efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493227022817

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www IRS gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 10-01-2015 , and ending 09-30-2016

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
Yuma Regional Medical Center

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
Yuma, AZ 85364

D Employer identification number
86-6007596

E Telephone number
(928) 336-7000

G Gross receipts $ 550,346,162

F Name and address of principal officer
Dr Robert Trenschel
2400 S Avenue A
Yuma, AZ 85364

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

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

H(c) Group exemption number ▶

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

J **Website:** ▶ WWW YUMAREGIONAL ORG

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

L Year of formation 1967

M State of legal domicile AZ

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
Improve the health and well-being of individuals, families, and the community we serve

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	2,867
6	Total number of volunteers (estimate if necessary)	6	200
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	43,686
b	Net unrelated business taxable income from Form 990-T, line 34	7b	38,280

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	631,393	1,003,160
	9	Program service revenue (Part VIII, line 2g)	390,519,291	437,051,436
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,262,142	11,519,983
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-942,122	-1,691,319
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	400,470,704	447,883,260
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	335,424	512,306
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	169,423,877	191,739,329
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,262,052		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	205,471,572	223,505,037
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	375,230,873	415,756,672
	19	Revenue less expenses Subtract line 18 from line 12	25,239,831	32,126,588
Net Assets or Fund Balances			**Beginning of Current Year**	**End of Year**
	20	Total assets (Part X, line 16)	685,457,758	737,734,766
	21	Total liabilities (Part X, line 26)	324,839,721	344,540,382
	22	Net assets or fund balances Subtract line 21 from line 20	360,618,037	393,194,384

Part II Signature Block

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

Sign Here

****** 2017-08-15
Signature of officer Date

Morgan Hay Admin Director of Finance
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Tracy S Paglia	Tracy S Paglia	2017-08-15		P00366884
Firm's name ▶ Moss Adams LLP			Firm's EIN ▶ 91-0189318	
Firm's address ▶ 8800 E Raintree Drive Ste 210 Scottsdale, AZ 85260			Phone no (480) 444-3424	

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . ☑

1 Briefly describe the organization's mission

The mission of Yuma Regional Medical Center is to improve the health and well-being of individuals, families, and the community we serve through excellence, innovation, and prudent use of resources

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 392,575,208 including grants of $ 512,306) (Revenue $ 437,051,436)

See Additional Data

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 392,575,208

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 instructions)?	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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	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		No
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		No
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		No
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 and XII*	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 and XII 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
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 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 through 24d and complete Schedule K If "No," go to line 25a*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, 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*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . ☐

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	255			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	**1b**	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	2,867			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ ____________ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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.

Check if Schedule O contains a response or note to any line in this Part VI . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 16			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		No

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records
▶David Willie 2400 S Avenue A Yuma, AZ 85364 (928) 336-7000

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

Check if Schedule O contains a response or note to any line 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 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations

● List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

		(D)	(E)	(F)
1b	**Sub-Total** . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . ▶	9,115,478	0	1,072,905

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 189

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
HUMAN CAPITAL SELECT LLC 2680 S Val Vista Dr Suite 161 Gilbert, AZ 85295	ANESTHESIA SERVICES	5,646,176
YUMA HEART AND VASCULAR LLC 2400 South Avenue A Yuma, AZ 85364	Cath Lab Services	5,366,244
In compass Health Inc 318 Maxwell Rd Ste 500 Alpharetta, GA 30009	Hospitalist Coverage	3,700,976
Southwestern Critical Care Medicine PLL PO Box 6935 Yuma, AZ 85366	Intensivist Services	2,875,826
SW Rehabilitation Assoc LTD 2281 W 24th Street 10 Yuma, AZ 85364	Rehabiliation Services	2,527,578

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 59

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations . . . 1d					
	e	Government grants (contributions) 1e	4,550				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	998,610				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . ▶		1,003,160			
Program Service Revenue			Business Code				
	2a	PATIENT SERVICES	621110	429,426,299	429,426,299		
	b	Inc from affiliates	900099	3,561,165	3,561,165		
	c	Gift Shop/Snack Bar	453220	694,015	179,751		514,264
	d	Contract Revenue	624100	551,077	551,077		
	e	Health Education	611710	7,766	7,766		
	f	All other program service revenue		2,811,114	2,811,114		
	g	**Total.** Add lines 2a–2f . . . . ▶		437,051,436			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . ▶		5,727,907			5,727,907
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents	(i) 1,095,723 / (ii)				
	b	Less rental expenses	(i) 2,787,042 / (ii)				
	c	Rental income or (loss)	(i) -1,691,319 / (ii)				
	d	Net rental income or (loss) . . . . ▶		-1,691,319		43,686	-1,735,005
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	(i) 105,418,466 / (ii) 49,470				
	b	Less cost or other basis and sales expenses	(i) 99,661,939 / (ii) 13,921				
	c	Gain or (loss)	(i) 5,756,527 / (ii) 35,549				
	d	Net gain or (loss) . . . . ▶		5,792,076			5,792,076
	8a	Gross income from fundraising events (not including $ ____ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶					
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . . ▶					
	12	**Total revenue.** See Instructions . . . . . ▶		447,883,260	436,537,172	43,686	10,299,242

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX . . . . ☑

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	512,306	512,306		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	4,050,752	213,275	3,837,477	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	893,575	893,575		
7	Other salaries and wages	138,433,580	133,312,992	4,844,930	275,658
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,000,284	11,642,151	333,268	24,865
9	Other employee benefits	25,733,548	24,138,068	1,544,013	51,467
10	Payroll taxes	10,627,590	9,968,680	637,655	21,255
11	Fees for services (non-employees)				
a	Management	1,808,892	1,700,358	108,534	
b	Legal	1,721,410	1,242,145	479,265	
c	Accounting	212,983		212,983	
d	Lobbying	18,716		18,716	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	1,158,182		1,158,182	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	69,000,878	63,726,729	5,274,149	
12	Advertising and promotion	956,969	516,763	440,206	
13	Office expenses	5,555,041	4,332,932	333,302	888,807
14	Information technology	7,110,182	7,110,182		
15	Royalties . .				
16	Occupancy	7,267,364	6,322,607	944,757	
17	Travel	881,300	786,120	95,180	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	721,151	576,921	144,230	
20	Interest	1,616,380	1,616,380		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	28,905,357	28,905,357		
23	Insurance	3,018,443	3,018,443		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	MEDICAL SUPPLIES	66,266,448	66,266,448		
b	BAD DEBT	18,849,330	18,849,330		
c	Equipment Rental	702,649	576,172	126,477	
d					
e	All other expenses	7,733,362	6,347,274	1,386,088	
25	**Total functional expenses.** Add lines 1 through 24e	415,756,672	392,575,208	21,919,412	1,262,052
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash-non-interest-bearing	38,299,858	1	33,959,465
	2	Savings and temporary cash investments	48,910,285	2	42,868,261
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	45,305,151	4	52,558,304
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	1,415,729	7	1,907,456
	8	Inventories for sale or use	6,081,149	8	7,540,625
	9	Prepaid expenses and deferred charges	5,311,144	9	6,206,220
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 656,264,278			
	b	Less accumulated depreciation — 10b: 283,959,264	325,001,686	10c	372,305,014
	11	Investments—publicly traded securities	184,117,653	11	187,149,039
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11	19,370,041	13	21,378,387
	14	Intangible assets	9,714,155	14	9,714,155
	15	Other assets See Part IV, line 11	1,930,907	15	2,147,840
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	685,457,758	16	737,734,766
Liabilities	17	Accounts payable and accrued expenses	33,626,732	17	40,841,763
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	179,577,631	20	179,382,402
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	20,000,000	23	18,170,756
	24	Unsecured notes and loans payable to unrelated third parties	523,047	24	51,937
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	91,112,311	25	106,093,524
	26	**Total liabilities.** Add lines 17 through 25	324,839,721	26	344,540,382
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	357,097,945	27	388,667,203
	28	Temporarily restricted net assets	3,427,326	28	4,426,719
	29	Permanently restricted net assets	92,766	29	100,462
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	360,618,037	33	393,194,384
	34	Total liabilities and net assets/fund balances	685,457,758	34	737,734,766

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	447,883,260
2	Total expenses (must equal Part IX, column (A), line 25)	2	415,756,672
3	Revenue less expenses Subtract line 2 from line 1	3	32,126,588
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	360,618,037
5	Net unrealized gains (losses) on investments	5	5,814,787
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-5,365,028
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	393,194,384

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . ☐

			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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:
Software Version:
EIN: 86-6007596
Name: Yuma Regional Medical Center

Form 990, Part III, Line 4a

4a	(Code	) (Expenses $	392,575,208	including grants of $	512,306	) (Revenue $	437,051,436	)
	See Schedule O							

