

Form **990**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)  
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047  
**2008**  
**Open to Public Inspection**

**A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization ANAHEIM MEMORIAL MEDICAL CENTER	<b>D</b> Employer identification number 95-1966746
		Doing Business As	<b>E</b> Telephone number (714) 377-3411
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1111 WEST LA PALMA AVENUE	<b>G</b> Gross receipts \$ 200,709,455
		City or town, state or country, and ZIP + 4 ANAHEIM, CA 928012881	
<b>F</b> Name and address of Principal Officer Byron Schweigert 1111 W La Palma Ave Anaheim, CA 92801		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list. See instructions.) <b>H(c)</b> Group Exemption Number	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J</b> Web site: WWW.MEMORIALCARE.ORG	
<b>K</b> Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> trust <input type="checkbox"/> association <input type="checkbox"/> other		<b>L</b> Year of Formation 1958	<b>M</b> State of legal domicile CA

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities TO IMPROVE THE HEALTH AND WELL BEING OF INDIVIDUALS, FAMILIES AND OUR COMMUNITIES THROUGH INNOVATION AND THE PURSUIT OF EXCELLENCE		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	13
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	12
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	1,340
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	17
	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	216,340	257,396
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	208,239,491	199,767,222
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	166,548	103,762
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	391,428	559,810
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	209,013,807	200,688,190
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	73,675,691	79,172,098
	<b>b</b> (Total fundraising expenses, Part IX, column (D), line 25 <sup>0</sup> )	0	0
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	131,921,574	122,649,326
	<b>18</b> Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	205,597,265	201,821,424
<b>19</b> Revenue less expenses Subtract line 18 from line 12	3,416,542	-1,133,234	
<b>Net Assets or Fund Balances</b>		<b>Beginning of Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16)	72,253,006	101,353,712
	<b>21</b> Total liabilities (Part X, line 26)	59,040,127	99,524,340
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	13,212,879	1,829,372	

**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.

<b>Please Sign Here</b>	Signature of officer	2010-05-03		
	RICK GRANIERE CFO Type or print name and title	Date		
<b>Paid Preparer's Use Only</b>	Preparer's signature KARA ADAMS	Date	Check if self-employed <input type="checkbox"/>	Preparer's PTIN (See Gen Inst )
	Firm's name (or yours if self-employed), address, and ZIP + 4	ERNST & YOUNG US LLP 18111 VON KARMAN AVENUE SUITE 1000 IRVINE, CA 92612	EIN	Phone no (949) 794-2300
	May the IRS discuss this return with the preparer shown above? (See instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Part III Statement of Program Service Accomplishments** (See the instructions.)

**1** Briefly describe the organization's mission  
 TO IMPROVE THE HEALTH AND WELL BEING OF INDIVIDUALS, FAMILIES AND OUR COMMUNITIES THROUGH INNOVATION AND THE PURSUIT OF EXCELLENCE

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
 If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting or make significant changes in how it conducts any program services?  Yes  No  
 If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 186,231,523 including grants of \$ 0 ) (Revenue \$ 200,242,691 )  
 SEE SCHEDULE O

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

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






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

**4e** Total program service expenses \$ 186,231,523 *Must equal Part IX, Line 25, column (B).*

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors?	Yes	
<b>3</b>	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		No
<b>4</b>	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	Yes	
<b>5</b>	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
<b>6</b>	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
<b>7</b>	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		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
<b>9</b>	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	Yes	
<b>10</b>	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	Yes	
<b>11</b>	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	Yes	
<b>12</b>	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII		No
<b>13</b>	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the U S?		No
<b>b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S? If "Yes," complete Schedule F, Part I		No
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		No
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		No
<b>17</b>	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		No
<b>18</b>	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
<b>19</b>	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
<b>20</b>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	Yes	
<b>21</b>	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		No
<b>22</b>	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b>	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		No
<b>b</b>	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		No
<b>26</b>	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		No

**Part IV Checklist of Required Schedules** *(Continued)*

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
<b>a</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>c</b>	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . . 		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . . 	Yes	
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . 	Yes	
<b>36</b>	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . 		No
<b>37</b>	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . . 		No

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .		
	<b>1a</b> 105		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .		
	<b>2a</b> 1,340		
<b>b</b>	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .		No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .		
<b>4a</b>	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)? . . . . .		No
<b>b</b>	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		No
<b>c</b>	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ? . . . . .		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible? . . . . .		No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<i>Organizations that may receive deductible contributions under section 170(c).</i>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more? . . . . .		No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		No
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .		
<b>8</b>	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<i>Section 501(c)(7) organizations.</i> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .		
<b>11</b>	<i>Section 501(c)(12) organizations.</i> Enter		
<b>a</b>	Gross income from members or shareholders . . . . .		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .		
<b>12a</b>	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041? . . . . .		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .		
	<b>12b</b>		

**Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**

**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body . . . . .		
<b>1b</b>	Enter the number of voting members that are independent . . . . .		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		No
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .		No
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .		No
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .		No
<b>6</b>	Does the organization have members or stockholders? . . . . .	Yes	
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	Yes	
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	Yes	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>8a</b>	a the governing body? . . . . .	Yes	
<b>8b</b>	b each committee with authority to act on behalf of the governing body? . . . . .	Yes	
<b>9a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .		No
<b>9b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .		
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .	Yes	
<b>11</b>	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		No

**Section B. Policies**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No", go to line 13 . . . . .	Yes	
<b>12b</b>	a Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	Yes	
<b>12c</b>	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	Yes	
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .	Yes	
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .	Yes	
<b>15</b>	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		
<b>15a</b>	a The organization's CEO, Executive Director, or top management official? . . . . .	Yes	
<b>15b</b>	b Other officers or key employees of the organization? . . . . . Describe the process in Schedule O	Yes	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		No
<b>16b</b>	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17** List the States with which a copy of this Form 990 is required to be filed CA
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 own website    another's website    upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization  
 STEVE MCNAMARA  
 17330 BROOKHURST ST SUITE 320  
 Fountain Valley, CA 92708  
 (714) 377-2900





