestricted revenue, gains, losses, and other support	185,316,213	181,388,745
Expenses		
Salaries	70,331,495	69,296,465
Benefits	15,945,184	13,687,260
Contract labor	1,136,884	1,392,851
Supplies	45,564,258	42,938,851
Purchased services	20,060,472	17,406,562
Interest	2,429,878	2,336,157
Insurance	2,311,207	3,108,223
Utilities	2,356,368	2,378,292
Equipment and building rental	3,732,549	3,427,079
Indigent care assessments	2,070,006	2,386,540
Depreciation and amortization	10,835,321	10,710,269
Amortization of goodwill	_	298,283
Other expenses	 3,866,775	3,444,570
Total expenses	 180,640,397	172.811.402
Excess of revenue, gains, losses, and other support		
over expenses	 4,675,816	8,577,343

See accompanying notes

Consolidated Statements of Changes in Net Assets

	Unrestricted Net Assets		Restricted R		Permanently Restricted Net Assets	Total Net Assets
Balance at September 30, 2009	\$	91,462,084	\$	10,751,540	\$ 2,609,091	\$ 104,822,715
Excess of revenue, gains, losses, and other support						
over expenses		8,577,343		_	_	8,577,343
Restricted contributions		_		3,639,742	250,000	3,889,742
Change in net unrealized gains on investments		20,426		91,325	_	111,751
Investment loss		_		63,093	_	63,093
Net assets released from restrictions		1,037,174		(1,546,603)	_	(509,429)
Increase in net assets		9,634,943		2,247,557	250,000	12,132,500
Balance at September 30, 2010		101,097,027		12,999,097	2,859,091	116,955,215
Excess of revenue, gains, losses, and other support						
over expenses		4,675,816		_	_	4,675,816
Restricted contributions		_		27,346,404	(6,200)	27,340,204
Change in net unrealized gains on investments		(57,655)		(139,523)	_	(197,178)
Investment income		_		124,222	_	124,222
Net assets released from restrictions		6,689,106		(8,155,326)	_	(1,466,220)
Increase (decrease) in net assets		11,307,267		19,175,777	(6,200)	30,476,844
Balance at September 30, 2011	\$	112,404,294	\$	32,174,874	\$ 2,852,891	\$ 147,432,059

See accompanying notes

Consolidated Statements of Cash Flows

	Year Ended September 30			
		2011	2010	
Operating activities				
Increase in net assets	\$	30,476,844 \$	12,132,500	
Adjustments to reconcile increase in net assets				
to net cash (used in) provided by operating activities				
Depreciation and amortization		10,835,321	11,008,552	
Amortization of bond discounts and deferred debt				
issuance costs		148,156	257.324	
Amortization of lease financing obligation		(420,011)	(388.897)	
Restricted contributions and investments		(27,340,204)	(3,952,835)	
Net assets released from restrictions for operations		1,466,220	509,429	
Provision for doubtful accounts		15,752,450	14,422,758	
Change in net unrealized gains on investments		1,954,246	(2.225.406)	
Change in value of cash flow hedge		(673,996)	(219.257)	
Loss on disposal of property and equipment		20,220	58,475	
Changes in operating assets and liabilities				
Increase in accounts receivable		(15,869,755)	(12,356,350)	
(Increase) decrease in pledges receivable – net		(15,534,028)	55,700	
Increase in inventories, prepaid expenses,				
other current assets, and other assets		(2,480,298)	(1.137.610)	
(Decrease) increase in accounts payable, accrued expenses.				
and other liabilities		(1,022,396)	2.987.521	
Increase in other long-term liabilities		127,279	127,278	
Net cash (used in) provided by operating activities		(2,559,952)	21,279,182	
Investing activities				
Assets limited as to use				
(Increase) decrease in cash and cash equivalents		(7,897,369)	4,836,497	
Purchases of property and equipment and additions				
to construction in progress		(12,547,349)	(13,955,482)	
Assets limited as to use				
Purchases of trading investments		(12,914,630)	(24,854,946)	
Proceeds from sales and maturities of trading investments		15,645,931	11,388,308	
Investments				
Purchases of trading investments		(6,832,608)	(48,862,903)	
Proceeds from sales and maturities of trading investments		4,981,372	47,330,528	
Other decrease in investing activities		735,386	9,582,926	
Net cash used in investing activities		(18,829,267)	(14,535,072)	

Consolidated Statements of Cash Flows (continued)

	Year Ended September 30			
		2011		2010
Financing activities				
Restricted contributions and investment income	\$	27,340,204	\$	3,952,835
Net assets released from restriction for operations		(1,466,220)		(509,429)
Repayment of long-term debt		(3,546,618)		(4,532,735)
Repayment of line of credit – net				(455,000)
Proceeds from issuance of long-term debt		3,423		_
Net cash provided by (used in) in financing activities		22,330,789		(1.544.329)
Net increase in cash and cash equivalents		941,570		5.199.781
Cash and cash equivalents – beginning of year		16,979,632		11.779.851
Cash and cash equivalents – end of year	\$	17,921,202	\$	16,979,632
Supplemental disclosure of noncash financing and investing activities Refinancing of 2007 subordinated promissory note, termination costs of cash flow hedge, and other executory costs	<u>\$</u>	9,491,577	\$	
Supplemental disclosure of cash flow information				
Cash paid for interest		2,326,724	\$	2,524,351

See accompanying notes

Notes to Consolidated Financial Statements

September 30, 2011

1. Organization and Mission

Organization

Jupiter Medical Center, Inc, located in Jupiter, Florida, is a not-for-profit acute care hospital that was incorporated in 1976

The consolidated financial statements include the accounts of Jupiter Medical Center, Inc (the Hospital) and the account balances of the following companies of which the Hospital, as the controlling organization, is the sole voting member Jupiter Medical Center Pavilion, Inc (the Pavilion), Jupiter Medical Center Foundation, Inc (the Foundation), and Jupiter Medical Center Physicians Group, Inc (Physicians Group) (collectively, the Center) The consolidated financial statements of the Center also include the accounts of Jupiter Medical Center Auxiliary, which is not a separate legal entity apart from the Foundation All intercompany accounts and transactions have been eliminated The Hospital is also a partner in certain other related-party joint ventures (see Note 15)

The Hospital opened in 1979, offering medical, surgical, and other services, and currently operates 163 licensed beds. The Pavilion is a skilled nursing facility located adjacent to the Hospital and consists of 120 licensed beds. The Foundation was established to solicit contributions from the general public and to support the Hospital and the Pavilion. Funds are distributed as determined by the Foundation's Board of Trustees.