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Alberto Mejia CHIEF OF STAFF	10 00	X		X				18,000	0	0
ASHVIN SHAH TRUSTEE	3 00	X						31,061	0	0
carole coleman tRUSTEE (thru 9/2016)	3 00	X						0	0	0
ISMAEL GUERRERO TRUSTEE	3 00	X						0	0	0
JEFF ANDREWS IMMEDIATE PAST CHAIR	3 00	X		X				0	0	0
JOHN STERNITZKE TRUSTEE	3 00	X						0	0	0
JOHN WILLIAMS TRUSTEE	3 00	X						0	0	0
JULIE ENGEL TRUSTEE	3 00	X						0	0	0
khidir osman md tRUSTEE (thru 04/2016)	3 00	X						0	0	0
LARRY DEASON CHAIRPERSON	3 00	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
LORA DANA TRUSTEE	3 00	X						0	0	0
LOUIE GRADIAS TRUSTEE	3 00	X						0	0	0
MARIO JAUREGUI TRUSTEE	3 00	X						0	0	0
PAGE MISENHIMER TRUSTEE	3 00	X						0	0	0
PHILLIP RICHEMONT VICE CHAIR	3 00	X		X				18,000	0	0
SRIDHAR RAJAMANI SECRETARY/ TREASURER	3 00	X		X				0	0	0
VICTOR ALVAREZ TRUSTEE	3 00	X						0	0	0
Woody Martin Trustee	3 00	X						0	0	0
aHMED kEmMOU OFFICER OF PHYSICIAN RELATIONS	5 00			X				0	0	0
Brock Amon VICE CHIEF OF STAFF	5 00			X				12,000	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
DAVID WILLIE CFO	40 00			X				439,954	0	125,733
Javareena Mahalingham OFF OF PHYS REL (thru 11/2015)	5 00			X				0	0	0
ROBERT TRENSCHEL CEO	40 00			X				947,615	0	126,611
Robert Cannell CMO (thru 1/2016)	40 00			X				81,055	0	27,504
BHARAT MAGU CMO	40 00				X			455,941	0	75,725
DEB ADERS VP PATIENT CARE & CNO	40 00				X			209,389	0	22,929
DEBORAH CARVER VP PATIENT CARE SERVICES	40 00				X			404,867	0	70,096
Edward Paul MD Dir of Medical Ed (Thru 12/2015)	40 00				X			428,773	0	18,712
FRED PEET VP INFO TECH/CHIEF INFO OFFICER	40 00				X			278,545	0	68,429
JUSTIN FARREN VP STRATEGY & DEVELOPMENT	40 00				X			213,001	0	46,471

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
MACHELE HEADINGTON VP COMMUNICATIONS AND MARKETING	40 00				X			241,855	0	86,694
MARSHALL JONES VP HUMAN RESOURCES	40 00				X			304,638	0	78,275
RICCI SANCHEZ VP CLINICAL SERVICE LINES/ABUL CARE	40 00				X			310,407	0	61,100
ROBERT SEIBEL GENERAL COUNSEL	40 00				X			205,607	0	42,936
ABHINAV CHANDRA MED DIRECTOR ONCOLOGY PROGRAM	40 00					X		556,785	0	0
AMBUGA BADARI CANCER CENTER PHYSICIAN	40 00					X		387,786	0	33,071
AUGUSTINE LAU MEDICAL ONCOLOGIST	40 00					X		603,031	0	1,422
GREGORY YANG MEDICAL DIRECTOR RESEARCH	40 00					X		633,029	0	27,632
ROBERT TAKESUYE RADIATION ONCOLOGIST	40 00					X		839,769	0	1,102
CAMIE OVERTON Former Interim CEO (Thru 7/2015)	40 00						X	522,364	0	72,520

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
EUGENE SHAW Former CIO (Thru 5/2015)	40 00						X	843,203	0	72,003
Robert Budman Former CMIO (Thru 5/2015)	40 00						X	128,803	0	13,940

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493227022817

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Yuma Regional Medical Center

Employer identification number
86-6007596

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

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

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

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

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 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)

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

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

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . ______

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

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) | 12 |

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) | 14 |

15 Public support percentage for 2014 Schedule A, Part II, line 14 | 15 |

16a **33 1/3% support test—2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III **Support Schedule for Organizations Described in 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 in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV **Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard*	3b		

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E ☐

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) ______________			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013. . . . . ____________			
e From 2014. . . . . ____________			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $ ____________________			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013. . . . . ____________			
d From 2014. . . . . ____________			
e From 2015. . . . . ____________			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

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

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

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization	Employer identification number
Yuma Regional Medical Center	86-6007596

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

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

2 Political expenditures ▶ $

3 Volunteer hours

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter the amount from the following table in both columns		

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable 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)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		18,716
j	Total Add lines 1c through 1i			18,716
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
Part II-B, Line 1	Yuma Regional Medical Center (YRMC) is a member of the American Hospital Association (AHA) and Arizona Hospital Association (AZHHA) YRMC paid a total of $107,561 to AHA for membership during FY 9/30/16 Of the amount reported, 17 40% or $18,716 of dues were expended by AHA for specific lobbying purposes

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047
2015
Open to Public Inspection

Name of the organization
Yuma Regional Medical Center

Employer identification number
86-6007596

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ ______

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

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

9 In Part XIII, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ ______

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ ______

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

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

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

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

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

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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . ☐

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

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

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

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

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

Part VI **Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		17,229,986		17,229,986
b Buildings		403,236,312	116,138,284	287,098,028
c Leasehold improvements		17,156,594	10,960,177	6,196,417
d Equipment		218,641,386	156,860,803	61,780,583
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				372,305,014

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. 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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	
INTEREST RATE SWAPS AND CAP	12,317,921
OTHER LIABILITIES	10,625,173
MINIMUM PENSION LIABILITY	80,265,938
Third Party Settlements	2,884,492
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	106,093,524

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** ***(continued)***

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 86-6007596
Name: Yuma Regional Medical Center

Supplemental Information

Return Reference	Explanation
Part X, Line 2	The Medical Center has not identified any uncertain tax positions as of September 30, 2016 and 2015, and has determined that there are no material uncertain tax positions that have not been reflected in the combined financial statements

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Yuma Regional Medical Center

Employer identification number
86-6007596

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, 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 hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other ____________ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☑ 350% ☐ 400% ☐ Other ____________ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community 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 benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)	1	0	8,469,546	953,741	7,515,805	1 890 %
b Medicaid (from Worksheet 3, column a)			43,791,457	21,954,011	21,837,446	5 500 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs	1		52,261,003	22,907,752	29,353,251	7 390 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	17	23,731	544,646	32,439	512,207	0 130 %
f Health professions education (from Worksheet 5)			5,168,949		5,168,949	1 300 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			212,515	220,490	-7,975	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j **Total.** Other Benefits	17	23,731	5,926,110	252,929	5,673,181	1 430 %
k **Total.** Add lines 7d and 7j	18	23,731	58,187,113	23,160,681	35,026,432	8 820 %

Part II Community Building Activities
Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support	4		544,646		544,646	0 140 %
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy	13	23,731	441,939	32,439	409,500	0 100 %
8	Workforce development						
9	Other						
10	**Total**	17	23,731	986,585	32,439	954,146	0 240 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2 — 18,849,330			
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3 — 0			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	169,429,040
6	Enter Medicare allowable costs of care relating to payments on line 5	6	144,858,874
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	24,570,166

8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used

☑ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

			Yes	No
9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **4** Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group YUMA REGIONAL MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ 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 significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ 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			
i ☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7 Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☑ Hospital facility's website (list url) http //www yumaregional org			
b ☐ Other website (list url)			
c ☐ Made a paper copy available for public inspection without charge at the hospital facility			
d ☑ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a If "Yes" (list url) HTTP //WWW YUMAREGIONAL ORG			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: YUMA REGIONAL MEDICAL CENTER

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 350 000000000000 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) http //www yumaregional org			
b	☐ The FAP application form was widely available on a website (list url)			
c	☐ A plain language summary of the FAP was widely available on a website (list url)			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

Name of hospital facility or letter of facility reporting group YUMA REGIONAL MEDICAL CENTER

		Yes	No
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Actions that require a legal or judicial process			
d ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ Notified individuals of the financial assistance policy on admission			
b ☑ Notified individuals of the financial assistance policy prior to discharge			
c ☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d ☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			
Policy Relating to Emergency Medical Care			
21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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?	**21**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☑ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Section C)			
23 During the tax year, did the hospital facility charge any FAP-eligible individual 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?	**23**		No
If "Yes," explain in Section C			
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B.
Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?____________________

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

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

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

5 **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)