**Part VIII Statement of Revenue**

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . <b>1a</b>					
	<b>b</b>	Membership dues . . . . . <b>1b</b>					
	<b>c</b>	Fundraising events . . . . . <b>1c</b>					
	<b>d</b>	Related organizations . . . <b>1d</b>					
	<b>e</b>	Government grants (contributions) <b>1e</b>	254,751				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	2,645				
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ _____					
	<b>h</b>	<b>Total (Add lines 1a-1f)</b> . . . . .	257,396				
<b>Program Service Revenue</b>			Business Code				
	<b>2a</b>	NET PATIENT REVENUE	900,099	190,261,485	190,261,485		
	<b>b</b>	NET CAPITATION PREMIUMS	900,099	7,415,589	7,415,589		
	<b>c</b>	MEDICAL OFFICE BUILDING	900,099	2,090,148	2,090,148		
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
<b>g</b>	<b>Total. Add lines 2a-2f</b> . . . . .						
						\$ 199,767,222	
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest other similar amounts) . . . . .		125,027		125,027	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .		0			
	<b>5</b>	Royalties . . . . .		0			
	<b>6a</b>		(i) Real				
			(ii) Personal				
		<b>b</b>	Gross Rents				
		<b>c</b>	Less rental expenses				
	<b>d</b>	Rental income or (loss)					
	<b>e</b>	Net rental income or (loss) . . . . .					
	<b>7a</b>		(i) Securities				
			(ii) Other				
		<b>b</b>	Gross amount from sales of assets other than inventory		0		
		<b>c</b>	Less cost or other basis and sales expenses		21,265		
	<b>d</b>	Gain or (loss)		-21,265			
	<b>e</b>	Net gain or (loss) . . . . .		-21,265		-21,265	
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 . . . . . <b>a</b>						
<b>b</b>	Less direct expenses . . . <b>b</b>						
<b>c</b>	Net income or (loss) from fundraising events . . . . .		0				
<b>9a</b>	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 <b>a</b>						
<b>b</b>	Less direct expenses . . . <b>b</b>						
<b>c</b>	Net income or (loss) from gaming activities . . . . .		0				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . <b>a</b>						
<b>b</b>	Less cost of goods sold . . . <b>b</b>						
<b>c</b>	Net income or (loss) from sales of inventory . . . . .		0				
		Miscellaneous Revenue	Business Code				
<b>11a</b>	REBATES AND REFUNDS	900,099	365,966	365,966	0	0	
<b>b</b>	PHARMACY SALES TO EMPLOYEES	446,110	84,341	0	0	84,341	
<b>c</b>	ALL OTHER REVENUE	900,099	109,503	109,503	0	0	
<b>d</b>	All other revenue _____						
<b>e</b>	<b>Total. Add lines 11a-11d</b> . . . . .						
						\$ 559,810	
<b>12</b>	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .		200,688,190	200,242,691	0	188,103	

**Part IX Statement of Functional Expenses**

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
<b>2</b>	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
<b>3</b>	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
<b>4</b>	Benefits paid to or for members	0			
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	3,157,247	0	3,157,247	0
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b>	Other salaries and wages	56,811,423	54,626,182		0
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	2,918,971	2,795,790	123,181	0
<b>9</b>	Other employee benefits . . . . .	11,461,201	10,977,537	483,664	0
<b>10</b>	Payroll taxes . . . . .	4,823,256	4,619,715	203,541	0
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .	2,309,088	2,172,479	136,609	0
<b>b</b>	Legal . . . . .	1,316,527	0	1,316,527	0
<b>c</b>	Accounting . . . . .	65,298	0	65,298	0
<b>d</b>	Lobbying . . . . .	5,856	0	5,856	0
<b>e</b>	Professional fundraising See Part IV, line 17 . . . . .	0			
<b>f</b>	Investment management fees . . . . .	0			
<b>g</b>	Other . . . . .	38,319,123	31,569,121	6,750,002	0
<b>12</b>	Advertising and promotion . . . . .	523,897	487,924	35,973	0
<b>13</b>	Office expenses . . . . .	37,569,546	37,231,913	337,633	0
<b>14</b>	Information technology . . . . .	4,674,993	4,357,614	317,379	0
<b>15</b>	Royalties . . . . .	0			
<b>16</b>	Occupancy . . . . .	3,508,071	3,505,071	3,000	0
<b>17</b>	Travel . . . . .	14,438	9,355	5,083	0
<b>18</b>	Payments of travel or entertainment expenses for any Federal, state or local public officials . . . . .	0			
<b>19</b>	Conferences, conventions and meetings . . . . .	27,898	26,499	1,399	0
<b>20</b>	Interest . . . . .	0			
<b>21</b>	Payments to affiliates . . . . .	0			
<b>22</b>	Depreciation, depletion, and amortization . . . . .	6,421,494	5,971,989	449,505	0
<b>23</b>	Insurance . . . . .	182,830	170,067	12,763	0
<b>24</b>	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
<b>a</b>	BAD DEBT EXPENSE	27,710,267	27,710,267	0	0
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b>	All other expenses				
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	201,821,424	186,231,523	15,589,901	0
<b>26</b>	<b>Joint Costs.</b> Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	111,956	<b>1</b>	50,511
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	28,997,869	<b>4</b>	25,685,487
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i> . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i> . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	4,191,775	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	938,933	<b>9</b>	526,654
	<b>10a</b> Land, buildings, and equipment cost basis			
	<b>b</b> Less accumulated depreciation <i>Complete Part VI of Schedule D</i> . . . . .			
		<b>10a</b>		
		<b>10b</b>	35,133,264	<b>10c</b> 0
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i> . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i> . . . . .		<b>13</b>	
<b>14</b> Intangible assets . . . . .		<b>14</b>		
<b>15</b> Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i> . . . . .	2,879,209	<b>15</b>	75,091,060	
<b>16 Total assets. Add lines 1 through 15 (must equal line 34)</b>	72,253,006	<b>16</b>	101,353,712	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	27,337,976	<b>17</b>	20,858,016
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow account liability <i>Complete Part IV of Schedule D</i> . . . . .	0	<b>21</b>	56,676,509
	<b>22</b> Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i> . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable . . . . .		<b>24</b>	
	<b>25</b> Other liabilities <i>Complete Part X of Schedule D</i> . . . . .	31,702,151	<b>25</b>	21,989,815
	<b>26 Total liabilities. Add lines 17 through 25</b>	59,040,127	<b>26</b>	99,524,340
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	13,212,879	<b>27</b>	1,761,980
	<b>28</b> Temporarily restricted net assets . . . . .	0	<b>28</b>	67,392
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	13,212,879	<b>33</b>	1,829,372	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	72,253,006	<b>34</b>	101,353,712	

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		No
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .		No
<b>2c</b>	If "Yes" to lines 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? . . . . .		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		No
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? . . . . .		

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2008**

Department of the Treasury  
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.  
Attach to Form 990 or Form 990-EZ. See separate instructions.

**Open to Public Inspection**

Name of the organization  
ANAHEIM MEMORIAL MEDICAL CENTER

Employer identification number

95-1966746

**Part I Reason for Public Charity Status** (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization )

- 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 )
- 3  A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii)**. (Attach Schedule H )
- 4  A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II )
- 8  A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2)**. (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **Section 509(a)(4)**. (See instructions )
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I      b  Type II      c  Type III - Functionally Integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the organizations the organization supports

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

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

**Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add line 1-3						
<b>5</b> The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
<b>6 Public Support</b> subtract line 5 from line 4						

**Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>11 Total Support</b> (Add lines 7 through 10)						
<b>12</b> Gross receipts from related activities, etc (See instructions )					<b>12</b>	
<b>13 First Five Years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

**Computation of Public Support Percentage**

<b>14</b> Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	
<b>15</b> Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	
<b>16a 33 1/3% Test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>b 33 1/3% Test - 2007.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>17a 10% Facts and Circumstances Test - 2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>b 10% Facts and Circumstances Test - 2007.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>18 Private Foundation.</b> If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total</b> Add lines 1-5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Total of lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6)						

**Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>13 Total Support</b> (Add lines 9, 10c, 11 and 12)						
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	
<b>16</b> Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	

**Computation of Investment Income Percentage**

<b>17</b> Investment Income Percentage for <b>2008</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	
<b>18</b> Investment Income Percentage from <b>2007</b> Schedule A, Part IV-A, line 27h	<b>18</b>	

- 19a 33 1/3% Tests - 2008.** 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% Tests - 2007.** 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 II** **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

<b>Facts and Circumstances Test</b>

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

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

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)

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

Name of the organization ANAHEIM MEMORIAL MEDICAL CENTER

Employer identification number

95-1966746

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.)

- 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 To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.)

- 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 in 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 To be completed by all organizations exempt under section 501(c), except section 501(c)(3). See the instructions for Schedule C for details.