Mission Statement

The Center's primary mission is to deliver excellent and compassionate health care advancing the well-being of the people it serves

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies

Basis of Presentation – The Center's consolidated financial statements conform to the requirements of the Accounting Standards Codification (ASC or Codification) 958-605, *Not-for-Profit Entities, Revenue Recognition*, which establishes standards for external financial reporting by not-for-profit organizations and requires that resources be classified for accounting and reporting purposes Net assets, revenues, gains, and losses are classified into three classes of net assets based on the existence or absence of donor-imposed restrictions. The three categories of net assets reflected in the accompanying consolidated financial statements are as follows

Unrestricted – Net assets that are free of donor-imposed restrictions, all revenues, gains, and losses that are not changes in permanently or temporarily restricted net assets

Temporarily Restricted – Net assets whose use by the Center is limited by donor-imposed stipulations that either expire by passage of time or that can be fulfilled or removed by actions of the Center pursuant to those stipulations

Permanently Restricted – Net assets whose use by the Center is limited by donor-imposed stipulations that neither expire with the passage of time nor can be fulfilled or otherwise removed by actions of the Center

Use of Estimates – The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period

The Center considers critical accounting policies to be those that require more significant judgments and estimates in the preparation of its consolidated financial statements, including the following recognition of net patient service revenue, valuation of accounts receivable, including contractual allowance reserves and the allowance for uncollectible accounts, and reserves for losses and expenses related to health care, workers' compensation, professional, and general liabilities Management relies on historical experience and on other assumptions believed to be reasonable under the circumstances in making its judgments and estimates Actual results could differ from these estimates

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Cash and Cash Equivalents – Cash and cash equivalents include all cash accounts and other highly liquid investments generally with original maturities of 90 days or less, which are federally insured in limited amounts Cash equivalents include funds invested in overnight repurchase agreements, excluding assets limited as to use

Valuation of Patient Accounts Receivable – The Center reports its patient accounts receivable at net realizable value. The Center determines the net realizable value of its receivables based on established agreements with third-party payors that provide for payments to the Center at amounts that typically differ from its established rates. For services provided to Medicare and Medicaid beneficiaries, estimated receivables are determined based on the programs' guidelines for reimbursement of services that are either paid at prospectively determined rates per diagnosis or retrospectively determined costs. Receivables from beneficiaries of other third-party payors are based primarily on contractual agreements with those payors that determine reimbursement for services rendered to beneficiaries of their plans based on predetermined diagnosis, per diem rates, or discounted fee-for-service rates. As changes in contract terms and the regulatory environment can significantly affect the valuation of its receivables, the Center closely monitors these items, along with historical collection rates, to ensure the appropriateness of its receivable valuations

The Center's allowance for doubtful accounts for self-pay patients remained consistent with prior year experience at approximately 100% of self-pay accounts receivable. The Center's self-pay write-offs increased approximately \$1,330,000 from \$14,422,000 for fiscal year 2010 to \$15,752,000 for fiscal year 2011. The Center's self-pay patients have experienced similar economic difficulties in both fiscal years, with an increase in write-offs due to a charge increase that went into effect on January 1, 2011. The Center has not changed its charity care or uninsured discount policies since October 1, 2009. The Center does not maintain a material allowance for doubtful accounts from third-party payors, nor did it have significant write-offs from third-party payors.

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Investments – The Center's consolidated financial statements conform to the requirements of ASC 958-320, Not-for-Profit Entities, Investments-Debt and Equity Securities, which specifies accounting methods for investments held by not-for-profit entities. As of September 30, 2011 and 2010, the Center's investments consist principally of equity securities, debt securities, and short-term investments. Investments in equity securities with readily determinable fair values and all investments in debt securities are reported at fair value in the consolidated balance sheets. Investment income or loss (including realized gains and losses on investments, interest income, and dividends) is included in the excess of revenue, gains, losses, and other support over expenses unless that income or loss is restricted by donor or law. The Center has classified its investment portfolio as trading, with unrealized gains and losses included in the excess of revenue, gains, losses, and other support over expenses. Investments and assets limited as to use are more fully described in Note 5 to the consolidated financial statements

Contributions and Pledges – The Center records contributions in accordance with ASC 958-310, Not-for-Profit Entities, Receivables, which establishes accounting standards for contributions for donees (and donors) and generally requires unconditional promises to give cash and other assets (including multiyear promises) to be recognized at fair value in the period made. This guidance requires not-for-profit organizations to distinguish between contributions received that increase permanently restricted net assets, temporarily restricted net assets, and unrestricted net assets. This guidance also requires that unconditional promises to be collected or paid in more than one year be measured at the present value of estimated future cash flows

The Center reports gifts and bequests as temporarily restricted if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or the restricted purpose is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets.

The Center reports noncash gifts and bequests as unrestricted contributions unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as temporarily restricted contributions. Absent explicit donor stipulations about how long those long-lived assets must be maintained, the Center reports expirations of donor restrictions when the donated or acquired long-lived assets are placed in service.

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Unconditional promises (pledges) to give cash and other assets to the Center are reported at fair value at the date the promise is received. The Center records revenue from pledges, net of a provision for uncollectible accounts. Amounts pledged are recorded as contributions of permanently restricted net assets, if designated by the donors as such, or temporarily restricted net assets until donor restrictions, if any, are met or, in the case of multiyear pledges, until the amounts pledged are actually received in cash from the donor. Substantially all of the Center's pledges are expected to be collected within five years.

Those pledges with extended payment terms have been recorded at the net present value of the stream of anticipated payments utilizing interest rates ranging from 08% to 5 26%. The effective interest rate is established at the time the pledge is recorded, based upon prevailing interest rates at the time. Pledges receivable as of September 30, 2011 and 2010, are summarized as follows.

	2011	2010
Pledges due		
In less than one year	\$ 5,383,259	\$ 1,373,298
In one to five years (future value)	12,067,171	3,707,579
In five to ten years (future value)	3,160,000	
	20,610,430	5,080,877
Allowance for uncollectible pledges	(60,000)	(60,000)
Discount on pledges greater than one year	(206,888)	(211,363)
	\$ 20,343,542	\$ 4,809,514

At September 30, 2011 and 2010, gross pledges receivable include approximately \$11,471,000 and \$2,822,000, respectively, of promises to give from related parties

Inventories – Inventories, consisting primarily of medical supplies, drugs, and office supplies, are stated at the lower of cost (determined by the first-in, first-out method) or market.

Impairment of Long-Lived Assets – Long-lived assets, including goodwill, are evaluated regularly for impairment If indicators of impairment suggest that the value of long-lived assets may be impaired, an assessment of recoverability is performed prior to write-down of assets. The Center has not recorded any impairment charges in the accompanying consolidated statements of activities for the years ended September 30, 2011 and 2010

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Assets Limited as to Use – Assets whose use is limited by the Board of Trustees of the Center represent assets set aside by the Board of Trustees for future capital improvements, funding of self-insurance programs, retirements of debt, future development, and other uses over which the Board of Trustees retains control and may, at its discretion, subsequently use for other purposes Assets limited as to use also represent assets held by trustees under bond indenture agreements

Property and Equipment – Property and equipment are recorded at cost if purchased or, if contributed, at the fair value on the date of contribution, less accumulated depreciation and amortization Expenditures that increase the value and extend the useful life of an asset are capitalized Routine maintenance, repairs, and minor equipment replacement costs are charged against operations. The Center provides for depreciation of the related assets using the straight-line method over estimated useful lives (which range from 3 years to 15 years for equipment and from 20 years to 40 years for buildings) assigned generally as recommended in the American Hospital Association publication, Estimated Useful Lives of Depreciable Hospital Assets

Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the costs of acquiring the related assets. As of September 30, 2011 and 2010, capitalized interest cost totaled approximately \$1,763,000 and \$1,720,000, net of accumulated amortization, including \$119,000 and \$379,000 of costs capitalized in 2011 and 2010, respectively