6 **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

Form and Line Reference	Explanation
Part I, Line 7	YRMC'S COST ACCOUNTING SYSTEM IS TRENDSTAR COSTS ARE ASSIGNED TO EACH CHARGE ITEM ON AN RVU BASIS FOR ALL PATIENT TYPES AND PAYORS PATIENT ACCOUNTS HAVE COST ALLOCATED BASED ON EACH LINE-ITEM CHARGE ON THE ACCOUNT COST-TO-CHARGE RATIOS WERE NOT USED TO DETERMINE AMOUNTS REPORTED IN THE TABLE THE "OTHER BENEFIT" SECTION IS ACTUAL EXPENSE NOT ALLOCATED BY THE COST ACCOUNTING SYSTEM

Form and Line Reference	Explanation
Part I, Line 7, Column (f)	The Bad Debt expense included on Form 990, Part IX, Line 25, Column (A), but subtracted for purposes of calculating the percentage in this column is $ 18,849,330

Form and Line Reference	Explanation
Part II, Community Building Activities	Economic Development Leader/Executive participation in greater Yuma economic development, Chamber of Commerce, and Yuma Visitors Bureau In those roles, YRMC leadership plays an active role in supporting the business and economic drivers and workforce needs Yuma Regional Medical Center actively supports tourism as a major economic drive for the community With approximately 100,000 annual winter visitors, YRMC has actively partnered with the local Yuma Convention & Visitors Bureau (YCVB) to ensure the medical needs of a high volume of visitors With that, YRMC administrator Machele Headington serves on the YCVB Board of Directors, contributing an estimated 3-4 hours per month in professional leadership Tourism is a major industry for both Arizona and Yuma County With proximity to California and Mexico, the area attracts large numbers of travelers and international shoppers During the winter, Yuma's influx of seasonal visitors positively impacts the economy Community Support Yuma Regional Medical Center in involved in several community building activities that address the root causes of health problems Through these activities, YRMC supports community assets by offering the expertise and resources of our healthcare organization We encourage employees to be involved in the community through community boards, health advocacy programs, and physical improvement projects to continuously improve the quality of life for the community we serve Coalition Building Hospital representation to community coalitions related to community health such as - Yuma Community Food Bank- Food For Life- Salvation Army Christmas Angels ProgramCommunity Health Improvement Advocacy Local, state, and notional advocacy in areas such as access to healthcare, public health, transportation and housing - Crossroads Mission- help the homeless shelter by providing bedding & financial support for drug/detox program- Regional Center for Border Health- Amberly's Place - support and assistance for victims of sexual abuse

Form and Line Reference	Explanation
Part III, Line 4	YRMC PERIODICALLY REVIEWS ITS COLLECTION RATES FOR ALL SELF PAY ACCOUNTS AND ESTIMATES THE ANTICIPATED COLLECTIONS ON ALL OUTSTANDING SELF PAY BALANCES A RESERVE IS ESTABLISHED TO ESTIMATE THOSE ACCOUNT BALANCES THAT ARE NOT EXPECTED TO BE COLLECTED BASED ON THOSE HISTORICAL COLLECTION RATES YRMC'S COST ACCOUNTING SYSTEM IS TRENDSTAR COSTS ARE ASSIGNED TO EACH CHARGE ITEM ON AN RVU BASIS FOR ALL PATIENT TYPES AND PAYORS PATIENT ACCOUNTS HAVE COST ALLOCATED BASED ON EACH LINE-ITEM CHARGE ON THE ACCOUNT ACCOUNTS ELIGIBLE FOR CHARITY CARE WERE IDENTIFIED BY CROSS REFERENCING TO PREVIOUS FINANCIAL ASSISTANCE See Note 2 on page 16 of the attached financial statements for the footnote "Accounts receivable and allowance for contractual adjustments and doubtful accounts"

Form and Line Reference	Explanation
Part III, Line 8	YRMC'S COST ACCOUNTING SYSTEM IS TRENDSTAR COSTS ARE ASSIGNED TO EACH CHARGE ITEM ON AN RVU BASIS FOR ALL PATIENT TYPES AND PAYORS PATIENT ACCOUNTS HAVE COST ALLOCATED BASED ON EACH LINE-ITEM CHARGE ON THE ACCOUNT

Form and Line Reference	Explanation
Part III, Line 9b	PATIENTS MAY BE ELIGIBLE FOR FULL FINANCIAL ASSISTANCE OR PARTIAL ASSISTANCE IF PARTIAL, THE REMAINING BALANCE ON THE ACCOUNT WILL BE SUBJECT TO YRMC'S NORMAL COLLECTION PROCESS AND PAYMENT ARRANGEMENTS WILL BE MADE THE BALANCE WILL BE TURNED OVER TO A COLLECTION AGENCY IF ANY OF THE FOLLOWING EVENTS OCCUR 1 MAIL RETURNED - NOT ABLE TO LOCATE PATIENT ACCOUNT GOES TO COLLECTIONS AFTER TWO CONSECUTIVE MAIL RETURNS 2 NO TELEPHONE LISTING OR DISCONNECTED 3 REGULAR SEQUENCE OF STATEMENTS AND COLLECTION NOTICES SENT, INCLUDING A FINAL, WITH NO RESPONSE

Form and Line Reference	Explanation
Part VI, Line 2	YUMA REGIONAL MEDICAL CENTER (YRMC) HAS PROACTIVELY DEVELOPED SEVERAL MECHANISMS FOR CONTINUOUS EVALUATION OF COMMUNITY HEALTH NEEDS YRMC HAS LED THE COLLECTIVE EFFORTS AND FORMATION OF THE ALLIANCE FOR HEALTHY COMMUNITIES THE ALLIANCE FOR HEALTHY COMMUNITIES (STARTED IN 1996) IS A REPRESENTATION OF PEOPLE WHO CARE ABOUT THE FUTURE HEALTH NEEDS OF OUR RESIDENTS MEMBERSHIP IN THE ALLIANCE IS ABOUT PARTNERING TO IMPROVE THE OVERALL HEALTH OF THE COMMUNITY THROUGH COLLABORATION MEMBERSHIP INCLUDES ORGANIZATIONS FROM THROUGHOUT YUMA COUNTY SUCH AS LOCAL SCHOOLS/COLLEGES, HEALTH PROVIDERS, PUBLIC HEALTH, LAW ENFORCEMENT, MEDIA, MILITARY, BUSINESS AND MORE IN FY13 THE GROUP COLLECTIVELY CONDUCT A COMPREHENSIVE COMMUNITY HEALTH ASSESSMENT, FUNDED BY YUMA REGIONAL MEDICAL CENTER THE FINDINGS OF THAT SURVEY WERE SHARED DURING A YUMA COUNTY LEADERSHIP PLENARY SESSION DESIGNED FOR COMMUNITY FEEDBACK AND COMMUNITY HEALTH NEEDS ADDITIONAL ASSESSMENTS INCLUDE THE DEVELOPMENT OF AN ANNUAL PHYSICIAN MANPOWER REVIEW EACH YEAR THE YRMC BOARD OF DIRECTORS CONDUCTS A COMPREHENSIVE MEDICAL STAFF DEVELOPMENT PLAN (MSDP) THE PLAN, WHICH IS APPROVED ANNUALLY AND REVIEWED/MODIFIED AT THE SIX MONTH MARK, INCLUDES EXTENSIVE DATA COLLECTION AND RESEARCH RELATING TO THE PHYSICIAN ACCESS THE STUDY INCLUDES SIX KEY INDICATORS/EVALUATION (1) COMPARISON TO NATIONAL PHYSICIAN TO POPULATION RATIOS, (2) BLIND SECRET SHOPPER PHONE SURVEY MEASURING "WAIT TIME FOR AN APPOINTMENT - HOW QUICKLY A NEW PATIENT CAN GET INTO SEE A PHYSICIAN, (3) INSURANCE - MAJOR INSURANCES ACCEPTED FOR EACH PROVIDER/BY SPECIALTY, (4) AGE/RETIREMENT PROJECTS, (5) OUT-MIGRATION (WHAT MEDICAL SERVICES COMMUNITY MEMBERS ARE TRAVELING TO RECEIVE), (6) PROJECTED HEALTH NEEDS BASED ON A REVIEW OF THE ABOVE LISTED INDICATORS, THE BOARD REVIEWS AND APPROVES THE DEVELOPMENT OF A MSDP YUMA REGIONAL MEDICAL CENTER THEN IMPLEMENTS THE PLAN TO RECRUIT THOSE PROVIDERS NEEDED INTO THE COMMUNITY RECRUITMENT ASSISTANCE/SUPPORT IS ALSO PROVIDED TO DESIGNATED LOCAL HEALTH PROVIDERS