- 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 internal funds contributed to other organizations for section 527 exempt function activities \$
3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and 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

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's internal funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

**Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

- A** Check  if the filing organization belongs to an affiliated group
- B** Check  if the filing organization checked box A and "limited control" provisions apply

<b>Limits on Lobbying Expenditures—</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)		
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		
<b>d</b> Other exempt purpose expenditures		
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns— <b>If the amount on line 1e, column (a) or (b) is:</b>		
Not over \$500,000	<b>The lobbying nontaxable amount is:</b> 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	
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		
<b>h</b> Subtract line 1g from line 1a Enter -0- if line g is more than line a		
<b>i</b> Subtract line 1f from line 1c Enter -0- if line f is more than line c		
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
<b>2a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-A To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines c through i)?		No	
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	Yes		5,856
<b>i</b> Other activities. If "Yes," describe in Part IV		No	
<b>j</b> Total lines 1c through 1i			5,856
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes" enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

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

**Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** (See the instructions for Schedule C for details.)

<b>1</b> Dues, assessments and similar amounts from members	1 \$
<b>2</b> Section 162(e) non-deductible lobbying and political expenditures <i>(do not include amounts of political expenses for which the section 527(f) tax was paid).</i>	
<b>a</b> Current Year	2a \$
<b>b</b> Carryover from last year	2b \$
<b>c</b> Total	2c \$
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$
<b>4</b> 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 \$
<b>5</b> Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$

**Part IV Supplemental Information**

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

Identifier	Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1I		LOBBYING EXPENSES ARE THE PORTION OF DUES PAID TO HEALTHCARE ASSOCIATIONS ALLOCATED TO LOBBYING ACTIVITIES



SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2008

Open to Public Inspection

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Department of the Treasury Internal Revenue Service

Name of the organization ANAHEIM MEMORIAL MEDICAL CENTER

Employer identification number 95-1966746

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor informed status.

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

Table with 2 columns: Question, Held at the End of the Year. Rows include purpose of easements, number of easements, acreage, and monitoring details.

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

Table with 2 columns: Question, Amount. Rows include questions about reporting art and historical treasures.

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

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

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

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

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

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

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

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

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year (56,676,509), 1e Distributions during the year, 1f Ending balance (56,676,509)

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

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

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

Table with 6 columns: (a) Current Year, (b) Prior Year, (c) Two Years Back, (d) Three Years Back, (e) Four Years Back. Rows: 1a Beginning of year balance, 1b Contributions (67,392), 1c Investment earnings or losses, 1d Grants or scholarships, 1e Other expenditures for facilities and programs, 1f Administrative expenses, 1g End of year balance (67,392)

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

- a Board designated or quasi-endowment, b Permanent endowment, c Term endowment 100%

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

Table with 2 columns: Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Table with 5 columns: Description of investment, (a) Cost or other basis (Investment), (b) Cost or other basis (other), (c) Depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)



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

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

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

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

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

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

**Part XIV Supplemental Information**

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

Identifier	Return Reference	Explanation
SCHEDULE D - SUPPLEMENTAL INFORMATION		SCHEDULE D, PART IV, LINE 2B - DURING FISCAL YEAR 2009, ANAHEIM MEMORIAL MEDICAL CENTER RECEIVED \$56,676,509 FOR THE SALE OF THE HOSPITAL WHICH DID NOT LEGALLY OCCUR UNTIL JULY 1, 2009 SCHEDULE D, PART V, LINE 4 - THE INTENDED PURPOSE OF THE ENDOWMENT FUNDS IS TO AID AND CARE FOR THE NEEDY AND ILL IN ORANGE COUNTY

SCHEDULE H (Form 990)

Hospitals

OMB No 1545-0047

2008

Open to Public Inspection

Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

Department of the Treasury Internal Revenue Service

Name of the organization ANAHEIM MEMORIAL MEDICAL CENTER

Employer identification number 95-1966746

Part I Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)

- 1a Does the organization have a charity care policy?
1b If "Yes," is it a written policy?
2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy...
3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients...
4 Does the organization's policy provide free or discounted care to the "medically indigent"?
5a Does the organization budget amounts for free or discounted care provided under its charity care policy?
5b If "Yes," did the organization's charity care expenses exceed the budgeted amount?
5c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?
6a Does the organization prepare an annual community benefit report?
6b If "Yes," does the organization make it available to the public?

Table with 3 columns: Question ID, Yes, No. Rows correspond to questions 1a through 6b.

7 Charity Care and Certain Other Community Benefits at Cost

Table with 7 columns: Program Category, (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. Rows include Charity Care and Means-Tested Programs and Other Benefits.

**Part II Community Building Activities** (Complete this table if the organization conducted any community building activities) (Optional for 2008)

	(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
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development						
<b>3</b> Community support						
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy						
<b>8</b> Workforce development						
<b>9</b> Other						
<b>10 Total</b>						

**Part III Bad Debt, Medicare, & Collection Practices** (Optional for 2008)

**Section A. Bad Debt Expense**

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

**Section B. Medicare**

<b>5</b>	Enter total revenue received from Medicare (including DSH and IME) . . . . .	<b>5</b>	
<b>6</b>	Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	<b>6</b>	
<b>7</b>	Enter line 5 less line 6—surplus or (shortfall) . . . . .	<b>7</b>	
<b>8</b>	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

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

**Part IV Management Companies and Joint Ventures** (Optional for 2008)

(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 %
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				
<b>14</b>				



**Part VI Supplemental Information** (Optional for 2008)

Complete this part to provide the following information

**1** Provide the description required for Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b

Multiple horizontal lines for providing the description required for Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b.

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

Horizontal lines for describing how the organization assesses the health care needs of the communities it serves.

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

Horizontal lines for describing how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.

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

Horizontal lines for describing the community the organization serves, taking into account the geographic area and demographic constituents it serves.

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

Horizontal lines for describing how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.

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

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

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

Horizontal lines for describing the respective roles of the organization and its affiliates in promoting the health of the communities served, if the organization is part of an affiliated health care system.

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

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2008**

**Open to Public Inspection**

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

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
ANAHEIM MEMORIAL MEDICAL CENTER

**Employer identification number**  
95-1966746

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain.</p>	<b>1b</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a:</p> <p><b>a</b> Receive a severance payment or change of control payment?</p>	<b>4a</b>	No								
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	<b>4b</b>	Yes								
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>	No								
<p><b>501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.</b></p> <p><b>5</b> For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization?</p>	<b>5a</b>	No								
<p><b>b</b> Any related organization? If "Yes," to line 5a or 5b, describe in Part III.</p>	<b>5b</b>	No								
<p><b>6</b> For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization?</p>	<b>6a</b>	No								
<p><b>b</b> Any related organization? If "Yes," to line 6a or 6b, describe in Part III.</p>	<b>6b</b>	No								
<p><b>7</b> For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	<b>7</b>	Yes								
<p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	<b>8</b>	No								