Debt Issuance Costs – Debt issuance costs, which have been incurred in connection with the issuance of the Palm Beach County Health Facilities Authority Hospital 1993 Revenue Bonds, the 1999A Revenue Refunding Bonds, the Palm Beach County Health Facilities Authority Hospital 2009A and 2009B Revenue Bonds, the 2007 subordinated promissory note and 2010 promissory note, described in Note 7, are included in other assets and are being amortized using the straight-line method over the life of the related bond issue, which approximates the effective interest method Amortization of debt issuance costs is included in interest expense in the consolidated statements of activities

Goodwill – Cost in excess of net assets acquired relates to the purchase of an additional membership interest in the Jupiter Outpatient Surgery Center, LLC, as described in Note 15

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Due to a change in accounting principle adopted by the Center on October 1, 2010, goodwill is not subject to amortization after September 30, 2010 However, it is subject to an annual impairment test, or more often if there are indicators of impairment At September 30, 2011, goodwill is carried at \$10,887,322 (consisting of gross goodwill of \$11,930,322, net of \$1,043,000 of amortization accumulated through September 30, 2010)

Bond Discounts – Bond discounts, which reduce the related debt, are reported net against long-term debt in the consolidated balance sheets and are amortized using a method that approximates the effective interest method Amortization of bond discounts is included in interest expense in the consolidated statements of activities

Derivative Financial Instruments – The Center utilized an interest rate swap agreement to manage its overall exposure to fluctuations in interest rates. This derivative instrument subjected the Center to market risk associated with the changes in interest rates, as well as the risk that the counterparty will fail to perform with respect to the periodic settlement or amounts due under the agreements. ASC 815, Derivatives and Hedging, requires companies to recognize all derivative instruments as either assets or liabilities at fair value in a company's balance sheet. The Center recognized the change in fair value of its interest rate swap agreement within the performance indicator as the swap had not been designated as a hedge under ASC 815.

During April 2007, the Center entered into a five-year interest rate swap agreement to convert its floating variable rate index from LIBOR to a 6 01% fixed rate on its subordinated promissory note Net payments made related to this agreement have been included in other expense in the consolidated statements of activities and were approximately \$190,000 and \$486,000 in the years ended September 30, 2011 and 2010, respectively

Fair value of the swap was estimated based on quoted market prices, along with credit risk and nonperformance risk. At September 30, 2010, a liability of approximately \$674,000 was included within other long-term liabilities in the consolidated balance sheets, representing the loss position of the interest rate swap

In April 2011, the Center refinanced its subordinated promissory note and terminated the interest rate swap agreement. The Center made a swap termination payment of \$459,000, which is included within unrestricted revenues, gains, losses, and other support in the consolidated statement of activities.

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Self-Insured Programs – The Center is self-insured or retains a portion of the risk for certain health claims, workers' compensation claims, and professional liability claims. The provision for estimated self-insured claims for professional liability claims is included as insurance expense within the consolidated statements of activities and includes estimates of the ultimate costs for both asserted and unasserted claims. The provisions for estimated self-insured claims for workers' compensation and health claims are as benefits expense within the consolidated statements of activities. Self-insurance program costs are more fully described in Notes 10 and 11 to the consolidated financial statements.

Net Patient Service Revenue – Net patient service revenue is reported at the estimated net realizable amounts due 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 Management believes these final settlements will not materially impact the consolidated financial statements

The Center has agreements with third-party payors that provide for payments to the Center at amounts different from its established rates Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments for inpatients and discounted charges and fee schedule payments for outpatients Net patient service revenue is more fully described in Note 3 to the consolidated financial statements

Charity Care – The Center provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates Because the Center does not pursue collection of amounts determined to qualify as charity care, they are not reported as net revenue

Contributed Services – A substantial number of unpaid volunteers have made significant contributions of their time, principally inpatient service programs, and the operation of a thrift store and a gift shop The value of this contributed time is not reflected in these consolidated financial statements since it is not susceptible to objective measurement or valuation and the equivalent of an employer/employee relationship does not exist

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Excess of Revenue, Gains, Losses, and Other Support Over Expenses – The consolidated statements of activities include excess of revenue, gains, losses, and other support over expenses Changes in unrestricted net assets that are excluded from the excess of revenue, gains, losses and other support over expenses, consistent with industry practice, include unrealized gains and losses on investments other than trading securities, contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purpose of acquiring such assets), and extraordinary items

Income Taxes – The Internal Revenue Service has determined on August 2, 1973, that the Hospital, the Pavilion, the Foundation, and the Physician Group are exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code (IRC) Accordingly, no income taxes have been provided for these entities.

ASC Topic 740, *Income Taxes*, prescribes the accounting for uncertainty in income tax positions recognized in the financial statements ASC 740 provides guidance for recognition threshold and measurement attributes for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. There were no uncertain tax positions recorded in the consolidated financial statements at September 30, 2011 or 2010.

The Center has a 61% investment interest in an ambulatory surgery center at September 30, 2011, as more fully described in Note 15, which may be deemed to operate in a for-profit manner However, the Center believes it has documentation to support the direct ownership of this investment by the Hospital, causing it to be related to its exempt purpose. As a result, the Center has not recorded income taxes payable or an income tax provision relating to the income from this investment. There are no significant deferred income tax assets or liabilities.

New Accounting Pronouncements – In August 2010, the Financial Accounting Standard Board (FASB) issued Accounting Standards Update (ASU) No 2010-23, Measuring Charity Care for Disclosure (ASU 201-23). The provisions of ASU 2010-23 are intended to reduce the diversity in how charity care is calculated and disclosed by health care entities Charity care is required to be measured at cost, defined as the direct and indirect costs of providing the charity care. As the Center does not recognize revenue when charity care is provided, ASU 2010-23 will have no effect on the consolidated statements of activities. ASU 2010-23 only requires additional disclosures, including the method used to estimate the cost of charity care. This new guidance is

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

effective for fiscal years beginning after December 15, 2010, with early application permitted The Center will adopt the new disclosure requirements in its consolidated financial statements for the year ending September 30, 2012

In August 2010, the FASB issued ASU 2010-24, *Presentation of Insurance Claims and Related Insurance Recoveries* ASU 2010-24 prohibits the netting of insurance recoveries against a related claim liability and requires the claim liability to be calculated without consideration of insurance recoveries. This guidance is effective for fiscal years beginning after December 15, 2010, with early application permitted. The Center will adopt ASU 2010-24 in the first quarter of 2012. Management does not believe that this new guidance will impact the Center's consolidated financial statements for the year ending September 30, 2012.