Form and Line Reference	Explanation
Part VI, Line 3	As each patient is registered for services, request for insurance or payment is completed If a patient states that they have no insurance we will request payment in full or a deposit If a balance is left at this time we have Medassist which is a contracted provider to interview the patient and complete YRMC financial assistance form At this time the patient is given the information about the AHCCCS application process and the application is completed if the patient is eligible (residency and income for example) The application process is an online web based application called Healthy E AZ This online process gives you a tentative approved pending verification of information is they potentially might qualify for AHCCCS Once it is determined that the patient will not qualify for any government programs then the financial counselor will visit with the patient and explains the financial assistance program and if the patient wishes to apply, will collaborate with Medassit in retrieving all of the necessary proof of income to complete the financial assistance process The completion of this process may continue after the patient leaves the hospital and the financial assistance process is completed by the staff in the Patient Accounting Department If the patient is only an ER patient and does not qualify for completing a AHCCCS application, the patient is given a sheet of instructions explaining the financial assistance process, documents that are needed to complete the application and phone numbers to call to make an appointment so they can complete the financial assistance process This process is completed between a collaboration of front end registrars, financial counselors, Medassist employees, cashier and the Patient Accounting department

Form and Line Reference	Explanation
Part VI, Line 4	Yuma Regional Medical Center (YRMC) is in a rural setting It is the only hospital in Yuma County and also serves surrounding areas (towns on the California/Arizona border) and residents of Mexican border towns The county has been designated as a Medically Underserved area In the city of Yuma, over 60 percent of the population is Hispanic or Latino, and in the city of San Luis and the city of Somerton (both in Yuma County), over 90 percent of the population is Hispanic or Latino Nearly 63 percent of the population is under 45 years old Yuma County's population is about 205,000 and is expected to grow by 8 percent in the next five years Over 26 percent of the population in Yuma County has a GED or high school diploma, seven percent have an associate degree and eight percent have a bachelor's degree Approximately four percent have a master's degree The main industries in Yuma County are agriculture, tourism and the military There are two military bases here - Marine Corps Air Station Yuma and Yuma Proving Grounds (Army) Approximately 21% of the population is below the poverty line The geography of Yuma County is desert land accented with rugged mountains It is bordered by both California and Mexico There are valley regions that are irrigated with water from the Colorado River The average temperature in July is 107 degrees and in January it's 70 degrees

Form and Line Reference	Explanation
Part VI, Line 5	Yuma Regional Medical Center is involved in several community building activities that address the root causes of health problems Through these activities, YRMC supports community assets by offering the expertise and resources of our healthcare organization We encourage employees to be involved in the community through community boards, health advocacy programs and physical improvement projects to continuously improve the quality of life for the communities we serve See descriptions for Schedule H, Part II

Form and Line Reference	Explanation
Part VI, Line 6	n/a

Form and Line Reference	Explanation
Part VI, Line 7, Reports Filed With States	AZ

Additional Data

Software ID:
Software Version:
EIN: 86-6007596
Name: Yuma Regional Medical Center

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 4 Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	YUMA REGIONAL MEDICAL CENTER 2400 S AVENUE A YUMA, AZ 85364 www yumaregional org H0097	X	X					X			A
2	YUMA REGIONAL MEDICAL CENTER - FOOTHILLS 11142 S SCOTTSDALE DRIVE YUMA, AZ 85367 www yumaregional org H0097		X								A
3	YUMA REGIONAL MEDICAL PLAZA 1501 WEST 24TH STREET YUMA, AZ 85364 www yumaregional org H0097		X							OP SURGERY, IMAGING, CARDIAC Rehab, Wound Care, BARIATRIC	A
4	YUMA REGIONAL CANCER CENTER 1320 W 24TH ST YUMA, AZ 85364 www yumaregional org H0097		X							MEDICAL ONCOLOGY, RADIATION ONCOLOGY	A

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Yuma Regional Medical Center

Employer identification number
86-6007596

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) YUMA REGIONAL MEDICAL CENTER FOUNDATION 2400 S Avenue A Yuma, AZ 85364	51-0179146	501(c)(3)	512,306				Program Support

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . . ▶ 1

3 Enter total number of other organizations listed in the line 1 table . . . . . . ▶ 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

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

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Yuma Regional Medical Center

Employer identification number
86-6007596

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☑ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☑ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee ☐ Written employment contract			
	☑ Independent compensation consultant ☑ Compensation survey or study			
	☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

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

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference	Explanation
Part I, Line 1a	TRAVEL FOR COMPANIONS IS AVAILABLE TO BOARD MEMBERS AND IS TREATED AS TAXABLE COMPENSATION THE CEO IS PROVIDED A MONTHLY PERQ ALLOWANCE WHICH IS TREATED AS TAXABLE COMPENSATION
Part I, Lines 4a-b	LINE 4A The following individuals RECEIVED SEVERANCE PAYMENTS DURING THE YEAR THE AGREEMENTS ARE SUBJECT TO A CONFIDENTIALITY CLAUSE DETAILS WILL BE PROVIDED TO THE IRS UPON REQUEST CAMIE OVERTON - $56,541 EUGENE SHAW - $137,334 LINE 4B YUMA REGIONAL MEDICAL CENTER ESTABLISHED THE "CAPITAL ACCUMULATION AND RETENTION PLAN" AS AN INELIGIBLE DEFERRED COMPENSATION PLAN AS DESCRIBED IN SECTION 457(F) OF THE CODE (INTERNAL REVENUE CODE OF 1986) AS APPROVED BY THE BOARD OF DIRECTORS THE PURPOSE OF THIS PLAN IS TO PROVIDE CERTAIN SUPPLEMENTAL RETIREMENT BENEFITS TO ELIGIBLE EXECUTIVES THE BOARD MAY ONLY DESIGNATE PARTICIPANTS FROM AMONG THOSE EMPLOYEES WHO ARE PART OF A SELECT GROUP OF MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES YRMC WILL ESTABLISH AN INTIAL VESTING DATE FOR EACH PARTICIPANT AND WITHIN THE BOARD'S DISCRETION MAY OFFER TO EXTEND A PARTICIPANT'S VESTING DATE MEETING SPECIFIC CRITERIA AS SET FORTH WITHIN THE PLAN DOCUMENT THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE PLAN AND HAD CONTRIBUTIONS TO THE PLAN IN 2015 DEBORAH CARVER - $26,962 MACHELE HEADINGTON - $29,605 CAMIE OVERTON - $30,514 EUGENE SHAW - $40,175 DAVID WILLIE - $46,662 Robert Cannell - $25,725 Marshall Jones - $25,000 Robert Trenschel - $27,500 Fred Peet - $10,450 Bharat Magu - $11,370 Ricci Sanchez - $2,450 THE FOLLOWING INDIVIDUALS RECEIVED PAYMENTS FROM THE PLAN IN 2015 EUGENE SHAW - $587,888 CAMIE OVERTON - $167,189
Part I, Line 7	YUMA REGIONAL MEDICAL CENTER HAS A PAY AT RISK INCENTIVE PROGRAM FOR CERTAIN EXECUTIVES SEE SECTION II OF THE SCHEDULE O DISCLOSURE FOR 990, PART VI, LINES 15A AND 15B FOR A DESCRIPTION OF THIS PROGRAM

Additional Data

Software ID:
Software Version:
EIN: 86-6007596
Name: Yuma Regional Medical Center