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other compensation				
Barry Arbuckle	(i)	0	0	0	0	0	0	0
	(ii)	815,301	365,873	110,636	113,522	17,368	1,422,700	445,062
Byron Schweigert	(i)	0	0	0	0	0	0	0
	(ii)	367,766	125,724	34,490	23,000	17,888	568,868	199,411
Steve McNamara	(i)	0	0	0	0	0	0	0
	(ii)	186,980	195,863	28,790	11,500	8,954	432,087	240,014
Kulwant K Sandhu	(i)	152,935	18,450	17,778	13,234	1,432	203,829	98,260
	(ii)	0	0	0	0	0	0	0
Erkan Ereren	(i)	143,988	40,500	0	0	0	184,488	98,994
	(ii)	0	0	0	0	0	0	0
Diana C Ricotta	(i)	147,533	17,350	6,754	0	6,797	178,434	0
	(ii)	0	0	0	0	0	0	0
Benjamin Manacop	(i)	148,397	17,327	0	14,913	10,336	190,973	90,682
	(ii)	0	0	0	0	0	0	0
Tamra L Kaplan	(i)	0	0	0	0	0	0	0
	(ii)	46,885	113,089	3,232	18,400	10,007	191,613	0
Eaumporn Siripanupong	(i)	139,742	11,050	8,325	15,912	11,333	186,362	91,982
	(ii)	0	0	0	0	0	0	0
Hai L Thinh	(i)	156,829	0	0	9,410	1,674	167,913	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**Software ID:**  
**Software Version:**  
**EIN:** 95-1966746  
**Name:** ANAHEIM MEMORIAL MEDICAL CENTER

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Barry Arbuckle	(i)	0	0	0	0	0	0	0
	(ii)	815,301	365,873	110,636	113,522	17,368	1,422,700	445,062
Byron Schweigert	(i)	0	0	0	0	0	0	0
	(ii)	367,766	125,724	34,490	23,000	17,888	568,868	199,411
Steve McNamara	(i)	0	0	0	0	0	0	0
	(ii)	186,980	195,863	28,790	11,500	8,954	432,087	240,014
Kulwant K Sandhu	(i)	152,935	18,450	17,778	13,234	1,432	203,829	98,260
	(ii)	0	0	0	0	0	0	0
Erkan Ereren	(i)	143,988	40,500	0	0	0	184,488	98,994
	(ii)	0	0	0	0	0	0	0
Diana C Ricotta	(i)	147,533	17,350	6,754	0	6,797	178,434	0
	(ii)	0	0	0	0	0	0	0
Benjamin Manacop	(i)	148,397	17,327	0	14,913	10,336	190,973	90,682
	(ii)	0	0	0	0	0	0	0
Tamra L Kaplan	(i)	0	0	0	0	0	0	0
	(ii)	46,885	113,089	3,232	18,400	10,007	191,613	0
Eaumporn Siripanupong	(i)	139,742	11,050	8,325	15,912	11,333	186,362	91,982
	(ii)	0	0	0	0	0	0	0
Hai L Thinh	(i)	156,829	0	0	9,410	1,674	167,913	0
	(ii)	0	0	0	0	0	0	0

**SCHEDULE O**  
(Form 990)

**Supplemental Information to Form 990**

OMB No 1545-0047

**2008**

Department of the Treasury  
Internal Revenue Service

**▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

**Open to Public Inspection**

**Name of the organization**  
ANAHEIM MEMORIAL MEDICAL CENTER

**Employer identification number**

95-1966746

Identifier	Return Reference	Explanation
FORM 990, PART III, LINE 4	PROGRAM SERVICE ACCOMPLISHMENTS	<p>Community Benefit Update On July 1, 2009, 12 01 A M Memorial Health Services (MHS) sold Anaheim Memorial Medical Center (AMMC) to AHMC Healthcare, Inc The sale of AMMC was approved following an in-depth review by the Office of the California Attorney General, which has jurisdiction over the sale of nonprofit hospitals in California The review included an independent Health Impact Report, a public hearing and consultations with an independent expert and concerned parties AHMC Healthcare has agreed to comply with all conditions of the sale set forth by the Attorney General These conditions include, but are not limited to, maintaining current levels of hospital services while investing additional capital to improve Anaheim Memorial's infrastructure and technology Effective at the time of the transition, AMMC began operations as Anaheim Regional Medical Center In light of the sale of the nonprofit AMMC to a for-profit entity, this will be the final community benefit report submitted by Anaheim Memorial Medical Center by MHS This report reviews and documents AMMC's community benefit activities, and the associated financial contributions, for the past fiscal year Understandably, this report does not include a plan for community benefit for FY2010</p> <p>OUR MISSION TO IMPROVE THE HEALTH AND WELL BEING OF INDIVIDUALS, FAMILIES AND OUR COMMUNITIES THROUGH INNOVATION AND THE PURSUIT OF EXCELLENCE OUR VISION EXCEPTIONAL PEOPLE EXTRAORDINARY CARE EVERY TIME OUR VALUES THE MEMORIALCARE ABC'S ARE A STATEMENT OF OUR VALUES - ACCOUNTABILITY, BEST PRACTICES, COMPASSION AND