In January 2011, the FASB issued ASU 2010-07, *Not-for-Profit Entities: Mergers and Acquisitions*, which establishes accounting and disclosure requirements for how a not-for-profit entity determines whether a combination is a merger or an acquisition, how to account for each, and the required disclosures ASU 2010-07 also includes amendments to the FASB's Codification Topic 350, *Intangibles – Goodwill and Other*, and Codification Topic 810, *Consolidation*, to make both applicable to not-for-profit entities Codification Topic 350 clarifies the accounting for goodwill and indefinite-lived intangible assets recognized in a not-for-profit entity's acquisition of a business or nonprofit activity Such assets are not amortized and are tested for impairment at least annually The Center adopted the guidance relative to ASU 2010-07 as of October 1, 2010

In July 2011, the FASB issued ASU 2011-07, Health Care Entities (Topic 943): Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities, which requires health care entities that recognize significant amounts of patient service revenue at the time services are rendered even though they do not assess the patient's ability to pay to present the provision for bad debts related to patient service revenue as a deduction from patient service revenue (net of contractual allowances and discounts) on their statement of operations Additionally, those health care entities are required to provide enhanced disclosures of their policies for recognizing revenue and assessing bad debts ASU 2011-07 also requires disclosures of patient service revenue (net of contractual allowances and discounts), as well as qualitative and quantitative information about changes in the allowance for doubtful accounts The Center elected to early adopt ASU 2011-07 during the year ended September 30, 2011, and retroactively applied presentation and disclosures to the year ended September 30, 2010

Notes to Consolidated Financial Statements (continued)

3. Net Patient Service Revenue

The Center has agreements with third-party payors that provide for payments to the Center at amounts different from its established rates A summary of payment arrangements with major third-party payors follows

Medicare

Inpatient acute-care services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors The Center receives determined rates per ambulatory payment classification group based upon Medicare's outpatient prospective payment system Approximately 47% and 48% of the Center's 2011 and 2010 gross charges, respectively, are for services to Medicare beneficiaries

The Center's classification of patients under the Medicare program and the appropriateness of their admission are subject to an independent review by the Centers for Medicare & Medicaid Services (CMS) and their designated contractors, as discussed below. The Center's annual reports to the Medicare program are subject to audit and approval of the Medicare program authorities. In connection with this audit and approval process, the Center may be required to revise its previous estimate of the Medicare contractual adjustment, liability, or receivable related to the Medicare program. Differences between the Center's original estimate and estimates based on subsequent determinations, resulting from the audit and approval process mentioned above, are recorded in operations by the Center in the period the determination is made. At September 30, 2011, Medicare cost reports through the year ended September 30, 2009, have been audited, and final settlement has been determined.

Except as discussed in Note 18, management believes that any remaining settlements, when reached, will not vary significantly from the estimated amounts, which are recorded as estimated third-party payor settlements and included in other current liabilities in the accompanying consolidated balance sheets

Notes to Consolidated Financial Statements (continued)

3. Net Patient Service Revenue (continued)

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. The Center believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing. While no such regulatory inquiries have been made, compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action, including fines, penalties, and exclusion from the Medicare and Medicaid programs

Recovery Audit Contractors have been and are currently being utilized by CMS to retroactively review the appropriateness of payments made to hospitals for services rendered based upon the clinical conditions of the patients Through 2011, the Center has not experienced significant adjustments to previous payments from CMS

Other Third-Party Payors

The Center has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the Center under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates

Charity Care

The Center maintains records to identify and monitor the level of charity care it provides The amount of charges for services identified as charity care was approximately \$10,837,000 and \$10,372,000 in 2011 and 2010, respectively The Center did revise its criteria for patients to qualify as charity care on October 1, 2009, which allows for charity to be presumptively recognized based upon healthcare credit scoring and demographic information by patients at time of visit provided

Notes to Consolidated Financial Statements (continued)

3. Net Patient Service Revenue (continued)

Provisions for Doubtful Accounts

For uninsured patients who do not qualify for charity care, the Center recognizes revenue on the basis of its standard rates for services provided (or on the basis of discounted rates, if negotiated or provided by policy) On the basis of historical experience, a significant portion of the Center's uninsured patients will be unable or unwilling to pay for the services provided Patient service revenue, net of contractual allowances and discounts (but before provision for uncollectible accounts), recognized in the period from these major payor sources is as follows for the years ended September 30, 2011 and 2010

	Year Ended September 30		
	2011	2010	
Medicare	\$ 91,156,244	\$ 84,637,272	
Medicaid	5,494,183	4,230,419	
Other third-party payors	76,097,524	76,036,261	
Self-pay	17,952,652	19,564,275	
Total patient service revenues (net of contractual allowances and discounts)	\$ 190,700,603	\$ 184,468,227	

Notes to Consolidated Financial Statements (continued)

4. Concentration of Credit Risk

The Center is a full-service, acute-care facility serving northern Palm Beach County, Florida Except for emergency treatment, proof of insurance is required, if available, prior to rendering services. The Center grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. Losses, if any, are anticipated to be within management's expectations. The mix of gross receivables, before allowances for doubtful accounts, from patients and third-party payors was as follows.

	September 30	
-	2011	2010
Medicare	32%	32%
Medicaid	3	2
Managed care plans	22	26
Patients, workers' compensation, or commercial insurers	43	40
	100%	100%

5. Investments and Assets Limited as to Use

The Center's investments and assets limited as to use (excluding the current portion of pledges receivable) consist of the following and are stated at fair value

September 30			
	2011		2010
			_
\$	699,047	\$	395,703
	1,766,872		2,169,337
	1,092,386		1,877,850
	1,289,544		1,786,121
	9,779,588		8,279,695
	14,627,437		14,508,706
	(5,860,865)		(5,945,713)
\$	8,766,572	\$	8,562,993
	_	\$ 699,047 1,766,872 1,092,386 1,289,544 9,779,588 14,627,437 (5,860,865)	\$ 699,047 \$ 1,766,872 1,092,386 1,289,544 9,779,588 14,627,437 (5,860,865)

Notes to Consolidated Financial Statements (continued)

5. Investments and Assets Limited as to Use (continued)

	September 30	
	2011	2010
Assets limited as to use – designated by Board for		
capital improvements		
Cash and cash equivalents	\$ 5,877,514	\$ 7,438,149
U S government obligations	4,975,594	4,672,480
Corporate bonds	6,124,994	5,501,416
U S government, agency, and municipal securities	2,681,937	3,250,514
Marketable equity securities	3,853,461	3,526,374
	23,513,500	24,388,933
Required under bond indenture agreement – cash and	, ,	
cash equivalents	3,679,026	3,666,938
Held for self-insurance programs and other – cash and		
cash equivalents	5,494,426	5,434,870
Time-restricted pledges receivable	15,035,257	3,548,409
· ·	\$ 47,722,209	\$37,039,150
		-

Donor restricted assets consist of cash and cash equivalents at September 30, 2011 and 2010

Investment income from cash and cash equivalents, investments, and assets limited as to use amounted to \$2,697,284, which consists of \$1,400,153 of interest and dividend income, and \$1,297,131 of net realized gains for the year ended September 30, 2011 Changes in unrealized gains and losses of \$57,655 and \$139,523 are included as decreases of unrestricted and temporarily restricted net assets, respectively, in the consolidated statement of changes in net assets for the year ended September 30, 2011

Investment income from cash and cash equivalents, investments, and assets limited as to use amounted to \$1,214,679, which consists of \$1,599,233 of interest and dividend income, and \$384,554 of net realized losses for the year ended September 30, 2010 Changes in unrealized gains and losses of \$20,426 and \$91,325 are included as increases of unrestricted and temporarily restricted net assets, respectively, in the consolidated statement of changes in net assets for the year ended September 30, 2010

Notes to Consolidated Financial Statements (continued)

6. Property and Equipment

Property and equipment consist of the following

	September 30			
	2011	2010		
Land	\$ 5,745,546	\$ 5,745,546		
Land and leasehold improvements	6,430,265	6,600,845		
Building and fixed equipment	111,345,105	108,515,919		
Movable equipment	71,354,029	69,861,642		
Information technology	31,740,213	32,105,389		
	226,615,158	222,829,341		
Less accumulated depreciation	(144,382,902)	(139,351,902)		
	82,232,256	83,477,439		
Construction in progress	7,466,009	4,529,018		
	\$ 89,698,265	\$ 88,006,457		