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1DAVID WILLIECFO	(i)	384,241	52,875	2,838	103,222	22,511	565,687	0
	(ii)	0	0	0	0	0	0	0
1ROBERT TRENSCHELCEO	(i)	640,269	274,910	32,436	104,100	22,511	1,074,226	0
	(ii)	0	0	0	0	0	0	0
2BHARAT MAGUCMO	(i)	379,642	75,639	660	67,450	8,275	531,666	0
	(ii)	0	0	0	0	0	0	0
3DEB ADERS VP PATIENT CARE & CNO	(i)	176,950	31,811	628	14,654	8,275	232,318	0
	(ii)	0	0	0	0	0	0	0
4DEBORAH CARVER VP PATIENT CARE SERVICES	(i)	162,615	34,810	207,442	61,821	8,275	474,963	0
	(ii)	0	0	0	0	0	0	0
5Edward Paul MD Dir of Medical Ed (Thru 12/2015)	(i)	334,068	94,705	0	13,250	5,462	447,485	0
	(ii)	0	0	0	0	0	0	0
6FRED PEET VP INFO TECH/CHIEF INFO OFFICER	(i)	240,067	37,236	1,242	45,918	22,511	346,974	0
	(ii)	0	0	0	0	0	0	0
7JUSTIN FARREN VP STRATEGY & DEVELOPMENT	(i)	178,184	34,451	366	23,960	22,511	259,472	0
	(ii)	0	0	0	0	0	0	0
8MACHELE HEADINGTON VP COMMUNICATIONS AND MARKETING	(i)	212,252	28,361	1,242	70,902	15,792	328,549	0
	(ii)	0	0	0	0	0	0	0
9MARSHALL JONES VP HUMAN RESOURCES	(i)	253,054	48,020	3,564	62,483	15,792	382,913	0
	(ii)	0	0	0	0	0	0	0
10RICCI SANCHEZ VP CLINICAL SERVICE LINES/ABUL CARE	(i)	245,416	40,538	24,453	38,589	22,511	371,507	0
	(ii)	0	0	0	0	0	0	0
11ROBERT SEIBEL GENERAL COUNSEL	(i)	187,132	18,471	4	27,144	15,792	248,543	0
	(ii)	0	0	0	0	0	0	0
12ABHINAV CHANDRA MED DIRECTOR ONCOLOGY PROGRAM	(i)	317,692	238,798	295	0	0	556,785	0
	(ii)	0	0	0	0	0	0	0
13AMBUGA BADARI CANCER CENTER PHYSICIAN	(i)	358,931	28,547	308	10,600	22,471	420,857	0
	(ii)	0	0	0	0	0	0	0
14AUGUSTINE LAU MEDICAL ONCOLOGIST	(i)	408,835	39,253	154,943	0	1,422	604,453	0
	(ii)	0	0	0	0	0	0	0
15GREGORY YANG MEDICAL DIRECTOR RESEARCH	(i)	377,001	253,415	2,613	11,840	15,792	660,661	0
	(ii)	0	0	0	0	0	0	0
16ROBERT TAKESUYE RADIATION ONCOLOGIST	(i)	408,589	430,343	837	0	1,102	840,871	0
	(ii)	0	0	0	0	0	0	0
17CAMIE OVERTON Former Interim CEO (Thru 7/2015)	(i)	270,458	28,175	223,731	68,548	3,972	594,884	0
	(ii)	0	0	0	0	0	0	0
18EUGENE SHAW Former CIO (Thru 5/2015)	(i)	117,981	0	725,222	72,003	0	915,206	0
	(ii)	0	0	0	0	0	0	0
19Robert Budman Former CMIO (Thru 5/2015)	(i)	128,803	0	0	12,847	1,093	142,743	0
	(ii)	0	0	0	0	0	0	0

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶Information about Schedule K (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Yuma Regional Medical Center

Employer identification number
86-6007596

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pool financing Yes	(i) Pool financing No
A	INDUSTRIAL DEVELOPMENT AUTHORITY OF CITY OF YUMA ARIZONA	86-0498547	988514CE3	02-05-2014	179,884,512	TO REFUND BONDS & TO FINANCE IMPROVEMENTS AND RENOVATIONS TO THE HOSPITAL		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	179,884,512			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows	103,375,000			
7	Issuance costs from proceeds	1,127,545			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	75,381,967			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2015			

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

Part III Private Business Use

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

Part III **Private Business Use** *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

Part IV **Arbitrage**

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	X							
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?								
c	No rebate due?								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV **Arbitrage** *(Continued)*

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X							

Part V **Procedures To Undertake Corrective Action**

	A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Yuma Regional Medical Center

Employer identification number
86-6007596

Part I **Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

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

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

Part II **Loans to and/or From Interested Persons.**
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III **Grants or Assistance Benefiting Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV **Business Transactions Involving Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

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

Part V **Supplemental Information**
Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	**Explanation**

Additional Data

Software ID:
Software Version:
EIN: 86-6007596
Name: Yuma Regional Medical Center

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(1) Southwestern Critical Care	Entity more than 35% owned by Dr Rajamani, BOD Secretary/ Treasurer	2,875,826	MEDICAL SERVICES		No
(1) Southwest Emergency Physicians	Entity more than 35% owned by Dr Richemont, BOD Vice Chair	351,545	MEDICAL SERVICES		No
(2) Parker Emergency Services	Entity more than 35% owned by Dr Richemont, BOD Vice Chair	421,820	MEDICAL SERVICES		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(4) Gary Aders	Family member of Deb Aders, Key Employee	87,490	SALARIES & WAGES		No
(1) Lydia Brown	Family member of Ismael Guerrero, BOD Trustee	73,205	SALARIES & WAGES		No
(2) Miguel Guerrero	Family member of Ismael Guerrero, BOD Trustee	40,220	SALARIES & WAGES		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(7) Wanda Williams	Family member of John Williams, BOD Trustee	40,994	SALARIES & WAGES		No
(1) Michael Headington	Family member of Machele Headington, Key Employee	121,493	SALARIES & WAGES		No

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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Yuma Regional Medical Center

Employer identification number
86-6007596

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part I, Line 6 Services Provided by Volunteers	VOLUNTEERS ARE A VITAL PART OF YUMA REGIONAL MEDICAL CENTER. THAT'S WHY YRMC OFFERS OPPORTUNITIES FOR SERVICE THAT ACCOMMODATE THE SCHEDULES OF WORKING ADULTS, STUDENTS AND RETIREES SOME OF OUR VOLUNTEERS WORK DIRECTLY WITH PATIENTS, WHILE OTHERS PROVIDE INVALUABLE ASSISTANCE IN SUPPORT AREAS OR WITH SPECIAL PROJECTS IN 2016, 200 VOLUNTEERS HELPED OUT IN NUMEROUS SERVICE AREAS AND CONTRIBUTED OVER 60,000 VOLUNTEER HOURS VOLUNTEERS ARE AN ESSENTIAL PART OF YRMC PERFORMING A VARIETY OF SERVICES TO HELP PATIENTS, VISITORS AND STAFF THEY OFFER SUPPORT IN CLINICAL AS WELL AS NON-CLINICAL AREAS BY PERFORMING SUCH DUTIES AS INFORMATION DESK RECEPTIONIST, TRANSPORTING VISITORS AS A CART DRIVER, BOOK AND BEVERAGE CART SERVICES, PATIENT VISITORS AND WHEEL CHAIR TRANSPORTERS, SOOTHING A CRYING BABY IN THE NICU, PRINT SHOP, WAREHOUSE AND OFFICE ASSISTANTS IN ADDITION, VOLUNTEERS SUPPORT UBS BLOOD DRIVES, HOSPITAL SUPPORT GROUPS, COMMUNITY OUTREACH EVENTS, AND THE PATIENT AND FAMILY CARE CENTER.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a Programs Service Accomplishments	OUR VISION THE VISION OF YUMA REGIONAL MEDICAL CENTER WILL BE RECOGNIZED AS THE FOCUS FOR HEALTHCARE WE WILL WORK COLLABORATIVELY TO EVOLVE THE BEST SYSTEM OF COORDINATED HEALTHCA RE IN OUR SERVICE AREA OUR MISSION THE MISSION OF YUMA REGIONAL MEDICAL CENTER IS TO IMPR OVE THE HEALTH AND WELL-BEING OF INDIVIDUALS, FAMILIES AND THE COMMUNITY WE SERVE THROUGH EXCELLENCE, INNOVATION AND PRUDENT USE OF RESOURCES OUR VALUES COMMITMENT - RESPECT - SAF ETY / QUALITY - CREATIVITY - TEAMWORK OVERVIEW YUMA REGIONAL MEDICAL CENTER IS A 405 LICEN SED BED GENERAL ACUTE CARE HOSPITAL THAT PROVIDES INPATIENT, OUTPATIENT, EMERGENCY ROOM AN D OTHER ACUTE CARE AND HOSPITAL RELATED SERVICES TO THE PEOPLE OF YUMA, ARIZONA AND THE SU RROUNDING COMMUNITIES PRESIDENT/CEO AS A NOT-FOR-PROFIT COMMUNITY HOSPITAL, YUMA REGIONAL MEDICAL CENTER IS DEDICATED TO MEETING THE HEALTHCARE NEEDS OF THIS COMMUNITY TODAY, TOMO RROW AND WELL INTO THE FUTURE THROUGH THIS REPORT, YOU WILL LEARN ABOUT MANY SERVICES AND PROGRAMS THAT WE PROVIDE THE YRMC TEAM CONSISTS OF OVER 2,000 EMPLOYEES, SOME 300 PHYSIC IANS AND 200 VOLUNTEERS YRMC MAINTAINS THE HIGHEST STANDARDS FOR OUR MEDICAL STAFF TO HEL P ENSURE YOU RECEIVE THE QUALITY CARE YOU EXPECT MORE THAN 95 PERCENT OF THE PHYSICIANS P RACTICING AT YRMC ARE BOARD CERTIFIED/ELIGIBLE IN ONE OR MORE SPECIALTIES WE PLEDGE TO SE RVE AS AN ACTIVE COMMUNITY PARTNER WHILE CONTINUING OUR MISSION TO IMPROVE THE HEALTH AND WELL-BEING OF THE COMMUNITIES WE SERVE CHAIRMAN, YRMC BOARD OF DIRECTORS THE BOARD OF YU MA REGIONAL MEDICAL CENTER IS COMPOSED OF AN ARRAY OF PROFESSIONALS WHO BRING THEIR SKILLS AND TALENTS TOGETHER TO WORK WITHOUT PAY SO THAT YOU CAN RECEIVE THE HIGHEST QUALITY OF M EDICAL CARE IN YOUR COMMUNITY AS WE LOOK TO THE FUTURE, THE YRMC BOARD OF DIRECTORS HAS A GAIN SET THE BAR HIGH IT IS OUR VISION TO WORK COLLABORATIVELY TO EVOLVE THE BEST SYSTEM OF COORDINATED HEALTH CARE IN OUR SERVICE AREA AS A NON-PROFIT COMMUNITY HOSPITAL, WE REI NVEST FUNDS REMAINING AT THE CLOSE OF THE YEAR TO NEW SERVICES AND PROGRAMS FOR THE COMMUN ITY OUR STRATEGIES MOVING FORWARD INCLUDE A FIVE-PHASE IMPLEMENTATION OF AN ELECTRONIC HE ALTH RECORD TO IMPROVE PATIENT SAFETY AND QUALITY, IMPROVE PATIENT ACCESS TO SERVICES THRO UGH RECRUITMENT OF PHYSICIANS IN IDENTIFIED SHORTAGE AREAS, INVESTMENT IN NEW TECHNOLOGIES , REMAINING FINANCIALLY SOUND, AND PROVIDING THE HIGHEST STANDARD OF CARE AND PATIENT SAFE TY AS A NOT-FOR-PROFIT HOSPITAL, YRMC HAS NO SHAREHOLDERS WE ANSWER TO AND ARE OWNED BY THE COMMUNITY WE SERVE FINANCIAL A SOLID FUTURE AS A NON-PROFIT HOSPITAL, YUMA REGIONAL MEDICAL CENTER RELIES SOLELY ON PATIENT REVENUES FOR FUNDING WE DO NOT RECEIVE LOCAL, STA TE OR FEDERAL TAX MONEY THERE ARE NO OUT-OF-STATE CORPORATIONS OR PRIVATE SHAREHOLDERS IN VOLVED WITH YRMC - THE ONLY SHAREHOLDERS ARE THE PEOPLE AND COMMUNITIES WE SERVE CHARITY CARE/FINANCIAL ASSISTANCE AT YUMA REGIONAL MEDICAL CENTER, WE BELIEVE THAT ALL PEOPLE HAVE A RIGHT TO MEDICALLY NECESSAR