SYNERGY THEY REMIND US OF OUR COMMITMENT TO THE HIGHEST STANDARD OF PATIENT CARE AND THE AGGRESSIVE COMMUNICATION OF CLINICAL OUTCOMES ACCOUNTABILITY BEING RESPONSIBLE FOR MEETING THE COMMITMENTS WE HAVE MADE, INCLUDING ETHICAL AND PROFESSIONAL INTEGRITY, MEETING BUDGET AND STRATEGIC TARGETS, AND COMPLIANCE WITH LEGAL AND REGULATORY REQUIREMENTS BEST PRACTICES REQUIRES US TO MAKE CHOICES TO MAXIMIZE EXCELLENCE, AND TO LEARN FROM INTERNAL AND EXTERNAL RESOURCES ABOUT DOCUMENTED WAYS TO INCREASE EFFECTIVENESS AND/OR EFFICIENCY COMPASSION SERVING OTHERS THROUGH EMPATHY, KINDNESS, CARING AND RESPECT SYNERGY A COMBINING OF OUR EFFORTS SO THAT TOGETHER WE ARE MORE THAN THE SUM OF OUR PARTS</p> <p>OUR ORGANIZATION IN 1958, ANAHEIM MEMORIAL MEDICAL CENTER OPENED ITS DOORS AS THE CITY OF ANAHEIM'S FIRST COMMUNITY-OWNED HOSPITAL AMMC'S GOVERNING BOARD IS COMPRISED OF COMMUNITY MEMBERS, CIVIC LEADERS, AND PHYSICIANS ADMINISTRATIVE REPRESENTATIVES FROM THE HOSPITAL AND THE MEMORIAL HEALTH SERVICES CORPORATE OFFICE ALSO ACTIVELY PARTICIPATE ON THE BOARD AMMC, A 223-BED HOSPITAL, IS FULLY ACCREDITED BY THE JOINT COMMISSION AND OFFERS A WIDE VARIETY OF INPATIENT AND OUTPATIENT SERVICES THE SERVICES PROVIDED AT AMMC INCLUDE GENERAL MEDICINE CRITICAL CARE NICU EMERGENCY SURGERY ORTHOPEDICS HEART FAILURE PROGRAM THE BIRTH PLACE SENIOR SERVICES RESPIRATORY CARE PHARMACY LABORATORY BREAST CENTER IMAGING SERVICES COMMUNITY SERVICES REHABILITATION SERVICES THE SAFE PLACE SOCIAL SERVICES DIAGNOSTIC TESTING CENTER VOLUNTEER SERVICES OUR COMMUNITY AMMC IS LOCATED IN THE CITY OF ANAHEIM IN NORTHERN ORANGE COUNTY, CALIFORNIA THE HOSPITAL SERVES ANAHEIM, BUENA PARK, CYPRESS, FULLERTON, GARDEN GROVE, PLACENTIA AND STANTON AMMC PRIMARY SERVICE AREA CITIES ZIP CODES ANAHEIM 92801, 92802, 92804-92807 BUENA PARK 90620, 90621 CYPRESS 90630 FULLERTON 92831-92833, 92835 GARDEN GROVE 92840, 92841 PLACENTIA 92870 STANTON 90680</p> <p>NEEDS ASSESSMENT A COMMUNITY NEEDS ASSESSMENT IS A NECESSARY COMPONENT OF OUR COMMUNITY BENEFIT PLAN FOR ITS NEEDS ASSESSMENT, AMMC USES THE PRIMARY DATA COLLECTED THROUGH THE ORANGE COUNTY HEALTH NEEDS ASSESSMENT (OCHNA) AND THE SECONDARY DATA REPORT COMPILED BY THE HEALTH CARE AGENCY OF ORANGE COUNTY AMMC PARTICIPATED WITH 26 HOSPITALS AND 29 COMMUNITY CLINICS IN THE OCHNA, A COMMUNITY-BASED, NOT-FOR-PROFIT COLLABORATIVE ASSESSMENT EFFORT AMMC UTILIZED THE SURVEY OF ORANGE COUNTY'S HEALTH NEEDS THAT OCHNA PERFORMS EVERY THREE YEARS FOR THE PEOPLE OF ORANGE COUNTY AND THE HOSPITALS AND ORGANIZATIONS THAT SERVE THEM THE SURVEY USES THE CENTERS FOR DISEASE CONTROL AND PREVENTION'S BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) AS THE CORE MODULE AND ADDS QUESTIONS BASED ON THE RECOMMENDATIONS OF THE OCHNA STEERING COMMITTEE THE BRFSS IS A VALUABLE AND PROVEN INSTRUMENT USED AS THE BASIS FOR STATE AND LOCAL NEEDS ASSESSMENTS THE HEALTH CARE AGENCY OF ORANGE COUNTY COLLECTS AND REPORTS ON SECONDARY DATA FOR THE COUNTY THIS OBJECTIVE DATA REPORT COVERS DEATHS, BIRTHS, MAJOR DISEASES AND INJURIES, AS WELL AS OTHER IMPORTANT DEMOGRAPHIC INFORMATION COMMUNITY PRIORITIES FOR SEVERAL YEARS, ANAHEIM MEMORIAL HAS FOCUSED ITS COMMUNITY BENEFIT RESOURCES ON ADDRESSING THE UNMET HEALTH CARE NEEDS IDENTIFIED IN THE COMMUNITY NEEDS ASSESSMENT OUR AREAS OF FOCUS INCLUDE ACCESS TO CARE, CARDIOVASCULAR HEALTH, AND SENIOR HEALTH FOLLOWING ARE HIGHLIGHTS OF OUR ACTIVITIES THAT SERVE TO ADDRESS OUR COMMUNITY PRIORITIES ACCESS TO CARE HEALTH INSURANCE COVERAGE IS CONSIDERED A KEY COMPONENT TO ACCESSING HEALTH CARE THE LARGEST SOURCE OF INSURANCE COVERAGE IS THROUGH EMPLOYERS, AND 58 8% OF THE POPULATION SERVED BY AMMC IS COVERED BY EMPLOYER-BASED INSURANCE AN INCREASE IN UNEMPLOYMENT AND DIFFICULT ECONOMIC TIMES HAS FURTHER DECREASED EMPLOYMENT-BASED INSURANCE COVERAGE ACCORDING TO THE OCHNA SURVEY, 7 8% OF THE RESIDENTS IN THE AMMC SERVICE AREA HAVE NO SOURCE OF INSURANCE, 9 3% OF THE POPULATION HAS MEDICAL, AND 10 6% ARE COVERED BY MEDICARE WITHOUT ACCESS TO HEALTH CARE,</p>

Identifier	Return Reference	Explanation
<p>FORM 990, PART III, LINE 4 (CONTINUED)</p>	<p>PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>INDIVIDUALS SUFFER FROM HIGHER RATES OF CHRONIC DISEASES, PREVENTABLE ILLNESSES, AND UNTREATED INJURIES TO ADDRESS THE NEEDS OF THE UNDERSERVED, IN FY09 AMMC PROVIDED THE FOLLOWING SERVICES BRIDGES FOR NEWBORNS - THIS PROGRAM IS A COLLABORATIVE PROGRAM FUNDED THROUGH THE CHILDREN AND FAMILIES COMMISSION OF ORANGE COUNTY (PROPOSITION 10), WHICH WAS ESTABLISHED TO ENSURE THAT ALL NEWBORNS HAVE A PRIMARY CARE MEDICAL HOME BRIDGES FOR NEWBORNS INCORPORATES A STANDARDIZED SCREENING TOOL THAT HOSPITAL STAFF USE TO DETERMINE WHETHER A FAMILY NEEDS A REFERRAL TO COMMUNITY-BASED SERVICES IN FY09 1,509 FAMILIES WERE ENROLLED IN THE BRIDGES FOR NEWBORNS PROGRAM, OF THESE 1,483 RECEIVED THE FREE BABY KIT PROVIDED BY THE PROGRAM, AND 1,081 WERE PROVIDED WITH ADDITIONAL SERVICES AND REFERRALS REFERRALS WERE PRIMARILY FOR IN-HOME VISITATIONS, LACTATION SUPPORT, AND PARENTING EDUCATION COMMUNITY LIAISONS - BILINGUAL STAFF ASSIST THE UNINSURED IN APPLYING FOR LOW-COST OR NO-COST PRIVATE AND GOVERNMENT HEALTH INSURANCE PROGRAMS LAST YEAR 1,024 INDIVIDUALS WERE PROVIDED WITH FINANCIAL COUNSELING AND ENROLLMENT SUPPORT CALL CENTER - A TOLL-FREE TELEPHONE LINE LINKS THE COMMUNITY TO HOSPITAL AND COMMUNITY-BASED HEALTH RESOURCES THE CALL CENTER ADDRESSES COMMUNITY MEMBERS' GENERAL HEALTH-RELATED CONCERNS, AND CONNECTS THE COMMUNITY WITH AREA SOCIAL SERVICE INFORMATION THERE WERE 2,352 CALLS TO THE CALL CENTER IN FY09 CARDIOVASCULAR HEALTH HEART DISEASE IS NOT ONLY THE LEADING CAUSE OF DEATH AMONG RESIDENTS OF THE AMMC SERVICE AREA, IT IS ALSO AMONG THE LEADING CAUSES OF DISABILITY AND A SIGNIFICANT CONTRIBUTOR TO CHRONIC DISEASE MORBIDITY SOME OF THE KNOWN RISK FACTORS FOR CARDIAC DISEASE ARE HIGH BLOOD PRESSURE, SMOKING, HIGH CHOLESTEROL, OVERWEIGHT AND OBESITY, AND PHYSICAL INACTIVITY IN AN EFFORT TO IMPROVE HEART HEALTH, AMMC SUPPORTED COMMUNITY PROGRAMS THAT IDENTIFIED AND ADDRESSED THE CARDIAC DISEASE RISK FACTORS TOBACCO CESSATION - CLASSES, SUPPORT GROUPS AND COUNSELING ARE MADE AVAILABLE TO YOUTH AND ADULTS TO HELP THEM REDUCE OR ELIMINATE THEIR ADDICTIONS TO TOBACCO IN FY09 677 PERSONS PARTICIPATED IN OUR TOBACCO CESSATION OFFERINGS WALK OUR WAY - AMMC PARTNERS WITH THE BUENA PARK MALL TO PROVIDE A SAFE AREA FOR GROUP EXERCISING WITH A FOCUS ON REDUCING WEIGHT, DECREASING BLOOD PRESSURE AND REDUCING STRESS AMMC OFFERED REGULAR HEALTH SCREENINGS TO THE WALK OUR WAY MALL WALKERS LAST YEAR, 460 SCREENINGS WERE PROVIDED TO THE PROGRAM WALKERS COMMUNITY EDUCATION AND SCREENINGS - A NUMBER OF EDUCATION SESSIONS AND HEALTH SCREENINGS ARE OFFERED TO ADDRESS CARDIOVASCULAR HEALTH THESE INCLUDED BLOOD PRESSURE AND CHOLESTEROL SCREENINGS, HEART MATTERS EDUCATION, START WALKING PROGRAM, AND WEIGHT MANAGEMENT CLASSES OVER 700 PEOPLE WERE REACHED THROUGH THESE PROGRAMS LAST YEAR SENIOR HEALTH IN THE SERVICE AREA SERVED BY AMMC, 10 2% OF THE POPULATION IS SENIORS, AGE 65 AND OLDER IT IS NO SURPRISE THAT SENIORS MAKE UP THE HIGHEST PERCENTAGE OF HOSPITALIZATIONS AND ALSO EXPERIENCE DEATH AND DISEASE AT HIGHER RATES THAN OTHER AGES AS THE NUMBER OF SENIORS CONTINUES TO RISE, AMMC COMMITTED TO IMPROVING THE HEALTH OF AREA SENIORS THROUGH A NUMBER OF PREVENTIVE PROGRAMS FLU SHOT CLINICS - SENIORS ARE AT GREATER RISK OF CONTRACTING INFLUENZA AND PNEUMONIA OUR FLU SHOT CLINICS PROVIDED OVER 725 FLU SHOTS TO SENIORS IN FY09 COMMUNITY EDUCATION AND OUTREACH - SENIOR-FOCUSED HEALTH EDUCATION PROGRAMS ADDRESSED TOPICS OF CONCERN TO SENIORS INCLUDING STROKES, FOOT CARE, HEART HEALTH, AND HIGH BLOOD PRESSURE, AMONG OTHERS THROUGH OUR OUTREACH EFFORTS AND EDUCATION EVENTS, 1,302 SENIORS WERE REACHED LAST YEAR COMMUNITY BENEFIT SERVICES SUMMARY COMMUNITY HEALTH IMPROVEMENT ACTIVITIES PERSONS SERVED COMMUNITY SUPPORT GROUPS 608 COMMUNITY SPECIAL EVENTS 1,685 ENDOVASCULAR EDUCATION AND SCREENING 438 OB EDUCATION 344 SENIOR HEALTH EDUCATION 1,302 SMOKING CESSATION 677 FLU CLINICS 1,153 WORKSITE SCREENING AND EDUCATION 1,000 BLOOD PRESSURE SCREENINGS 200 FIRST AID SCREENINGS 35 WALK OUR WAY SCREENINGS 460 BRIDGES FOR NEWBORNS (REFERRALS) 1,509 CALL CENTER 2,352 COMMUNITY LIAISONS FINANCIAL COUNSELING 1,024 HEALTH PROFESSIONS EDUCATION PERSONS SERVED PHARMACY TECHNICIAN TRAINING 10 STUDENT OUTREACH AND EDUCATION 161 NURSE PRECEPTORS 20 TOTAL SERVED 12,978 FINANCIAL SUMMARY OF COMMUNITY BENEFIT BY CATEGORY FISCAL YEAR 2008-2009 COMMUNITY HEALTH IMPROVEMENT SERVICES \$239,000 COMMUNITY SUPPORT GROUPS COMMUNITY SPECIAL EVENTS ENDOVASCULAR EDUCATION AND SCREENING OB EDUCATION SENIOR HEALTH EDUCATION SMOKING CESSATION FLU CLINICS WORKSITE SCREENING AND EDUCATION BLOOD PRESSURE SCREENINGS FIRST AID SCREENINGS WALK OUR WAY SCREENINGS BRIDGES FOR NEWBORNS (REFERRALS) CALL CENTER COMMUNITY LIAISONS FINANCIAL COUNSELING HEALTH PROFESSIONS EDUCATION \$174,000 PHARMACY TECHNICIAN TRAINING STUDENT OUTREACH AND EDUCATION NURSE PRECEPTORS CHARITY CARE \$ 4,323,000 CASH DISCOUNT PROGRAM FOR THE UNINSURED UNCOMPENSATED CARE PROGRAM GOVERNMENT-SPONSORED HEALTH PROGRAMS \$ 5,515,000 UNREIMBURSED COSTS OF MEDICAL, MEDICAL HMO, AND COUNTY MEDICAL SERVICES INITIATIVE TOTAL COMMUNITY BENEFIT PROVIDED EXCLUDING UNPAID COSTS OF MEDICARE \$ 10,251,000 UNPAID COSTS OF MEDICARE \$ 3,973,000 TOTAL COMMUNITY BENEFIT PROVIDED INCLUDING UNPAID COSTS OF MEDICARE \$ 14,224,000 NOTE ALL CATEGORIES ARE BASED UPON ACTUAL HOSPITAL COSTS, NOT CHARGES OUR PARTNERS IN FY09, AMMC WORKED IN PARTNERSHIP WITH A NUMBER OF DEDICATED ORGANIZATIONS AND AGENCIES TO ADDRESS THE NEEDS OF OUR COMMUNITY RESIDENTS AETNA HEALTHCARE ALZHEIMER'S ASSOCIATION AMERICAN HEART ASSOCIATION AREA OFFICE OF AGING ARTHRITIS FOUNDATION BLUE SHIELD OF CALIFORNIA BRISTOL PARK MEDICAL GROUP BROOKHURST SENIOR CENTER BUENA PARK SENIOR CENTER CALOPTIMA CHILDREN AND FAMILIES COMMISSION OF ORANGE COUNTY CITY OF ANAHEIM CITY OF BUENA PARK CYPRESS SENIOR CENTER DOWNTOWN COMMUNITY SENIOR CENTER EMERALD COURT SENIOR LIVING FULLERTON SENIOR CENTER GATEWAY REGIONAL MEDICAL CENTER HEMACARE MONARCH HEALTHCARE PROSPECT MEDICAL GROUP SCAN HEALTH PLAN SECURE HORIZONS STANTON SENIOR CENTER TALBERT MEDICAL GROUP MONARCH HEALTHCARE PROSPECT MEDICAL GROUP SCAN HEALTH PLAN SECURE HORIZONS STANTON SENIOR CENTER TALBERT MEDICAL GROUP TALBERT MEDICAL GROUP</p>

Identifier	Return Reference	Explanation
FORM 990, PART IV, LINE 12	CONSOLIDATED AUDITED FINANCIAL STATEMENTS	AUDITED CONSOLIDATED FINANCIAL STATEMENTS ARE ISSUED FOR THE PARENT COMPANY, MEMORIAL HEALTH SERVICES NO STAND ALONE AUDIT WAS PERFORMED FOR ANAHEIM MEMORIAL MEDICAL CENTER

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINES 6 AND 7A	DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS	LINE 6 - MEMORIAL HEALTH SERVICES IS THE SOLE CORPORATE MEMBER OF ANAHEIM MEMORIAL MEDICAL CENTER LINE 7A - THE MEMORIAL HEALTH SERVICES (MHS) BOARD, AS THE TAX-EXEMPT PARENT AND CORPORATE MEMBER OF ANAHEIM MEMORIAL MEDICAL CENTER, APPOINTS THE MEMBERS OF ALL THE SUBSIDIARY BOARDS THE MHS BOARD ALSO ELECTS ITS OWN MEMBERS TO SERVE

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 7B	DESCR CLASSES OF PERSONS, DECISIONS REQUIRING APPR & TYPE OF VOTING RIGHTS	The exercise of the following powers is reserved to the corporation's Member, Memorial Health Services A Adopt mission, philosophy and values statements of the Corporation and any amendments or supplements to such statements B Amend Articles of Incorporation or Bylaws of the Corporation C Elect and remove directors of the Corporation D Sell, lease, exchange, mortgage, pledge or otherwise dispose of all or substantially all, the property and assets of the Corporation E Merge, consolidate or voluntarily dissolve the Corporation F Form a subsidiary or enter into an agreement to act as a general partner G Retain an attorney or firm of attorneys to provide legal services for the corporation H Authorize the purchase of insurance providing coverage for the corporation and its properties as well as the establishment and operation of a program of risk management I Retain an accountant or firm of accountants to provide accounting and auditing services for the corporation J Adopt annual operating and capital budgets for the corporation K Incur indebtedness, as so defined, in accordance with Generally Accepted Accounting Principles, L Authorize any unbudgeted expenditure in excess of \$250,000 for capital improvements to the properties owned by the corporation and not approved by the budget procedure M Adopt a strategic long-range or master plan for the corporation and to retain any consultants with respect thereto

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 10	PROCESS USED BY MANAGEMENT AND/OR GOVERNING BODY TO REVIEW 990	THE 990 WAS PREPARED BY THE ACCOUNTING DEPARTMENT WITH INFORMATION GATHERED FROM LEGAL AND UPPER MANAGEMENT THE 990 WAS REVIEWED BY THE CONTROLLER AND THE CFO THE 990 IS TAKEN BEFORE THE BOARD FOR REVIEW PRIOR TO FILING

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 12C	DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST	THE GENERAL COUNSEL'S OFFICE ANNUALLY SURVEYS EACH DIRECTOR AND OFFICER AND REQUIRES AFFIRMATION THAT THE CONFLICT OF INTEREST POLICY HAS BEEN READ AND UNDERSTOOD THE RESULTS OF THE SURVEY ARE REPORTED TO THE GOVERNANCE COMMITTEE OF MEMORIAL HEALTH SERVICES, THE TAX-EXEMPT PARENT, WHICH IS RESPONSIBLE FOR GOVERNANCE OVERSIGHT AND NOMINATIONS CONFLICTS ARE EVALUATED FOR BEING OCCASIONAL OR DISABLING IN NATURE THE GENERAL COUNSEL MAKES THE INITIAL EVALUATION AND ADVISES THE GOVERNANCE COMMITTEE IN ITS DELIBERATIONS IF AND AS AN OCCASIONAL CONFLICT IS IDENTIFIED, THE GENERAL COUNSEL ADVISES THE SUBJECT DIRECTOR AND GOVERNANCE IN A "REBUTTABLE PRESUMPTION" TYPE PROCESS SHOULD A DISABLING CONFLICT BE IDENTIFIED, THE DIRECTOR RESIGNS OR IS REMOVED UPON THE RECOMMENDATION OF THE GENERAL COUNSEL, GOVERNANCE COMMITTEE AND BOARD IN ADDITION, AN ANNUAL NOTICE IS SENT BY EMAIL TO EACH EMPLOYEE HAVING EMAIL REGARDING THE ACCEPTANCE OF GIFTS

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINES 15A AND 15B	PROCESS USED TO DETERMINE COMPENSATION	COMPENSATION FOR VICE PRESIDENTS AND ABOVE (INCLUSIVE OF CEOs) IS REVIEWED BY AN EXTERNAL CONSULTANT WITH FINAL REVIEW AND APPROVAL BY THE COMPENSATION COMMITTEE OF THE MEMORIAL HEALTH SERVICES (MHS) BOARD OF DIRECTORS AND THEIR OUTSIDE COUNSEL ALL MARKET DATA IS OBTAINED FROM THIRD PARTY SURVEY SOURCES MARKET DATA REVIEWS ARE COMPLETED CONSISTENTLY ON ANNUAL BASIS REVIEW OF MANAGERS, PROGRAM DIRECTOR, DIRECTORS AND EXECUTIVE DIRECTORS COMPENSATION IS CONDUCTED BY MHS COMPENSATION MANAGER IN CONJUNCTION WITH THE COMPENSATION VALUE ADDED TEAM FINAL APPROVAL IS OBTAINED FROM THE MHS COO AND MHS SVP PEOPLE & CULTURE/LEGAL SIMILAR TO ABOVE, ALL MARKET DATA IS OBTAINED FROM THIRD PARTY SURVEY SOURCES MARKET DATA REVIEWS ARE COMPLETED CONSISTENTLY ON ANNUAL BASIS THE PROCESS WAS LAST COMPLETED IN 2009

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 19	AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC	THE FOLLOWING DOCUMENTS ARE MADE AVAILABLE TO THE GENERAL PUBLIC FINANCIAL STATEMENTS

Identifier	Return Reference	Explanation
FORM 990, PART VII	HOURS DEVOTED TO RELATED ORGANIZATIONS	<p>BARRY ARBUCKLE SERVES ON THE BOARD OF DIRECTORS OF ANAHEIM MEMORIAL MEDICAL CENTER (AMMC) HE ALSO SERVES AS CEO OF THE TAX-EXEMPT PARENT, MEMORIAL HEALTH SERVICES (MHS) HIS COMPENSATION WAS PAID BY LONG BEACH MEMORIAL MEDICAL CENTER (LBMMC), A RELATED TAX-EXEMPT ORGANIZATION THE COMPENSATION COSTS ARE REIMBURSED TO LBMMC BY MHS HE DEVOTES 60 HOURS PER WEEK TO MHS THE COMPENSATION REPORTED ON PART VII AND SCHEDULE J FOR BARRY ARBUCKLE REPRESENTS HIS ENTIRE COMPENSATION HOWEVER, SINCE HE IS ON THE BOARD OF TRUSTEES OF THE FOLLOWING RELATED ORGANIZATIONS AND AS REQUIRED BY THE FORM 990 INSTRUCTIONS, HIS COMPENSATION IS ALSO REPORTED ON THE 990S OF THE FOLLOWING ORGANIZATIONS LONG BEACH MEMORIAL MEDICAL CENTER MEMORIAL HEALTH SERVICES ORANGE COAST MEMORIAL MEDICAL CENTER SADDLEBACK MEMORIAL MEDICAL CENTER BYRON SCHWEIGERT IS THE CEO OF ANAHEIM MEMORIAL MEDICAL CENTER HIS COMPENSATION WAS PAID BY LONG BEACH MEMORIAL MEDICAL CENTER (LBMMC), A RELATED TAX-EXEMPT ORGANIZATION THE COMPENSATION COSTS ARE REIMBURSED TO LBMMC BY AMMC THE COMPENSATION REPORTED ON PART VII AND SCHEDULE J FOR BYRON SCHWEIGERT REPRESENTS HIS ENTIRE COMPENSATION HOWEVER, SINCE HE IS A BOARD MEMBER OF THE ANAHEIM MEMORIAL HOSPITAL FOUNDATION, AND AS REQUIRED BY THE FORM 990 INSTRUCTIONS, HIS COMPENSATION IS ALSO REPORTED ON THE ANAHEIM MEMORIAL HOSPITAL FOUNDATION 990 TAMRA KAPLAN IS AN OFFICER OF ANAHEIM MEMORIAL MEDICAL CENTER HER COMPENSATION WAS PAID BY LBMMC, A RELATED TAX-EXEMPT ORGANIZATION THE COMPENSATION COSTS ARE REIMBURSED TO LBMMC BY AMMC AND MHS SHE DEVOTED 42 HOURS PER WEEK TO MHS THE COMPENSATION REPORTED ON PART VII AND SCHEDULE J FOR TAMRA KAPLAN REPRESENTS HER ENTIRE COMPENSATION HOWEVER, SINCE SHE IS ONE OF THE 5 HIGHEST COMPENSATED EMPLOYEES OF MHS, AND AS REQUIRED BY THE FORM 990 INSTRUCTIONS, HER COMPENSATION IS ALSO REPORTED ON THE MEMORIAL HEALTH SERVICES 990 STEVE MCNAMARA SERVED AS THE CFO OF ANAHEIM MEMORIAL MEDICAL CENTER AND THE CFO OF ORANGE COAST MEMORIAL MEDICAL CENTER (OCMMC), A RELATED TAX-EXEMPT ORGANIZATION HIS COMPENSATION WAS PAID BY LBMMC, A RELATED TAX-EXEMPT ORGANIZATION THE COMPENSATION COSTS ARE REIMBURSED TO LBMMC BY OCMMC HE DEVOTED 60 HOURS PER WEEK TO OCMMC DURING THE FISCAL YEAR ENDED JUNE 30, 2009 THE COMPENSATION REPORTED ON PART VII AND SCHEDULE J FOR STEVE MCNAMARA REPRESENTS HIS ENTIRE COMPENSATION HOWEVER, SINCE HE IS AN OFFICER OF OCMMC, AND AS REQUIRED BY THE FORM 990 INSTRUCTIONS, HIS COMPENSATION IS ALSO REPORTED ON THE ORANGE COAST MEMORIAL MEDICAL CENTER 990</p>

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2008**

**Open to Public Inspection**

▶ **Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**  
▶ **See separate instructions.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
ANAHEIM MEMORIAL MEDICAL CENTER

**Employer identification number**

95-1966746

**Part I Identification of Disregarded Entities**

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
MEMORIAL HEALTH SERVICES 17360 BROOKHURST STREET FOUNTAIN VALLEY, CA92708 95-1643381	HEALTHCARE	CA	501(C)(3)	11A	
ORANGE COAST MEMORIAL MEDICAL CENTER 9920 TALBERT AVENUE FOUNTAIN VALLEY, CA927085115 33-0687414	HEALTHCARE	CA	501(C)(3)	3	
SADDLEBACK MEMORIAL MEDICAL CENTER 24451 HEALTH CENTER DRIVE LAGUNA HILLS, CA92653 95-2585792	HEALTHCARE	CA	501(C)(3)	3	
LONG BEACH MEMORIAL MEDICAL CENTER PO BOX 1428 LONG BEACH, CA908011428 95-3527031	HEALTHCARE	CA	501(C)(3)	3	
ANAHEIM MEMORIAL HOSPITAL FOUNDATION 1111 WEST LA PALMA AVENUE ANAHEIM, CA928012881 23-7003042	FOUNDATION	CA	501(C)(3)	11A	

**Part III Identification of Related Organizations Taxable as a Partnership**

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust**

(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
NATIONAL HEALTHCARE SERVICES 330 GOLDEN SHORE AVENUE LONG BEACH, CA92802 95-3496341	MEDICAL SVCS	CA	NA	C CORP	0	0	0 %
ANAHEIM HEALTH FACILITIES SERVICE CORP 1111 WEST LA PALMA AVENUE ANAHEIM, CA928012881 30-0026906	MEDICAL CLINIC	CA	N/A	C CORP	0	0	100 %

**Part V Transactions with Related Organizations**

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

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

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
  
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
  
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
  
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
  
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>		No
<b>1o</b>	Yes	
<b>1p</b>	Yes	
<b>1q</b>	Yes	
<b>1r</b>	Yes	

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

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)			
<b>See Additional Data Table</b>			
(2)			
(3)			
(4)			
(5)			
(6)			



**Form 990, Schedule R, Part V - Transactions with Related Organizations**

	<b>(A)</b> Name of other organization	<b>(B)</b> Transaction type(a-r)	<b>(C)</b> Amount Involved (\$)
<b>(1)</b>	ANAHEIM MEMORIAL HOSPITAL FOUNDATION	O	52,026
<b>(2)</b>	ANAHEIM MEMORIAL HOSPITAL FOUNDATION	Q	564,038
<b>(3)</b>	ANAHEIM MEMORIAL HOSPITAL FOUNDATION	R	2,726,268
<b>(4)</b>	LONG BEACH MEMORIAL MEDICAL CENTER	O	336,586
<b>(5)</b>	LONG BEACH MEMORIAL MEDICAL CENTER	P	422,917
<b>(6)</b>	SADDLEBACK MEMORIAL MEDICAL CENTER	O	62,738
<b>(7)</b>	SADDLEBACK MEMORIAL MEDICAL CENTER	P	95,044
<b>(8)</b>	ORANGE COAST MEMORIAL MEDICAL CENTER	P	121,692

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 95-1966746

**Name:** ANAHEIM MEMORIAL MEDICAL CENTER

## Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
Barry Arbuckle , Director	1 0	X					0	1,291,810	130,890	
Ronald Bates PHD , Secretary	1 0	X		X			0	0	0	
Rakesh Bholra MD , Vice Chairman	1 0	X		X			0	0	0	
Kay Bruce PHD , Director	1 0	X					0	0	0	
Robert Hernandez , Chairman	1 0	X		X			0	0	0	
John Karczynski , Director	1 0	X					0	0	0	
Lucille Kring , Director	1 0	X					0	0	0	
Keith Nelson Esq , Director	1 0	X					0	0	0	
John Seymour , Director	1 0	X					0	0	0	
David Shaper , Director	1 0	X					0	0	0	
Donald Snider MD , Director	1 0	X					0	0	0	
Alfred Sidhom MD , Director	1 0	X					0	0	0	
Neil Siegel MD , Director	1 0	X					0	0	0	
David Morgan , Director	1 0	X					0	0	0	
Byron Schweigert , CEO	60 0			X			0	527,980	40,888	
Steve McNamara , CFO	60 0			X			0	411,633	20,454	
Tamra L Kaplan , EXECUTIVE DIRECTOR	18 0			X			0	163,206	28,407	
Kulwant K Sandhu , CLINICAL SHIFT MANAGER	50 0				X		189,163	0	14,666	
Diana C Ricotta , STAFF RN II	50 0				X		171,637	0	6,797	
Benjamin Manacop , SUPERVISOR, CARDIOLOGY	50 0				X		165,724	0	25,249	
Eaumporn Siripanupong , STAFF RN II	50 0				X		159,117	0	27,245	
Hai L Thinh , CLINICAL PHARMACIST	50 0				X		156,829	0	11,084	
Erkan Ereren , MEDICAL DIR (FMR BOARD MEMB )	50 0					X	184,488	0	0	