In 2001, the Center purchased 3 8 acres of land in Jupiter and entered into a lease agreement with a related limited partnership to develop a medical office building on the Center's campus Under the provisions of ASC 840, Leases, which specifies accounting for the effect of lessee involvement in asset construction and accounting for leases, and due to the nature of the Center's involvement during and after the construction of the building, the Center was considered to be the owner of the asset during the construction period through lease commencement, even though the funds to construct the building were paid by the related-party partnership that is the lessor As such, the construction cost of the building of approximately \$6,775,000 was capitalized, and a corresponding amount was recognized as a construction financing obligation. The building is being depreciated on a straight-line basis over a total of 25 years, which is the 15-year lease term, and two 5-year renewal periods The leases are renewable at the Hospital's option for an additional 10 years. The Center has recorded approximately \$4,065,000 and \$4,336,000, net, relating to this medical office building, and approximately \$4,216,000 and \$4,636,000 as a financing obligation as of September 30, 2011 and 2010, respectively, which are included in long-term debt in the consolidated balance sheets and described in Note 7 to the consolidated financial statements

Notes to Consolidated Financial Statements (continued)

6. Property and Equipment (continued)

Depreciation and amortization expense for the years ended September 30, 2011 and 2010, amounted to approximately \$10,835,000 and \$10,710,000, respectively

During 2011, the Center had construction in progress on the Raso Education Center, Margaret W Niedland Breast Center, and other major projects Total remaining commitments for these projects at September 30, 2011, are approximately \$6,072,000

7. Long-Term Debt

A summary of long-term debt is as follows

	September 30	
	2011	2010
5 25% Palm Beach County Health Facilities Authority Hospital Revenue Bonds. Series 1993, net of unamortized debt discount of		
approximately \$257,000 and \$294,000 at September 30, 2011 and		
2010, respectively (1)	\$ 15,453,300	\$ 16,155,529
4 60% – 5 00% Palm Beach County Health Facilities Authority		
Hospital Revenue Refunding Bonds, Series 1999A, net of		
unamortized debt discount of approximately \$21,000 and \$26,000 at		
September 30, 2011 and 2010, respectively (2)	6,748,889	7.339.490
Palm Beach County Health Facilities Authority Variable Rate Demand		
Revenue Bonds, Series 1999B, maturing August 2020 (3)	6,015,000	6,465,000
5 94% Palm Beach County Health Facilities Authority		
Hospital Revenue Bonds, Series 2009A, maturing August 2019 (4)	6,713,393	7.350.893
5 94% Palm Beach County Health Facilities Authority Hospital		
Revenue Bonds, Series 2009B, maturing August 2019 (5)	4,195,871	4,594,308
8 00% mortgage payable, due in monthly installments of \$27,136		
through June 2012 (6)	315,714	602,995
Lease financing obligation (7)	4,216,237	4,636,248
2011 promissory note, due in monthly installments of \$52,750, plus		
interest through April 5, 2016 (8)	9,231,250	_
2007 subordinated promissory note, due in monthly installments of		
\$67,780, plus interest through April 2, 2012 (9)	_	9,421,111
Capital lease obligations	758,188	1,003,305
	53,647,842	57.568.879
Less portion classified as current liability	(4,570,449)	(4.965.332)
	\$ 49,077,393	\$ 52,603,547

Notes to Consolidated Financial Statements (continued)

7. Long-Term Debt (continued)

- (1) The proceeds of the Series 1993 Bonds were advanced to the Center under an agreement with the Palm Beach County Health Facilities Authority (the Authority) to finance the cost of certain improvements to the Center's facilities. These bonds consist of \$4,310,000 term bonds due through 2016, \$6,575,000 term bonds due through 2021, and \$4,825,000 term bonds due through 2023. Interest is payable semiannually on February 1 and August 1 of each year, and principal is payable on August 1 of each year. Of the proceeds, \$2,540,273 was deposited in the Debt Service Reserve Fund to be administered by the bond trustee.
- (2) The proceeds of the Series 1999A Bonds were advanced under an agreement dated March 1, 1999, with the Authority to refund the Series 1992 Bonds, pay the costs of issuance of the bonds, and fund a debt service reserve fund. The Series 1999A bonds consist of \$3,400,000 serial bonds maturing in specified amounts through the year 2016 and \$3,370,000 term bonds due through 2020 Interest is payable semiannually on February 1 and August 1 of each year, and principal is payable on August 1 of each year Of the proceeds, \$1,166,047 was deposited in the Debt Service Reserve Fund to be administered by the bond trustee
- (3) The proceeds of the Series 1999B Bonds were advanced to the Center under an agreement with the Authority to finance the cost of constructing the Center's obstetrics unit, and renovating and equipping of existing facilities. The bonds will mature on August 1, 2020 Interest is payable the first day of the month during each weekly rate period. As of September 30, 2011 and 2010, the interest rate was 0.15% and 0.24%, respectively. Under the agreement, the Center has the option to convert the interest rate on the bonds to a fixed rate for the remaining term of the bonds. The fixed rate would be based on the market conditions at the time of conversion and would be determined by the remarketing agent as the rate necessary to sell the bonds in a secondary market. The Center obtained a letter of credit in the amount of approximately \$8,000,000 to support the payment of the Series 1999B Bonds, which will expire March 24, 2013, unless again extended.

Notes to Consolidated Financial Statements (continued)

7. Long-Term Debt (continued)

- (4) The proceeds of the Series 2009A Bonds were advanced to the Center under an agreement with the Authority to convert a conventional line of credit from a financial institution of \$5,000,000 that had been used in order to pay for various long-term capital assets The Hospital refinanced the line of credit with the tax-exempt Series 2009A Bonds to achieve significant debt service savings Interest and principal for the Series 2009A Bonds is payable monthly The Series 2009A Bonds will mature on August 7, 2019
- (5) The proceeds of the Series 2009B Bonds were advanced to the Center under an agreement with the Authority of \$8,000,000 to finance various capital improvements. These projects are for data processing expansions and renovation of the emergency power backup system. Interest and principal for the Series 2009B Bonds is payable monthly. The Series 2009B Bonds will mature on August 7, 2019.
- (6) This mortgage, the proceeds of which were used to purchase property with an existing medical office building on the premises, is collateralized by the property and the medical office building with a net book value of approximately \$2,092,000 and \$2,161,000 at September 30, 2011 and 2010, respectively
- (7) On January 24, 2000, the Hospital signed a ground lease to lease land it currently owns on its campus to a related-party limited partnership for the purpose of developing and constructing a medical office building on the land owned by the Hospital The Hospital is a limited partner in this related-party limited partnership with an ownership of approximately 51% The building was completed in June 2001, and the Hospital entered into two leasing agreements for approximately 70% of the available space in the building. As a result of the Hospital's continuing involvement in the partnership subsequent to completion of the construction of the building, the transaction has been recorded as a financing transaction rather than as a sale, and the building and related financing obligation of \$6,775,000 were recognized in the consolidated financial statements. Average annual principal payments over the next five years are approximately \$300,000 based on scheduled annual rent payments. The interest rate implicit in the financing obligation is 4 275%

Notes to Consolidated Financial Statements (continued)