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a Programs Service Accomplishments	Y HEALTH CARE AND EQUAL ACCESS TO DIAGNOSTIC AND THERAPEUTIC TREATMENT, REGARDLESS OF FINA NCIAL STATUS ELIGIBILITY CRITERIA FOR CHARITY CARE OR DISCOUNTS ARE BASED ON A PERCENTAGE OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES ANNUAL "POVERTY GUIDELINES " ELIGIBILITY C RITERIA INCLUDES INDIVIDUAL OR FAMILY INCOME, INDIVIDUAL OR FAMILY NET WORTH, EMPLOYMENT S TATUS, OTHER FINANCIAL OBLIGATIONS, AMOUNT AND FREQUENCY OF HEALTHCARE BILLS AND OTHER FIN ANCIAL RESOURCES AVAILABLE TO THE PATIENT BECAUSE YRMC DOES NOT PURSUE COLLECTIONS, CHARI TY CARE IS NOT INCLUDED IN NET PATIENT SERVICE REVENUE A COPY OF THE YRMC'S CHARITY CARE POLICY IS AVAILABLE ON THE WEBSITE WWW YUMAREGIONAL ORG WE'RE NOT FOR PROFIT WE'RE FOR HELPING CHILDREN A BACKPACK, PENCILS AND PENS, ERASERS, NOTEPAPER, RULER AND CRAYONS - IT SEEMS LIKE A SMALL EXPENSE BUT FOR MANY STRUGGLING FAMILIES, THE GIFT OF A BACKPACK FILL ED WITH SCHOOL SUPPLIES MEANS SOMETHING VERY SPECIAL IT MEANS THAT THEIR CHILDREN ARE EQU IPPED WITH THE TOOLS NEEDED TO SUCCESSFULLY START THE SCHOOL YEAR IN 2012, SEVERAL THOUSA ND NEEDY CHILDREN BENEFITED FROM THE YRMC DRIVE FOR SCHOOL SUPPLIES FOR 10 YEARS, YUMA RE GIONAL MEDICAL CENTER HAS STEPPED IN TO SUPPORT THE COMMUNITY'S UNDERPRIVILEGED CHILDREN B Y SPONSORING THIS LARGE PROJECT THE DRIVE FOR SCHOOL SUPPLIES IS TRULY A COMMUNITY COLLAB ORATION THAT TAKES PLACE EACH JULY YRMC WORKS WITH BUSINESSES AND OTHER ORGANIZATIONS TO SET UP DONATION BOXES AT VARIOUS LOCATIONS PRINCIPALS FROM AREA SCHOOLS THROUGHOUT YUMA C OUNTY ARE ASKED TO DETERMINE HOW MANY BACKPACKS THEY NEED FOR THEIR STUDENTS INDIVIDUALS THROUGHOUT THE COMMUNITY ALSO DONATE CASH TOWARDS THE PROJECT SEVERAL AREA MERCHANTS OFFE R YRMC BULK DISCOUNTS FOR BACKPACKS AND SUPPLIES PAID FOR WITH THESE CASH DONATIONS AND GR ANTS IN FISCAL 2014, 153 OF OUR TINIEST PATIENTS WERE ADMITTED TO AND CARED FOR BY THE SP ECIALLY TRAINED STAFF IN THE NEONATAL INTENSIVE CARE UNIT (NICU) YRMC'S NICU IS LICENSED TO CARE FOR INFANTS 28 WEEKS AND OLDER A FULL TERM INFANT IS 40 WEEKS INFANTS THAT ARE B ORN AT YRMC AT LESS THAN 28 WEEKS ARE CARED FOR IN THE NICU UNTIL THEY ARE STABLE ENOUGH T O TRANSPORT OUR YOUNGEST INFANTS HAVE BEEN 22 WEEKS BY HAVING A NICU, FAMILIES ARE RELIE VED OF THE EXPENSE OF GOING OUT OF TOWN FOR EXTENDED PERIODS OF TIME TO BE NEAR THEIR SICK INFANT AND HAVE A SUPPORT SYSTEM NEARBY TO RAISE AWARENESS ABOUT HEART DISEASE, THE NUMB ER ONE KILLER OF WOMEN, AND ITS RISKS, YUMA REGIONAL MEDICAL CENTER PARTICIPATES IN THE AM ERICAN HEART ASSOCIATION'S GO RED FOR WOMEN CAMPAIGN AND ALSO HOLDS A WOMEN AND HEART DISE ASE AWARENESS CAMPAIGN DURING THE CAMPAIGN, THOUSANDS OF HEART KITS CONTAINING INFORMATIO N ON HEART DISEASE, HEART-HEALTHY RECIPES AND COUPONS FOR FREE AND DISCOUNTED LABORATORY S ERVICES ARE DISTRIBUTED THROUGHOUT YUMA COUNTY OUR SPEAKERS BUREAU PROVIDED SPEAKERS TO C LUBS AND ORGANIZATIONS ON WOMEN AND HEART DISEASE YRMC PARTNERS WITH PHYSICIANS, RETAIL M ERCHANTS AND RESTAURANTS TO PR

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a Programs Service Accomplishments	OMOTE NATIONAL WEAR RED DAY, WHICH SHOWS SUPPORT FOR WOMEN'S HEART DISEASE AWARENESS EDUCATION ABOUT WOMEN AND HEART DISEASE IS OFFERED AT ALL SPRING COMMUNITY OUTREACH EVENTS, INCLUDING HEART HEALTHY COOKING, THE YUMA COUNTY FAIR AND THE WOMEN'S EXPO WE'RE NOT FOR PROFIT WE'RE FOR EDUCATING THE COMMUNITY YUMA REGIONAL MEDICAL CENTER IS COMMITTED TO THE EDUCATION OF HEALTHCARE PROFESSIONALS BY PROVIDING LEARNING OPPORTUNITIES TO NURSES AT OUR EDUCATION CENTER AND TO PHARMACY STUDENTS WORKING ON PATIENT FLOORS SUCH EDUCATIONAL PROGRAMS GIVE STUDENTS A CHANCE TO WORK ON THEIR SKILLS AT A PREMIER HEALTHCARE CENTER WHILE PROVIDING THE COMMUNITY WITH HIGHLY QUALIFIED CAREGIVERS TRAINING TOMORROW'S NURSES AT THE YUMA REGIONAL EDUCATION CENTER, NURSING STUDENTS FROM NORTHERN ARIZONA UNIVERSITY - YUMA APPLY CLASSROOM LESSONS IN A SETTING THAT MIRRORS A HOSPITAL ENVIRONMENT STUDENTS WORK IN A SKILLS LAB THAT HAS ADULT, CHILD AND INFANT VITALSIMS MANNEQUINS PREPROGRAMMED WITH HEART RHYTHMS, LUNG AND BOWEL SOUNDS AND EVEN VOICES IN A WORKSHOP OUTFITTED WITH MORE ADVANCED MANNEQUINS, CALLED SIMSMAN AND SIMSBABY, AN OBSERVING INSTRUCTOR CONTROLS THE PHYSICAL TRAITS OF THE SIMULATED PATIENT IN RESPONSE TO THE NURSE'S CARE DURING FULL LIFELIKE SCENARIOS "THE GOAL OF OUR EDUCATION CENTER IS TO PROVIDE AS MANY RESOURCES AS POSSIBLE TO HELP NURSING STUDENTS AND EMPLOYEES GROW IN KNOWLEDGE AND SKILL," SAYS A CLINICAL LAB SPECIALIST AT YUMA REGIONAL MEDICAL CENTER "WE FEEL IT'S AN ESSENTIAL COMPONENT IN PROVIDING EXCELLENT PATIENT CARE" WE'RE NOT FOR PROFIT WE'RE FOR UNITING FOR THE COMMUNITY YUMA REGIONAL MEDICAL CENTER HAS JOINED FORCES WITH YUMA REHABILITATION HOSPITAL, A NATIONALLY RECOGNIZED STROKE REHABILITATION CENTER OF EXCELLENCE, TO PROVIDE A STROKE PROGRAM FOR THE COMMUNITY EVERY 45 SECONDS SOMEONE IN AMERICA HAS A STROKE MOST STROKE SURVIVORS WILL TELL YOU THAT THEY INITIALLY IGNORED THE WARNING SIGNS BECAUSE THEY THOUGHT IT COULDN'T HAPPEN TO THEM A STROKE CAN HAPPEN TO ANYONE CANCER PATIENTS NEED A TEAM OF NURSES, SOCIAL WORKERS, CHAPLAINS AND PHYSICIANS TO HELP IN-PATIENTS AND THEIR FAMILIES WITH PALLIATIVE CARE SERVICES, WHICH HELP PEOPLE WORK THROUGH THE PHYSICAL, EMOTIONAL AND SPIRITUAL CONCERNS OF SERIOUS, PROGRESSIVE ILLNESSES THE GOALS ARE TO HELP PEOPLE HAVE THE BEST POSSIBLE QUALITY OF LIFE AND TO BE ALLOWED TO DIE WITH DIGNITY TREATMENTS AND TECHNIQUES FOCUS ON IMPROVING THE QUALITY OF LIFE OF PATIENTS WITH ILLNESSES SUCH AS CANCER, HEART FAILURE AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE PAIN MANAGEMENT PLAYS A KEY ROLE IN PALLIATIVE CARE PALLIATIVE CARE HELPS PATIENTS UNDERSTAND THE NATURE OF THEIR ILLNESS AND TO MAKE TIMELY, INFORMED DECISIONS ABOUT THEIR LIVES

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a Programs Service Accomplishments Continued	EDUCATION AND MANAGEMENT ARE KEY FACTORS FOR PATIENTS WITH DIABETES THE DIABETES EDUCATION PROGRAM AT YRMC HELPS THESE PATIENTS TO UNDERSTAND WHAT TYPES OF FOOD ARE BEST FOR THEM, POTENTIAL HAZARDS OF IGNORING THE DISEASE AND OFFERS A DIABETES SUPPORT GROUP FOR PATIENTS AND THEIR FAMILIES THE PROGRAM ALSO PROVIDES INFORMATION ON MANAGEMENT OF THE DISEASE TO HELP PATIENTS UNDERSTAND THAT IT IS AN ON-GOING PROCESS IN 2009, THE PROGRAM ADDED DIABETES 101 THIS INFORMATIVE, TWO-HOUR CLASS IS OPEN TO ANYONE WHO WANTS TO LEARN ABOUT THE BASIC SKILLS NEEDED TO CONTROL TYPE 2 DIABETES IT IS TAUGHT BY CERTIFIED DIABETES EDUCATORS WHO GIVE AN OVERVIEW OF TYPE 2 DIABETES, THE MEDICATIONS USED TO CONTROL DIABETES, MEAL PLANNING AND HEALTHY BEHAVIORS THAT CAN HELP PATIENTS AVOID COMPLICATIONS THE YUMA REGIONAL CARELINE OFFERS ASSISTANCE FREE OF CHARGE 24 HOURS A DAY, SEVEN DAYS A WEEK, THE CARELINE PROVIDES CALLERS WITH FREE HEALTH ADVICE FROM A REGISTERED NURSE, HELP FINDING A DOCTOR AND ACCESS TO OVER 1,500 AUDIO HEALTH TOPICS PROMOTIONAL ITEMS FEATURING THE CARELINE TELEPHONE NUMBER AND FLYERS ABOUT THE FREE SERVICE ARE HANDED OUT AT YRMC COMMUNITY OUTREACH EVENTS, AND COMMUNITY AWARENESS IS HEIGHTENED THROUGH NEWSPAPER AND BILLBOARD ADS FULLY FUNDED BY YRMC, THE CARELINE IS DESIGNED TO HELP OUR COMMUNITY ACCESS THE MOST APPROPRIATE LEVEL OF CARE FOR ITS HEALTH NEEDS YUMA REGIONAL CARELINE 336-CARE (2273) THE CHILDBIRTH EDUCATION PROGRAM COORDINATOR AT YRMC HAS EARNED THE TITLE "QUEEN OF CAR SEATS" ACCORDING TO SAFE KIDS WORLDWIDE, SHE CHECKS AN AVERAGE OF 70 CAR SEATS PER MONTH FOR PROPER INSTALLATION YRMC OFFERS CHILDBIRTH PREPARATION INCLUDING CAR SEAT SAFETY, NEWBORN CARE, SIBLING, BREASTFEEDING AND CPR/FIRST AID CLASSES AT A NOMINAL FEE MORE THAN 1,000 PEOPLE PARTICIPATE IN THESE CLASSES IN A YEAR CLINICAL PASTORAL EDUCATION PROGRAM THE CLINICAL PASTORAL EDUCATION (CPE) PROGRAM AT YUMA REGIONAL MEDICAL CENTER TRAINS CLERGY OF ALL FAITHS TO PROVIDE HEALING, COMFORT AND SUPPORT TO PATIENTS AND THEIR FAMILIES DURING THEIR HOSPITAL EXPERIENCE YRMC OFFERS LEVEL 1, LEVEL 2 AND SUPERVISORY CPE THE CPE PROGRAM IS ACCREDITED BY THE ASSOCIATION FOR CLINICAL PASTORAL EDUCATION RECOGNIZED FOR ITS EXCEPTIONALLY HIGH STANDARDS, THE YEAR-LONG RESIDENCY PROGRAM AT YRMC OFFERS A STIMULATING LEARNING ENVIRONMENT THAT ENCOURAGES BOTH PERSONAL AND PROFESSIONAL GROWTH STUDENTS LEARN HOW TO PROVIDE EMOTIONAL AND SPIRITUAL SUPPORT TO INDIVIDUALS OF ALL FAITHS AND BELIEFS TO HELP EMPOWER THEM IN THEIR HEALTHCARE EXPERIENCE STUDENTS MAY EXPERIENCE A WIDE RANGE OF UNIQUE OPPORTUNITIES TO PRACTICE CHAPLAINCY WITHIN A CLINICAL TEAM ENVIRONMENT, SUCH AS WORKING WITH TRAUMAS, CELEBRATING BIRTHS AND END-OF-LIFE ISSUES RESIDENTS BECOME EXPERT IN ACTIVE LISTENING SKILLS, ORGAN AND TISSUE DONATION AND ADVANCE DIRECTIVES YRMC TYPICALLY OFFERS FIVE RESIDENCIES PER YEAR