7. Long-Term Debt (continued)

- (8) On April 5, 2011, the Hospital executed a subordinated promissory note with a financial institution in the amount of \$9,495,000 The proceeds of the note were used to refinance the 2007 subordinated promissory note utilized to acquire the additional membership interest in the Jupiter Outpatient Surgery Center, LLC (JOSC), as described below Interest is payable monthly at an annual rate of daily adjusted LIBOR plus 1 55% Monthly principal payments are approximately \$52,750, plus accrued interest through April 5, 2016, at which time the unpaid principal balance is due This note is *part passu* with all other MTI Obligations under the Master Trust Indenture
- (9) On April 2, 2007, the Hospital executed a subordinated promissory note with a financial institution in the amount of \$12,200,000 The proceeds of the note were used to finance the acquisition of an additional 39 24% membership interest in the JOSC on April 1, 2007 (see Note 15) Interest was payable monthly at an annual rate of one-month LIBOR plus 0 85% This note was refinanced as described above during April 2011

As of September 30, 2011, aggregate maturities of long-term debt (excluding the lease financing and capital lease obligations) and mandatory bond sinking fund requirements for the next five years and thereafter are as follows

2012	\$ 3,950,812
2013	3,776,193
2014	3,943,115
2015	4,129,427
2016	10,381,647
Thereafter	22,770,034
	48,951,228
Less current portion	(3,910,902)
Less unamortized bond discounts	(277,811)
	\$ 44,762,515

Notes to Consolidated Financial Statements (continued)

7. Long-Term Debt (continued)

As of September 30, 2011, future minimum lease payments on capital leases for the next five years are as follows

2012	\$ 418,143
2013	152,134
2014	98,932
2015	98,932
2016	16,489
	 784,630
Less amounts representing interest	(26,442)
Less current portion	(403,731)
	\$ 354,457

At September 30, 2011 and 2010, the net book value of assets under capital leases, included within moveable equipment, approximated \$784,000 and \$1,030,000, respectively

The Center's Series 1993 Bonds, Series 1999A Bonds, Series 1999B Bonds, Series 2009A Bonds, and Series 2009B Bonds (collectively, the Bonds) are collateralized by the gross receipts and accounts receivable generated from the Center's operations, as well as substantially all of the Center's property and equipment In addition, the Master Trust Indenture and supplemental indentures that govern the Bonds contain certain financial and nonfinancial covenants related to the Center's Bonds with which the Center is required to comply

8. Retirement Plan

The Center provides a voluntary defined contribution 403(b) retirement plan, which is available to substantially all employees. This plan is not annuity based and allows for self-directed mutual fund investments. The plan consists of a 2% discretionary contribution and a matching component of 50% up to 4% of each employee's voluntary contribution to the 403(b) plan Contribution expense totaled approximately \$1,752,000 and \$1,765,000 for the years ended September 30, 2011 and 2010, respectively

Notes to Consolidated Financial Statements (continued)

9. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes

	September 30	
	2011	2010
Health care services		
Purchase of property and equipment	\$ 9,384,784	\$ 5,928,759
Other	2,446,548	2,260,824
Future (pledges)	20,343,542	4,809,514
	\$ 32,174,874	\$ 12,999,097

Permanently restricted net assets at September 30, 2011 and 2010, are restricted to investments held in perpetuity, the income from which is expendable to support health care services

10. Professional Liability Insurance

The Center maintains a risk management program to proactively identify and monitor known professional and general liability claims during the year. The Center has a claims-made professional and general commercial liability policy, which provides coverage for all medical malpractice, general commercial, and commercial umbrella claims reported to the insurance carrier during the policy term. Under the policy, the Center is liable for the first \$3 million per claim. The Center estimates the reserve for both asserted and unasserted claims not covered by insurance using a mix of industry experience and the actual malpractice loss experience of the Center as reported under the Center's risk management system. As of September 30, 2011 and 2010, professional liability reserves totaled approximately \$5,739,000 and \$5,900,000, respectively. The estimated liability for self-insured claims is discounted at the rate of 3% at September 30, 2011 and 2010. Management of the Center believes that ultimate losses in excess of the liability recorded, if any, will not be material to its consolidated results of operations or financial position. Claims paid during the years ended. September 30, 2011 and 2010, approximated \$143,000 and \$787,000, respectively.

The Hospital has set up a fund, currently valued at approximately \$3,523,000, equal to the amount of assets potentially to be liquidated to pay malpractice claims, which is included in the consolidated balance sheets as assets limited as to use – held for self-insurance programs and other

Notes to Consolidated Financial Statements (continued)

10. Professional Liability Insurance (continued)

The Center recognized professional liability expense and premium costs in the amount of approximately \$816,000 and \$1,447,000 for the years ended September 30, 2011 and 2010, respectively, which is included in insurance expense in the accompanying consolidated statements of activities

11. Employee Health and Workers' Compensation

The Center is currently self-insured for both employee health insurance and workers' compensation insurance. The Center has commercial insurance coverage for per occurrence claims in excess of \$1,000,000 for workers' compensation. All claims are submitted to, and processed by, a plan trustee or third-party administrator. An estimated accrual for claims incurred but not reported determined by actuaries under the workers' compensation plan has been recorded in the accompanying consolidated balance sheets. At September 30, 2011 and 2010, the workers' compensation liabilities have been discounted at 4% based on actuarial assumptions. At September 30, 2011, the Center has accrued approximately \$976,000 and \$820,000, respectively, related to workers' compensation and employee health insurance. At September 30, 2010, the Center accrued approximately \$795,000 and \$820,000, respectively, related to workers' compensation and employee health insurance.

Workers' compensation and health insurance claims expense, net of employee paid premiums, charged to operations were approximately \$8,454,000 and \$6,482,000 for the years ended September 30, 2011 and 2010, respectively

12. Indigent Care Assessment

The Health Care Consumer Protection and Awareness Act of 1984 created a fund to provide for the treatment of indigent patients Hospitals in the state of Florida are required to deposit into the fund an amount equal to 150% of their net inpatient revenue, 100% of their net outpatient revenue, and 004% of their total expenses, as defined by the Agency for Health Care Administration

Notes to Consolidated Financial Statements (continued)

13. Functional Expenses

The Center provides general health care services to residents within Palm Beach County and the southern portion of Martin County Expenses related to providing these services are as follows

	Year Ended September 30		
	2011 2010		
Health care services General, administrative, and fund-raising	\$ 144,512,318 36,128,079	\$ 138,249,122 34,562,280	
	\$ 180,640,397	\$ 172,811,402	

14. Commitments and Contingencies

Operating Leases

The Center leases certain office space and equipment under various noncancelable operating leases Certain of these leases contain stated escalation clauses, while others contain renewal options Rent expense for 2011 and 2010 amounted to approximately \$3,733,000 and \$3,427,000, respectively

Future minimum payments under these noncancelable operating leases with terms of one year or more at September 30, 2011, consist of the following

Years ended September 30	
2012	\$ 3,272,059
2013	2,293,110
2014	1,526,059
2015	751,755
2016	754,631
Thereafter	420,049
Total minimum rental commitments	9,017,663
Less minimum sublease rentals	(2,069,861)
	\$ 6,947,802

Notes to Consolidated Financial Statements (continued)

14. Commitments and Contingencies (continued)

Hill-Burton Program

The Pavilion obtained a loan guarantee and interest subsidy from the Department of Health and Human Services under the Hill-Burton Program for uncompensated services. This reduced the effective interest rate on the outstanding long-term debt to 50%. In return for this interest subsidy and guarantee, the Pavilion was committed to providing uncompensated services to certain individuals who qualify under Hill-Burton Program financial eligibility levels within a 20-year obligation period, and to remaining a nursing home, which is exempt from federal income taxes under IRC Section 501(c)(3)

The 20-year obligation period expired on September 1, 2001 On June 25, 2002, the facility was approved under the Unrestricted Availability Compliance Alternative (UACA) to the Hill-Burton Program uncompensated services regulations Under the UACA, the dollar obligation was converted to a time obligation with an extended expiration date of October 18, 2012

Line of Credit

Since October 1, 2009, the Center has maintained a \$10 million line of credit with financial institutions for the purpose of supporting operational and capital needs as necessary On April 5, 2011, the Center entered into a replacement line of credit in the amount of \$10 million for a three-year period Interest is payable monthly on the principal balance at an annual rate of adjusted daily LIBOR plus 1 25% The line of credit requires that the Center reduce any outstanding balance to \$0 for at least 30 consecutive days in each fiscal year At September 30, 2011 and 2010, no balances were outstanding on its line of credit

Guarantees

The Center has guaranteed the repayment of certain principal amounts of loans incurred in 2005 by the JOSC in which the Center has an approximately 61% equity ownership (see Note 15)

The JOSC has outstanding principal due under the loan, maturing in May 2012, of approximately \$483,000 and \$1,062,000 as of September 30, 2011 and 2010, respectively, for which the Center is a guarantor of approximately 25% of the outstanding principal amount

Notes to Consolidated Financial Statements (continued)

14. Commitments and Contingencies (continued)

In accordance with ASC 460, *Guarantees*, the Center is required to recognize, at the inception of a guarantee, a liability for the fair value of the obligation undertaken in issuing the guarantee. The Center has estimated that the guarantee issued in connection with the loan described above has a nominal fair value, and no liability has been recognized by the Center in the accompanying consolidated balance sheets for the Center's guarantee for the loan

Litigation

The Center is involved in litigation and regulatory investigations arising in the ordinary course of business. While there are uncertainties inherent in the ultimate outcome of such matters and it is impossible to presently determine the ultimate costs that may be incurred, management believes the resolution of such uncertainties and the incurrence of such costs will not have a material adverse effect on the Center's future financial position or results from operations

15. Related Parties

In 1996, the Center entered into two real estate joint ventures that are accounted for under the equity method. The Center is a limited partner that holds approximately 28% and 34% equity investment shares in these real estate ventures. The buildings, owned by the two joint ventures, house physician offices, as well as a wellness center, information services, wound care, and a women's center. As of September 30, 2011 and 2010, the Center's excess of cumulative distributions received from the partnerships over the Center's cumulative net earnings in the investment totaled approximately \$926,000 and \$878,000, respectively. As these investments are in real estate ventures, the Center has recorded a liability within accrued expenses in the accompanying consolidated balance sheets at September 30, 2011 and 2010, for the excess distributions. In 2011 and 2010, the Center earned ground lease income, net of intercompany profits, of approximately \$76,000 and \$85,000, respectively, from one of the real estate joint ventures.

In 2000, the Center entered into a long-term contract to lease a portion of its land to a real estate partnership. The Center holds a 51% equity investment as a limited partner in this real estate partnership. The general partner manages and controls the operation of a medical office building on this land. As described in Notes 6 and 7, this transaction has been accounted for as a financing arrangement under the provisions of ASC 810, *Consolidation*

Notes to Consolidated Financial Statements (continued)

15. Related Parties (continued)

At September 30, 2006, the Center held a 20% interest in the JOSC, an ambulatory surgery center In April 2007, the Center purchased additional membership interests for approximately \$12,000,000, increasing its ownership to approximately 61% The remaining 39% interest is owned by physicians associated with the Center The Center has guaranteed repayment of certain principal amounts due under loans taken out by the JOSC (as required by the LLC agreement), as described in Note 14 The Center is accounting for its interest in the JOSC under the equity method of accounting in accordance with the provisions of ASC 810

16. Disclosures About Fair Value of Financial Instruments

ASC 820, Fair Value Measurement and Disclosures, describes three levels within the fair value hierarchy, based on the lowest level of any input that is significant to the fair value measurement. The following provides a description of the three levels of inputs that may be used to measure fair value.

- Level 1 Quoted prices (unadjusted) in active markets that are accessible at the measurement date for identical assets and liabilities
- Level 2 Observable prices that are based on inputs not quoted on active markets but corroborated by observable market data (interest rates, credit risk, quotes prices of similar assets or liabilities, etc.)
- Level 3 Unobservable inputs when there is little or no market data available, thereby requiring an entity to develop its own assumptions

Notes to Consolidated Financial Statements (continued)

16. Disclosures About Fair Value of Financial Instruments (continued)

The following tables set forth the level within the fair value hierarchy for each of the Center's financial assets and liabilities including investments, assts limited as to use, and donor restricted assets, as of September 30, 2011 and 2010, which are measured at fair value on a recurring basis

		September 30, 2011					
		Level 1		Level 2		Level 3	
Cash and cash equivalents	\$	29,066,106	\$	_	\$	_	
U S government obligations		6,742,466		_		_	
U S government, agency, and		2.554.224					
municipal securities		3,774,324		- - 41 4 525		_	
Corporate bonds Marketable equity securities		12 622 040		7,414,537		_	
Marketable equity securities	<u>-</u>	13,633,049 53,215,945	\$	7,414,537	\$		
	September 30, 2010						
	<u> </u>	Level 1		Level 2		Level 3	
Cash and eash equivalents U.S. government obligations	\$	25.239.023 6.841.817	\$	_ _	\$	_ _	
U.S. government, agency, and municipal securities		5,128,364		_		_	
Corporate bonds		_		7.287.537		_	
Marketable equity securities	_	11.806.069		_		_	
	\$	49,015,273	\$	7.287.537	\$		
Interest rate swap	<u>\$</u>	_	\$	(673.996)	\$	_	

The Center's fixed income securities, or corporate bonds, consist of high-quality, investment-grade securities from diverse issuers with minimum credit ratings. The Center previously classified these investments as Level 1 because it did not make adjustments to the prices obtained from the investment trustees. However, as the Center values these securities based on pricing from the trustees, whose sources may use quoted prices in active markets for identical assets (Level 1 inputs) or inputs other than quoted prices that are observable either directly or indirectly (Level 2 inputs) in determining fair value, the Center began classifying all of its fixed income securities as Level 2 in fiscal 2011. The table above presents such classification for both 2010 and 2011.

Notes to Consolidated Financial Statements (continued)

16. Disclosures About Fair Value of Financial Instruments (continued)

The following methods and assumptions were used to estimate the fair value of each class of financial instruments for which it is practical to estimate that value

Cash and Cash Equivalents – The carrying amounts approximate fair value because of the short maturity of those instruments

Investments and Assets Limited as to Use – Fair values, which are the amounts reported in the consolidated balance sheets, are based on quoted market prices for those (Level 1) or similar investments (Level 2)

Patient Accounts Receivable – The carrying amounts reported in the consolidated balance sheets for patient accounts receivable, net of estimated allowances for contractual adjustments and bad debts, approximate fair value

Accounts Payable and Accrued Expenses – The carrying amounts reported in the consolidated balance sheets for accounts payable and accrued expenses approximate fair value

Estimated Third-Party Payor Settlements – The carrying amounts reported in the consolidated balance sheets for estimated third-party payor settlements approximate fair value

Long-Term Debt – The fair value of the Center's fixed rate long-term debt, excluding capital lease obligations, is estimated based on the quoted market rates Market rates are estimated using current rates for long-term obligations with similar credit risks. The carrying amounts of the Center's variable-rate obligations, mortgage payable, capital leases, and line-of-credit obligation approximate fair market value

Interest Rate Swap – Since the Center's interest rate swap was not traded on a market exchange, the fair value was determined using valuation models that are based on discounted cash flow analyses on the expected cash flows. The cash flow analyses reflect the contractual terms of the interest rate swap agreement, including the period to maturity, and uses

Notes to Consolidated Financial Statements (continued)

16. Disclosures About Fair Value of Financial Instruments (continued)

observable market-based inputs, including the one-month LIBOR index. The fair value of the Center's interest rate swap agreement was determined by netting the discounted future fixed cash payments and the discounted expected variable cash receipts. The variable cash receipts were based on the expectation of future interest rates based on the observable interest rate curves and the notional amounts. In addition, the Center incorporated credit valuation adjustments to appropriately reflect both its own nonperformance or credit risk and the counterparty's nonperformance or credit risk in the fair value measurements. The interest rate swap agreement exposed the Center to credit risk in the event of nonperformance by the counterparty. The majority of the inputs used to value the interest rate swap agreements were observable inputs available to a market participant. As a result, the Center determined that the interest rate swap valuation was classified in Level 2 of the fair value hierarchy, in accordance with ASC 820

The carrying amounts and fair value of the Center's financial instruments that are not identified separately in the consolidated balance sheet at September 30, 2011 and 2010, are as follows

	September	September 30, 2011		
	Carrying Amount	Fair Value		
Investments and assets limited as to use Long-term debt	\$ 60,630,482 \$ (53,647,842)	6 60,630,482 (54,213,102)		
	September	30, 2010		
	Carrying Amount	Fair Value		

Notes to Consolidated Financial Statements (continued)

17. Endowments

The Center adopted accounting rules that provide guidance on the net asset classification of donor-restricted endowment funds for not-for-profit organizations subject to a state-enacted version of the Uniform Prudent Management of Institutional Funds Act of 2006 (UPMIFA) The Center's endowment is subject to the State of Florida Uniform Management of Institutional Funds Act (FUMIFA) as enacted in 2003 The following disclosures are made as required by these rules

The Center's endowments consist of approximately eight individual funds established for a variety of purposes. Its endowments include both donor-restricted endowment funds and funds designated by the Board of Trustees to function as endowments. As required by generally accepted accounting principles, net assets associated with endowment funds, including funds designated by the Board of Trustees to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions

The Board of Trustees of the Center has interpreted the FUMIFA as requiring the presentation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Center classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the organization in a manner consistent with the standard of prudence prescribed by FUMIFA

In accordance with FUMIFA, the Center considers the following factors when making a determination to appropriate or accumulate donor-restricted funds

- (1) The duration and preservation of the fund
- (2) The purposes of the Center and the donor-restricted endowment fund
- (3) General economic conditions
- (4) The possible effect of inflation and deflation
- (5) The expected total return from income and the appreciation of investments
- (6) Other resources of the Center
- (7) The investment policies of the Center

Notes to Consolidated Financial Statements (continued)

17. Endowments (continued)

The Center has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowments while seeking to maintain purchasing power of the endowment assets Endowment assets include those assets of donor-restricted funds that the Center must hold in perpetuity for a donor-specific period(s), as well as board-designated funds. Under this policy, as approved by the Board of Trustees, the endowment assets are invested in a manner that is intended to produce a real return, net of inflation and investment management costs

To satisfy its long-term rate-of-return objectives and reduce risk, the Center's portfolio shall be composed of diversified assets, including both equity and fixed-income investments. The equities are intended to provide current income, growth of income, and appreciation of principal. The fixed income investments are intended to provide a predictable and reliable source of interest income while reducing the volatility of the portfolio.

In establishing the Center's policy for the appropriation of endowment assets for expenditure, the Center considered the long-term expected return on its endowments Accordingly, in order to maintain the purchasing power of the endowment assets held in perpetuity or for a specific term, it is the Center's objective to provide additional real growth through new gifts and investment return and make appropriations at the discretion of the Board of Trustees

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor or FUMIFA requires the Center to retain as a fund of perpetual duration Deficiencies of this nature would be reported in unrestricted net assets There were no deficiencies recorded at September 30, 2011 or 2010

Notes to Consolidated Financial Statements (continued)

17. Endowments (continued)

At September 30, 2011, the endowment net asset composition by type of fund consisted of the following

			T	emporarily	Pe	rmanently	
	U	nrestricted]	Restricted	F	Restricted	Total
Donor-restricted endowment funds Board-designated endowment funds	\$	2,542,461 12,592,432	\$	289,499 -	\$	2,852,891	\$ 5,684,851 12,592,432
Total funds	\$	15,134,893	\$	289,499	\$	2,852,891	\$ 18,277,283

Changes in endowment net assets for the fiscal year ended September 30, 2011, consisted of the following

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning of				
year	\$ 14,363,007	\$ 310,283	\$ 2,859,091	\$ 17,532,381
Investment return				
Investment income	389,167	25,602	_	414,769
Net depreciation (realized and				
unrealized)	(617,281)	(42,262)	-	(659,543)
Total investment return	(228,114)	(16,660)	_	(244,774)
Appropriation of endowment assets for				
expenditure	_	(4,124)	_	(4.124)
Contributions	_	_	(6,200)	(6.200)
Transfer to general endowment funds	1,000,000	_	_	1,000,000
Endowment net assets, end of year	\$ 15,134,893	\$ 289,499	\$ 2,852,891	\$ 18,277,283

Notes to Consolidated Financial Statements (continued)

17. Endowments (continued)

Endowment net assets are available for the following purposes at September 30

	 2011	2010
Health care services		
Cancer	\$ 741,434 \$	747,245
Henderson – greatest need	688,127	749,052
Ahlbin – greatest need	931,004	934,363
Loxahatchee – greatest need	2,909,463	2,926,789
Coxe – greatest need	156,994	164,230
Katz – greatest need	257,829	268,678
Bell fund – holiday tree	_	10,324
Board designated (two funds) – greatest need	 12,592,432	11,731,700
	\$ 18,277,283 \$	17,532,381

18. Subsequent Events

The Center evaluates the impact of subsequent events, which are events that occur after the balance sheet date but before the financial statements are issued, for potential recognition in the consolidated financial statements as of the balance sheet date or disclosure in the notes to the consolidated financial statements. The Center evaluated events occurring subsequent to September 30, 2011 through December 22, 2011, the date on which the accompanying consolidated financial statements were issued. During this period, there were no subsequent events other than noted below that required recognition in the consolidated financial statements.

Subsequent to September 30, 2011, the Center received notification from its regional Medicare Administrative Contractor (the Contractor) that the Contractor would be reviewing the Center's outlier payments for the year ended September 30, 2007. The ultimate liability, if any, which may result from this review, cannot be estimated at this time.

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