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	The Form 990 is prepared by an outside accounting firm based on information provided by the Finance Department The 990 is then review ed by management in the Finance Department

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	YRMC recognizes that the potential for conflicts of interest exists for decision-makers at all levels within the organization Levels within the organization include YRMC employees, volunteers, and board members YRMC requires the disclosure of potential conflicts of interest so that appropriate action may be taken to ensure that such conflicts will not inappropriately influence important decisions Employees are required to disclose any and all potential conflicts of interest that could inappropriately influence decisions This would include becoming involved as a vendor, or receiving remuneration or other benefit from a vendor This includes immediate family members If a transaction is planned, the employee must disclose the following information to his or her department director and the V P of Human Resources the employee's or family member's personal interest, and a description of the proposed transaction including all relevant information YRMC's workforce member acknowledgement, confidentiality agreement, conflict of interest and disclosure statement and certification form is signed upon entry and then annually Records are retained in the personnel file in the volunteer department office or the human resources department office Documents signed by members of the YRMC board of directors are kept with the board coordinator

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	The Board of Yuma Regional Medical Center has adopted a competitive pay strategy in order to attract and retain qualified executives to lead our organization and to fairly compensa te executives for advancing the mission of Yuma Regional Medical Center The policy is als o intended to establish a formal, consistent process for governing executive compensation decisions This process is meant to establish a "Rebuttable Presumption of Reasonableness" under IRC section 4958 To secure a legal "Rebuttable Presumption of Reasonableness" in d etermining compensation of the CEO and other executives considered disqualified individual s, an outside consultant is engaged periodically to provide comparability data and contemp oraneous substantiation of the deliberation and decision in setting up total compensation packages including an incentive pay program know n as "Pay at Risk and executive retirement programs Our Total Compensation Philosophy is comprised of the follow ing elements Role of the Executive Committee The Board's Executive Committee, after review ing the material provided by the consultant, sets the compensation for the President/CEO as w ell as the com pensation policy and strategy for other executives The Executive Committee w ill review an d approve, or modify as appropriate, the CEO's recommendations for other executives The E xecutive Committee presents its recommendations to the full Board for endorsement Peer Gr oup A national peer group of health care organizations comparable to Y RMC in revenue, str ucture, mission and scope of operations w ill be used in collecting comparability data Com petitive Positioning -Salary range midpoints are set at the 60th percentile of the peer g roup Individual salaries are positioned w ithin the salary ranges based on factors such as qualifications, experience and performance as w ell as recruitment and retention needs -A nnual incentive opportunity for the President/CEO, Vice Presidents and Directors are posit ioned on par w ith the average levels provided to individuals occupying comparable position s in the peer group -Benefit expenditures are positioned above the 75th percentile and de signed to encourage retention and stability of the executive team -Our Total Compensation including cash compensation and benefits w ill be positioned at approximately the 75th per centile for expected performance Total compensation above the 75th percentile may be achi eved for exceptional or superior performance Appropriate perquisites w ill be provided bas ed on position level and typically w ill be funded by a PERQ Allow ance A moderate severanc e policy is also provided based on position level See the Severance Policy for further de tail Pay at Risk Incentive Program Y RMC's annual incentive plan (our "Pay at Risk" progr am) uses a combination of organizational and individual performance measures Organization al measures aligned w ith the organization's Pillars of Performance including Quality/Safet y, Service Satisfaction, Peopl

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	e, Systems, Processes, Fınance and Grow th are establıshed annually and approved by the Boa rd Executıve Commıttee The w eıghtıng for each measure ıs establıshed annually and slıghtl y more w eıght may apply to any of these fıve categorıes -Trıggers are establıshed to defı ne certaın mınımum performance levels that must be met before ıncentıve aw ards may be paıd -Net Operatıng Margın must be achıeved at a mınımum of 80% of budget -Accredıtatıon mus t be maıntaıned -Performance measures are typıcally expressed ın terms of defıned outcome s Each performance measure ıncludes three levels of performance that correspond to three levels of aw ard opportunıty -A threshold level of performance representıng "sıgnıfıcant p rogress" tow ard achıevıng the planned performance objectıve (TARGET) -A stretch level of performance ındıcatıng that the planned performance objectıve has been fully achıeved (WI NNING) -An outstandıng level of performance representıng results that "clearly exceed" the planned performance objectıve (MAXIMUM OR CHAMPION) TARGETS are set at the 60th percentı le of natıonal data w hen avaılable -WINNING level ıs set at the 75th percentıle and CHAMP ION level ıs the 90th percentıle For fınancıal measures, WINNING ıs set at the budget lev el w ıth 95% equalıng TARGET and 105% equalıng CHAMPION level Each year, the CEO recommend s to the Commıttee the outcomes requıred to achıeve each goal level and provıdes supportın g ratıonale and data for the recommendatıons The Commıttee revıew s the recommendatıons, m odıfıes as approprıate, and approves the fınal goals and requıred outcomes PERFORMANCE LE VEL percentages are set based on posıtıon -CEO's WINNING LEVEL equals 40% of ıncumbent's salary w ıth a mınımum of 30% and a maxımum of 50% w ıth 100% w eıghtıng on organızatıonal go als -Vıce Presıdent's WINNING LEVEL equals 20% of ıncumbent's salary w ıth a mınımum of 10 % and a maxımum of 30% w ıth 70% w eıghtıng on organızatıonal goals, 30% w eıghtıng for dıvıs ıon goals -Dırector's WINNING LEVEL equals 10% of mıdpoınt of salary range w ıth a mınımum of 5% and a maxımum of 15% w ıth 60% w eıghtıng on organızatıonal goals, 40% w eıghtıng for dıvısıon goals -The amount, ıf any, due w ıll be paıd prıor to the December 31 follow ıng t he close of the fıscal year Insurance Products A number of executıve ınsurance products are avaılable at the executıve's choıce These benefıts are optıonal and executıves w ıll h ave an opportunıty to elect these benefıts at any tıme Wıth the exceptıon of Survıvor Lıf e Insurance, executıves may be bılled dırectly for these products and premıums are paıd on an after tax basıs The currently avaılable programs are -Long-Term Care ınsurance for t he executıve and spouse -Executıve Dısabılıty coverage (thıs w ould supplement the basıc ho spıtal plan) -Survıvor Lıfe Insurance - for executıves enrollıng ın thıs benefıt, the hosp ıtal w ıll pay the executıve's premıum Under applıcable tax rules, the premıum payments ma de by the hospıtal w ıll be tre

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	ated as a loan The executive must pay interest on hospital paid premiums The hospital w i ll be repaid from the cash surrender value of the policy or the face amount of the policy in the event of death This arrangement is documented by an agreement acceptable to the ho spital Paid Leave Time Cash Out Refer to the Executive Paid Leave time Cash Out policy f or details The purpose of this policy is to allow executives to cash out a limited amount of PLT to fund premiums or other costs for insurance or to use the proceeds in w hatever m anner they w ish The executive has to meet certain criteria to qualify

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	The organization's governing documents, conflict of interest policy, and financial statements are available to the general public upon request

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, line 11g	PURCHASED SERVICES Program service expenses 35,105,927 Management and general expenses 541,743 Fundraising expenses 0 Total expenses 35,647,670 Physician Fees Program service expenses 18,505,535 Management and general expenses 2,523,482 Fundraising expenses 0 Total expenses 21,029,017 eQUIPMENT SERVICE CONTRACTS Program service expenses 10,115,267 Management and general expenses 2,208,924 Fundraising expenses 0 Total expenses 12,324,191

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	CHANGE IN FAIR VALUE OF INTEREST RATE SWAPS 75,192 INCREASE IN PENSION LIABILITY -5,440,220

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493227022817

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Yuma Regional Medical Center

Employer identification number
86-6007596

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) YUMA REGIONAL MED CTR PROF SVCS GROUP 2400 S AVENUE A YUMA, AZ 85364 35-2381086	Healthcare	AZ	-982,348	1,152,307	YUMA REGIONAL MEDICAL CENTER
(2) YUMA REGIONAL CANCER CENTER 2400 S AVENUE A yuma, AZ 85364 37-1645390	Healthcare	AZ	-2,316,406	0	YUMA REGIONAL MEDICAL CENTER
(3) Yuma Clinically Integrated Network 2400 S AVENUE A yuma, AZ 85364 86-6007596	Healthcare	AZ	-281,554	0	YUMA REGIONAL MEDICAL CENTER

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) YUMA HEALTHCARE SERVICES INC 2400 S AVENUE A YUMA, AZ 85364 86-0775929	HEALTHCARE	AZ	Yuma Regional Medical Center	C	689,880	2,164,738	100 000 %	Yes	

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) YUMA HEALTHCARE SERVICES INC	A	62,846	FMV

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation