See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493131012101

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

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

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

C Name of organization
Artesia General Hospital

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
5801 Tennyson Parkway

City or town, state or country, and ZIP + 4
Plano, TX 75024

D Employer identification number
74-2851819

E Telephone number
(214) 893-2481

G Gross receipts $ 34,661,617

F Name and address of principal officer
KENNETH W RANDALL
5801 Tennyson Parkway
Plano, TX 75024

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

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

H(c) Group exemption number ▶ 9703

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

J Website: ▶ www artesiageneral com

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

L Year of formation 2000

M State of legal domicile NM

Part I Summary

1 Briefly describe the organization's mission or most significant activities
To provide healthcare to the families of Artesia and surrounding communities while continually improving quality of patient care and utilizing resources effectively and efficiently

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	9
5	Total number of employees (Part V, line 2a)	**5**	262
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	12,638	189,835
9	Program service revenue (Part VIII, line 2g)	31,055,424	34,345,431
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-854	26,190
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	102,542	100,161
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	31,169,750	34,661,617
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	9,202,519	12,348,093
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	16,950,061	16,796,202
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	26,152,580	29,144,295
19	Revenue less expenses Subtract line 18 from line 12	5,017,170	5,517,322
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	12,994,883	18,889,730
21	Total liabilities (Part X, line 26)	3,537,452	3,914,978
22	Net assets or fund balances Subtract line 21 from line 20	9,457,431	14,974,752

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 2011-05-10

▶ WILLIAM ZEMANEK CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ERNST & YOUNG US LLP 55 IVAN ALLEN JR BLVD SUITE 1000 ATLANTA, GA 30308		EIN ▶	Phone no ▶ (404) 874-8300

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 20,718,475 including grants of $ 0) (Revenue $ 34,399,587)

ARTESIA GENERAL HOSPITAL IS A SOLE COMMUNITY HEALTH PROVIDER THAT SERVES THE COMMUNITY REGARDLESS OF ANY INDIVIDUAL'S RACE, CREED, NATIONALITY, OR ABILITY TO PAY FOR SERVICES INCLUDING ROUTINE INPATIENT, INPATIENT ANCILLARY, AND OUTPATIENT CARE IN SUPPORT OF THE HOSPITAL'S HEALTHCARE MISSION ADMISSIONS DURING THE REPORTING YEAR ENDED JUNE 30, 2010, WERE 955, PATIENT DAYS OF 5,599, 10,808 ER VISITS, 77 INPATIENT SURGERIES AND 392 OUTPATIENT SURGERIES

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** ▶ $ 20,718,475

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — Yes / No: **12A** Yes			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	**1a**	21		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**			
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	262		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	**2b**	Yes		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	**3a**			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	**7g**			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	**8**			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	**9a**			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 10		
b	Enter the number of voting members that are independent . .	1b 9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3	Yes	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	Yes	

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

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

Section C. Disclosure

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

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 ▶

WILLIAM ZEMANEK
702 N 13TH ST
Artesia, NM 88210
(575) 748-3333

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

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

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

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

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

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

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

1b Total . . . . . ▶	1,324,113	2,362,971	264,429

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 10

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Jorge Abalos DO PO Box 1750 ARTESIA, NM 88210	E D Practioner	344,225
Nitin Nanda MD 5016 Chesebreo Rd Ste 200 AGOURA HILLS, CA 91301	Geriatric Psych Svcs	290,041
Sergio Rybka MD 1031 N Thomas St CARLSBAD, NM 88220	Surgeon	300,000
Carolyn Opfer CRNA 236 Rainbow Dr 13630 LIVINGSTON, TX 77399	Nurse Anethesist	281,521
James Lash DO PO Box 703 BULLHEAD CITY, AZ 86430	Radiologist	663,418
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 9		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	21,626			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	168,209			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		189,835			
Program Service Revenue			Business Code				
	2a	Net Patient Revenue	622,110	30,836,718	30,836,718		
	b	Tax Subsidy Revenue	900,099	3,460,372	3,460,372		
	c	Rental income or (loss)	621,500	48,341	48,341		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		34,345,431			
	3	Investment income (including dividends, interest and other similar amounts)		26,190			26,190
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		0			
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b	Less direct expenses b					
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19 a					
	b	Less direct expenses b					
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less cost of goods sold b					
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a	Cafeteria Sales-Empl	900,099	46,005			46,005
	b	Meals on Wheels	900,099	14,066	14,066		
	c	Lifeline	900,099	1,148	1,148		
	d	All other revenue		38,942	38,942		
	e	**Total.** Add lines 11a–11d		100,161			
	12	**Total revenue.** See Instructions		34,661,617	34,399,587		72,195

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	656,388	574,146	82,242	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	9,734,637	7,787,709	1,946,928	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	1,832,249	1,472,096	360,153	
10	Payroll taxes	124,819	99,855	24,964	
11	Fees for services (non-employees)				
a	Management	55,000		55,000	
b	Legal	550,475		550,475	
c	Accounting	63,117		63,117	
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17*	0			
f	Investment management fees	0			
g	Other	4,854,404	4,854,404		
12	Advertising and promotion	42,312	33,849	8,463	
13	Office expenses	3,470,570	2,995,014	475,556	
14	Information technology	412,278	329,822	82,456	
15	Royalties	0			
16	Occupancy	2,080,471	2,006,798	73,673	
17	Travel	15,873	3,175	12,698	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	47,617	9,523	38,094	
20	Interest	12,105		12,105	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	140,253	112,202	28,051	
23	Insurance	258,852	207,081	51,771	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Bad Debt	4,016,871		4,016,871	
b	Management Fee	776,004	232,801	543,203	
c					
d					
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	29,144,295	20,718,475	8,425,820	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,087	1	815,810
	2	Savings and temporary cash investments		7,150,747	2	10,968,977
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		3,480,604	4	3,789,116
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		423,740	8	465,026
	9	Prepaid expenses and deferred charges		213,174	9	364,948
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 4,356,808			
	b	Less accumulated depreciation	10b 2,486,745	1,725,531	10c	1,870,063
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		0	15	615,790
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		12,994,883	16	18,889,730
Liabilities	17	Accounts payable and accrued expenses		3,537,452	17	3,852,400
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		0	25	62,578
	26	**Total liabilities.** Add lines 17 through 25		3,537,452	26	3,914,978
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		9,448,765	27	14,966,086
	28	Temporarily restricted net assets		8,666	28	8,666
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		9,457,431	33	14,974,752
	34	Total liabilities and net assets/fund balances		12,994,883	34	18,889,730

Part XI Financial Statements and Reporting

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493131012101

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Artesia General Hospital

Employer identification number
74-2851819

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

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

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

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

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

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

_____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

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

Section C. Computation of Public Support Percentage

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

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

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

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

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

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

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

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

Additional Data

Software ID:
Software Version:
EIN: 74-2851819
Name: Artesia General Hospital

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Patricia Hopkins MD Chairman of the Board	1 0	X						0	0	0
Marjo Pace Vice Chairman of the Board	1 0	X						0	0	0
Josie Reyes Secretary of the Board	1 0	X						0	0	0
Joe Salgado MD Board Member	1 0	X						0	0	0
David Morrison Board Member	1 0	X						0	0	0
Gary Sims Board Member	1 0	X						0	0	0
Jeffrey Ash DPM Board Member	1 0	X						0	0	0
Kenneth W Clayton Board Member	1 0	X						0	0	0
Jilliana Burgess Board Member	1 0	X						0	0	0
Michael D Williams Board Member	0 0	X						0	1,003,732	32,385
Wilson Weber Board Member	0 0	X						0	507,630	130,853
Kenneth W Randall CEO	40 0			X				0	361,982	15,392
William Zemanek CFO	40 0			X				61,931	86,313	6,966
Sara Williamson CNO	40 0			X				63,494	86,859	10,524
Shelley Choate Secretary/Treasurer AGH Corp	40 0			X				101,550	0	2,031
David Butler Secretary, SVP & Gen Counsel	0 0			X				0	316,455	34,935
Richard P Hoolahan MD ED Physician	40 0					X		149,758	0	0
Jorge Abalos DO Family Practice	40 0					X		202,222	0	4,260
Mrugendra Gandhi MD Surgeon	40 0					X		317,684	0	11,000
Muneer Khan MD Physician	40 0					X		300,394	0	11,000
Sheila Chase Registered Nurse	40 0					X		127,080	0	5,083

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493131012101

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Artesia General Hospital

Employer identification number
74-2851819

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		25,470		25,470
b Buildings		210,648		210,648
c Leasehold improvements		218,820	6,516	212,304
d Equipment		3,862,820	2,480,229	1,382,591
e Other		39,050		39,050
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				1,870,063

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

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

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

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

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

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

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
Estimated due to third party payor	62,578
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	62,578

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

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

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

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

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

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

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

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493131012101

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Artesia General Hospital

Employer identification number
74-2851819

Part I Charity Care and Certain Other Community Benefits at Cost

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

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			671,935	1,161,995	-490,060	1 950 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			4,582,096	5,119,000	-536,904	2 140 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			1,584,614	2,059,995	-475,381	1 890 %
d **Total** Charity Care and Means-Tested Government Programs			6,838,645	8,340,990	-1,502,345	5 980 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			481,988	0	481,988	1 920 %
f Health professions education (from Worksheet 5)			24,124	0	24,124	0 100 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)						
j **Total** Other Benefits			506,112	0	506,112	2 020 %
k **Total.** Add lines 7d and 7j			7,344,757	8,340,990	-996,233	3 960 %

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support			41,400		41,400	0 160 %
4	Environmental improvements						
5	Leadership development and training for community members			27,024		27,024	0 110 %
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**			68,424		68,424	0 270 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	2	1,859,811		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	349,962		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	9,527,772		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	6,652,584		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	2,875,188		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Artesia General Hospital 702 N 13th St Artesia, NM 88210	X	X					X		

Part VI Supplemental Information

Complete this part to provide the following information

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

See additional data

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

See additional data

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

SELF PAY IN-PATIENTS ARE PERSONALLY VISITED DURING THEIR HOSPITAL STAY, AND THE CHARITY AND INDIGENT APPLICATION PROCESS IS REVIEWED WITH PATIENT ER PATIENTS FOLLOWING TRIAGE ARE THEN COUNSELED AND GIVEN CHARITY APPLICATION (INDIGENT FUNDS DO NOT PAY FOR ER VISITS) OUT PATIENTS ARE VERBALLY COUNSELED AT TIME OF REGISTRATION BEFORE PROCEDURE

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

See additional data

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

See additional data

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

See additional data

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

N/A

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

NM

Additional Data

Software ID:
Software Version:
EIN: 74-2851819
Name: Artesia General Hospital

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

N/A

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

ARTESIA GENERAL HOSPITAL PREPARES ITS COMMUNITY BENEFIT REPORT WITH THE ASSISTANCE OF VHA SOUTHWEST COMMUNITY HEALTH CORPORATION, A RELATED ORGANIZATION

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

LINE 7A RATIO OF PATIENT CARE COST TO CHARGES LINE 7B RATIO OF PATIENT CARE COST TO CHARGES LINE 7C RATIO OF PATIENT CARE COST TO CHARGES LINE 7E ACTUAL EXPENSES LESS ANY DIRECT OFFSETTING REVENUE LINE 7F ACTUAL EXPENSES LESS ANY DIRECT OFFSETTING REVENUE

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

N/A

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

Our total expense from Form 990, Part IX, Line 25, Column (A) was $29,144,295 The bad debt expense included in this amount was $4,016,871 This left a total expense of $25,127,424 for purposes of calculating Line 7, Column (F)

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

THE HOSPITAL REPORTS PATIENT ACCOUNTS RECEIVABLE FOR SERVICES RENDERED AT NET REALIZABLE AMOUNTS FROM GOVERNMENT PAYERS, MANAGED CARE PLANS, PATIENTS AND OTHERS AMOUNTS DUE FROM PATIENTS INCLUDE BOTH AMOUNTS DUE FROM FULLY UNINSURED PATIENTS AND CO-PAYMENTS AND DEDUCTIBLES FOR WHICH INSURED PATIENTS ARE RESPONSIBLE AS A SERVICE TO THE PATIENT THE HOSPITAL BILLS THIRD-PARTY PAYERS DIRECTLY AND BILLS THE PATIENT WHEN THE PATIENT'S LIABILITY IS DETERMINED PATIENT ACCOUNTS RECEIVABLE ARE DUE IN FULL WHEN BILLED THE HOSPITAL PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR ESTIMATED LOSSES RESULTING FROM PAYERS' INABILITY TO MAKE PAYMENTS ON ACCOUNTS THE HOSPITAL ESTIMATES ITS ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON A REVIEW OF OUTSTANDING RECEIVABLES, HISTORICAL COLLECTION INFORMATION AND EXISTING ECONOMIC CONDITIONS ACCOUNTS ARE CONSIDERED DELINQUENT, AND SUBSEQUENTLY WRITTEN OFF AS BAD DEBTS, BASED ON INDIVIDUAL CREDIT EVALUATION AND SPECIFIC CIRCUMSTANCES OF THE ACCOUNT, ESTIMATES ITS ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON A REVIEW OF OUTSTANDING RECEIVABLES

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

THE ORGANIZATION USES MEDICARE COST REPORT TO CALCULATE THE NUMBER ON LINE 6

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

If a patient qualifies for charity or indigent help, the hospital personnel remove the patient from the collection process

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

N/A

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

As a not-for-profit hospital, the AGH focus is to engage in community benefit activities to improve the health status of the community as a whole AGH leadership assesses the need of the community by a variety of sources including discussions with leaders of community, community organizations, state and community data and hospital admission and ER trends AGH leadership also participates in community, regional and state organizations so that the hospital is becoming recognized for distributing health education information to its citizens One business leader stated that 'they are an advocate for all the residents in preserving the region's health'

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

Artesia General Hospital (AGH) is a not-for-profit, community hospital located at 702 N 13th Street in Artesia, New Mexico The hospital has served Artesia and surrounding communities since 1939 After a succession of organizations managing the hospital, local citizens voted in the 1970s to establish a special hospital district, and in 1978 the Artesia Special Hospital District assumed responsibility of the hospital from the City A new hospital, licensed for 34 beds, was completed in October of 1981, and that facility served the community well for more than 20 years However, as the number of services offered had increased, additional space was needed for the hospital In 2006, a 67,000 square foot new facility was completed as an addition to the existing hospital The new area allows for expanded patient care services In 2007 the original facility was remodeled to house the addition of a 15 bed Senior Care Unit and expanded support services, a medical clinic and administrative offices Community Hospital Corporation has leased the hospital from the ASHD since 1999 AGH is a community based not-for-profit hospital All monies made by AGH remain in Artesia The entire population of Eddy County is classified as medically underserved Medically Underserved status is designated to areas or populations having a shortage of personal health services according to U S Department of Health and Human Services' rules

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

AGH recruited an interventional radiologist, a new surgeon, podiatrist, cardiologist, two certified nurse practitioners, physician assistant and another family physician The hospital has also recruited several new ER physicians The hours of the Rural Health Clinic (Memorial Family Practice) were expanded in order to be more available to our community AGH has also partnered with the county by providing funds to facilitate those who need help with their prescriptions This has been a successful project for the last two years, and the hospital is currently assessing an even more efficient way to continue this project Being a team member of AGH and our community allows us to participate in many activities o AGH raises money and participates in the annual Relay for Life walk that raises money for the American Cancer Society and raises community awareness o Each summer AGH provides space, food, volunteers and nursing staff for a free back-to-school physical event for Artesia and Lake Arthur o Each October AGH offers discounted mammogram screenings as part of Breast Cancer Awareness Month o AGH prepares and donates a portion of the cost of the meals for the area Meals on Wheels program o AGH staff, particularly the Geropsych program, organizes and presents free educational seminars for the area retirement centers, local churches, the Rotary Club and other community organizations o AGH hosts an annual health fair and quarterly health screenings for residents of the surrounding areas Screenings include blood pressure, cholesterol and glucose o AGH sponsors monthly health related education topics via radio and television Topics to include asthma, suicide prevention, women's health screenings and smoking cessation as well as other health awareness month topics o AGH distributes a quarterly newsletter which spotlights health related topics Future issues to address asthma, suicide and other important topics for the community o AGH makes presentations during the "Chamber Chat" about relevant health topics AGH also supports the Esperanza House, a confidential, non-threatening facility to interview child victims of abuse, as well as witnesses to violent acts and child victims of domestic violence The staff provides direct services to the victim by conducting forensic interviews that are an invaluable tool to the investigator of not only law enforcement, but social service agencies, as well The mission of the SANE/SART Project is to meet the needs of the sexual assault victim by providing an immediate, compassionate, sensitive, comprehensive forensic evaluation and treatment by a trained, professional nurse expert The hospital provides the space utilities and maintenance of the building AGH is a sponsor for the Esparanza House annual golf tournament to assist in raising money for the program A difficulty that is faced in our community is the recruitment of healthcare professionals We are addressing this need by offering one-year residency programs for University of New Mexico graduate nursing students to train them for working in a rural health practice The students are allowed the opportunity to rotate through the ER and clinical training for radiology students AGH leadership serves on the board of the Carlsbad Community Foundation AGH also remains focused on physician recruitment We provide the monies necessary for their practice, and continually assess the needs of the community for the appropriate physician practice

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

The mission of Artesia General Hospital is to provide excellent healthcare services to the families of Artesia and the surrounding communities while continually improving quality of patient care and utilizing resources efficiently and effectively Artesia General Hospital has a vision to provide the community with excellent healthcare while upholding and maintaining its organizational values We will be known for our excellence across Southeastern New Mexico Services currently available at AGH include 24/7 emergency services, acute and sub-acute inpatient medical/surgical services, ambulatory, ophthalmic, podiatric and general surgery, nutritional counseling, pulmonary rehabilitation and, and a Life Line program for seniors Other services include interventional radiology, urology, cardiology, geriatric psychiatry, 64 slice CT, MRI, digital mammography and bone density testing AGH has worked to ensure that we expand medical providers in the Artesia Community In addition, Artesia General Hospital supports the local community Meals on Wheels program, by preparing all meals served AGH has also recruited a dialysis service AGH remains committed to our role that is required of us as the leading healthcare provider in the community

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

N/A

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493131012101

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Artesia General Hospital

Employer identification number
74-2851819

Part I Questions Regarding Compensation

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

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Kenneth W Randall	(i)	0	0	0	0	0	0	0
	(ii)	287,393	74,589	0	8,070	7,322	377,374	0
William Zemanek	(i)	61,931	0	0	1,239	0	63,170	0
	(ii)	82,152	4,161	0	5,727	0	92,040	0
Sara Williamson	(i)	63,494	0	0	2,540	0	66,034	0
	(ii)	76,516	10,343	0	7,984	0	94,843	0
Jorge Abalos DO	(i)	202,222	0	0	4,260	0	206,482	0
	(ii)	0	0	0	0	0	0	0
Mrugendra Gandhi MD	(i)	317,684	0	0	11,000	0	328,684	0
	(ii)	0	0	0	0	0	0	0
Muneer Khan MD	(i)	300,394	0	0	11,000	0	311,394	0
	(ii)	0	0	0	0	0	0	0
Michael D Williams	(i)	0	0	0	0	0	0	0
	(ii)	595,995	268,869	138,868	17,200	15,185	1,036,117	0
Wilson Weber	(i)	0	0	0	0	0	0	0
	(ii)	381,769	102,639	23,222	97,020	33,833	638,483	0
David Butler	(i)	0	0	0	0	0	0	0
	(ii)	244,450	69,153	2,852	16,747	18,188	351,390	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
SUPPLEMENTAL COMPENSATION INFORMATION	SCHEDULE J, PART I, LINE 3	THE ORGANIZATION EXECUTIVES ARE EMPLOYED BY THE PARENT ORGANIZATION, VHA SOUTHWEST COMMUNITY HEALTH CORPORATION (CHC), AND THEREFORE FOLLOW THE COMPENSATION POLICY OF CHC CHC ENGAGED SULLIVAN COTTER TO CONDUCT A COMPETITIVE MARKET ANALYSIS OF THE COMPENSATION OF CHC'S TOP MANAGEMENT OFFICIALS, OFFICERS, DIRECTORS AND KEY EMPLOYEES SULLIVAN COTTER GATHERED DATA RELATED TO ON JOB DESCRIPTIONS, SCOPE OF RESPONSIBILITY, AND CURRENT INCUMBENTS' COMPENSATION SULLIVAN COTTER RECOMMENDED APPROPRIATE COMPARISON DATA AND UTILIZED SURVEY DATA FROM FOUR MAJOR EXECUTIVE COMPENSATION SURVEY PROVIDERS TO PROVIDE MARKET DATA AND EXECUTIVE COMPENSATION RECOMMENDATIONS THAT MEET CHC'S COMPENSATION PHILOSOPHY SULLIVAN COTTER'S RECOMMENDATIONS WERE PRESENTED TO THE CHC COMPENSATION COMMITTEE OF THE BOARD FOR REVIEW AND APPROVAL CHC ALSO CONDUCTS PERIODIC REVIEWS OF COMPENSATION TO DETERMINE WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE, BASED ON COMPETENT SURVEY INFORMATION, AND THE RESULT OF ARM'S LENGTH BARGAINING SCHEDULE J, PART I, LINE 4B NONQUALIFIED RETIREMENT PLAN PARTICIPATION WAS PAID TO MICHAEL D WILLIAMS - $141,726 WILSON WEBER - $87,232 DAVID BUTLER - $10,204 SCHEDULE J, PART I, LINE 6A (1) INDEPENDENT CONTRACTING SERVICES FOR ADDITIONAL COVERAGE OUTSIDE OF EMPLOYMENT CONTRACT WAS PAID TO MRUGENDRA GHANDI, M D $67,871 (2) AS REPORTED IN SCHEDULE J, PART II AND FORM 990, PART VII, BONUSES WERE PAID TO THE INDIVIDUALS LISTED BELOW AS PART OF A DISCRETIONARY INCENTIVE COMPENSATION PROGRAM A PORTION OF THE DISCRETIONARY INCENTIVE COMPENSATION PROGRAM WAS IN PART BASED ON THE CONSOLIDATED EBIDA OF ARTESIA GENERAL HOSPITAL KENNETH RANDALL $ 121,430 WILLIAM ZEMANEK $ 23,776 SARA WILLIAMSON $ 24,377

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Artesia General Hospital

Employer identification number
74-2851819

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION STATEMENT	FORM 990, PART III, LINE 1	ARTESIA GENERAL HOSPITAL IS LOCATED IN ARTESIA, NEW MEXICO OUR MISSION IS TO PROVIDE HEAL THCARE TO THE FAMILIES OF ARTESIA AND SURROUNDING COMMUNITIES WHILE CONTINUALLY IMPROVING QUALITY OF PATIENT CARE AND UTILIZING RESOURCES EFFECTIVELY AND EFFICIENTLY WE PROVIDE GE NERAL ACUTE CARE, MEDICAL AND SURGICAL SERVICES, INCLUDING OUTPATIENT AND EMERGENCY ROOM S ERVICES DESCRIPTION OF MANAGEMENT ARRANGEMENT FORM 990, PART VI, QUESTION 3 VHA SOUTHWEST COMMUNITY HEALTH CORPORATION D/B/A COMMUNITY HOSPITAL CORPORATION PROVIDES CERTAIN FINANC IAL, TECHNICAL AND MANAGERIAL SUPPORT SERVICES TO THE HOSPITAL DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS FORM 990, PART VI, QUESTION 6 VHA SOUTHWEST COMMUNITY HEALTH CORPO RATION, A TEXAS NON-PROFIT CORPORATION, IS THE SOLE MEMBER OF ARTESIA GENERAL HOSPITAL DE SCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS FORM 990, PART VI, QUESTION 7A VHA SOUTHWEST COMMUNITY HOSPITAL CORPORATION ("CHC") AS THE SOLE MEMBER OF ARTESIA GEN ERAL HOSPITAL ("AGH") ELECTS THE MEMBERS OF THE BOARD OF TRUSTEES OF AGH AND IS EMPOWERED WITH THE ABILITY TO REMOVE TRUSTEES, WITH OR WITHOUT CAUSE DESCR CLASSES OF PERSONS, DECI SIONS REQUIRING APPR & TYPE OF VOTING RIGHTS FORM 990, PART VI, QUESTION 7B BYLAWS REQUIRE THE APPROVAL OF VHA SOUTHWEST COMMUNITY HEALTH CORPORATION AS ARTICULATED IN THE BYLAWS THE AFFAIRS OF THE CORPORATION SHALL BE GOVERNED BY THE BOARD OF DIRECTORS IN ACCORDANCE W ITH THESE BYLAWS, THE NEW MEXICO NON-PROFIT CORPORATION ACT (THE "ACT") AND THE CORPORATIO N'S ARTICLES OF INCORPORATION, AS AMENDED FROM TIME TO TIME, PROVIDED THAT THE APPROVAL OF THE MEMBERS OF THE CORPORATION SHALL BE NECESSARY FOR EACH OF THE FOLLOWING MATTERS (A) THE ESTABLISHMENT OF OR ANY CHANGE IN THE ACTIVITIES, PHILOSOPHY, MISSION OR PURPOSE OF TH E CORPORATION AS SET BY THE MEMBERS (B) ANY AMENDMENTS OR REVISIONS TO THE ARTICLES OF IN CORPORATION OR BYLAWS OF THE CORPORATION (C) ANY AMENDMENTS OR REVISIONS OF THE ARTICLES OF INCORPORATION OR BYLAWS OF ANY SUBSIDIARY CORPORATION OF THE CORPORATION (D) THE CREAT ION OF, OR INVESTMENT IN, ANY SUBSIDIARY ENTITY, PARTNERSHIP OR VENTURE (E) ANY AMENDMENT , REVISION OR TERMINATION OF THE PARTNERSHIP AGREEMENT OF ANY PARTNERSHIP OR REGULATIONS O F ANY LIMITED LIABILITY COMPANY, TO WHICH THE CORPORATION IS A PARTY (F) THE ANNUAL OPERA TING AND CAPITAL BUDGETS OF THE CORPORATION (G) ALL MATERIAL EXPENDITURE DEVIATIONS ($25, 000 IN ANY SINGLE OR SERIES OF TRANSACTIONS) FROM THE ANNUAL OPERATING BUDGET (H) ALL EXP ENDITURE DEVIATIONS FROM THE ANNUAL CAPITAL BUDGET (I) THE PURCHASE OR ACQUISITION OF ANY REAL PERSONAL OR MIXED PROPERTY BY THE CORPORATION IN EXCESS OF $25,000 THAT IS NOT PROVI DED FOR IN THE CORPORATION'S ANNUAL OPERATING OR CAPITAL BUDGETS (J) THE SALE, MORTGAGE, ENCUMBRANCE, TRANSFER, LEASE, GIFT, OR OTHER DISPOSITION OF ANY REAL PROPERTY OF THE CORPO RATION (K) ANY SALE, GIFT, EXCHANGE, LEASE, MORTGAGE OR OTHER TRANSFER OR ENCUMBRANCE (CO LLECTIVELY, "TRANSFER") OF THE PERSONAL PROPERTY OF THE CORPORATION (TANGIBLE OR INTANGIBL E) IF THE SUM OF SUCH TRANSFER AND THE SUM OF ALL PRIOR TRANSFERS, PER FISCAL YEAR, EXCEED $50,000 (L) ANY DEBT OR FINANCING ARRANGEMENT OF THE CORPORATION, EXCEPTUSUAL AND CUSTOM ARY TRADE DEBTS WHICH IS INCURRED IN THE ORDINARY COURSE OF BUSINESS OF THE CORPORATION (M) SETTLEMENT OF ANY CLAIMS OR LITIGATION INVOLVING THE CORPORATION (N) THE MERGER, DISSO LUTION, OR CONSOLIDATION OF THE CORPORATION OR SUBSIDIARY CORPORATION (O) THE EXECUTION, REVISION, AMENDMENT, EXTENSION, NON-RENEWAL OR TERMINATION OF ANY MANAGEMENT, EMPLOYMENT, LEASE, OR SERVICE CONTRACT, WITH AN ANNUAL COMPENSATION IN EXCESS OF $30,000 OR AN AGGREGA TE COMPENSATION IN EXCESS OF $50,000 (P) ANY DEBTS, LOANS, GUARANTIES, OR GRANTS NOT INCL UDED AND APPROVED AS PART OF THE CORPORATION'S ANNUAL OPERATING AND CAPITAL BUDGETS (Q) T HE ELECTION OF THE MEMBERS OF THE BOARD OF DIRECTORS OR THE REMOVAL OF SAID BOARD MEMBER, WHETHER WITH OUR WITHOUT CAUSE (R) THE ENGAGEMENT OF OR REMOVAL OF THE HOSPITAL ADMINISTR ATOR (S) THE APPROVAL OF THE EMPLOYEE POLICIES AND BENEFITS PROGRAMS OF THE CORPORATION (T) THE APPROVAL OF MAJOR DEVELOPMENT CAMPAIGNS AND FUND-RAISING (U) THE APPROVAL OF THE FINANCE MANAGEMENT SY STEM FOR THE CORPORATION Mailing address of persons to be contacted at a different address FORM 990, PART VI, QUESTION 9 ALL CURRENT OFFICERS, DIRECTORS, TRUS TEES, AND KEY EMPLOYEES MAY BE REACHED AT ARTESIA GENERAL HOSPITAL 702 NORTH 13TH STREET ARTESIA, NEW MEXICO 88210 DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO R EVIEW 990 FORM 990, PART VI, QUESTION 11A THE DETAILED REVIEW OF THE FORM 990 IS CONDUCTED BY THE Secretary/Treasurer FOLLOWING THE PREPARATION AND REVIEW OF THE RETURN BY THE ORGA NIZATION'S PAID PREPARER AN ELECTRONIC COPY OF THE FINAL FORM 990 WILL BE AVAILABLE TO EA CH BOARD MEMBER VIA A SECURE INTERNET PORTAL PRIOR TO FILING WITH THE IRS DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF I

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION STATEMENT	FORM 990, PART III, LINE 1	NTEREST FORM 990, PART VI, QUESTION 12C THE ORGANIZATION FOLLOWS THE CONFLICT OF INTEREST DISCLOSURE PROCESS ADMINISTERED BY ITS PARENT, VHA SOUTHWEST COMMUNITY HEALTH CORPORATION (CHC), WHICH REQUIRES ALL OFFICERS, DIRECTORS, KEY EMPLOYEES, HIGHLY COMPENSATED EMPLOYEES AND OTHER MANAGEMENT OFFICIALS ("COVERED PERSONS") TO DISCLOSE POTENTIAL CONFLICTS PURSU ANT TO THE POLICY, A DISCLOSURE STATEMENT IS CIRCULATED ANNUALLY TO COVERED PERSONS IN WHI CH THE INDIVIDUAL MUST DISCLOSE TRANSACTIONS THAT MAY RESULT IN A CONFLICT COVERED PERSON S ARE ALSO ENCOURAGED TO NOTIFY THE BOARD, APPROPRIATE MANAGEMENT PERSONNEL, CHIEF COMPLIA NCE OFFICER, GENERAL COUNSEL, OR THE AUDIT AND COMPLIANCE COMMITTEE OF THE GOVERNING BODY AS NECESSARY WHEN NECESSARY, THE BOARD CHAIR OR APPROPRIATE BOARD COMMITTEE MAY APPOINT A DISINTERESTED PERSON(S) OR COMMITTEE TO INVESTIGATE THE POTENTIAL CONFLICT OF INTEREST AN D RECOMMEND ALTERNATIVES TO THE APPLICABLE TRANSACTION OR ARRANGEMENT OR OTHERWISE DETERMI NE IF THE CONFLICT CAN BE RESOLVED IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS N OT REASONABLY POSSIBLY UNDER THE CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE G OVERNING BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECT ORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE BEST INTEREST OF THE ORGANIZATION, FO R ITS OWN BENEFIT, AND WHETHER IT IS REASONABLE THE GOVERNING BOARD OR COMMITTEE MAKES TH E DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT ANY MEMBER OF THE B OARD OPERATING UNDER A CONFLICT IS NOT PERMITTED TO BE PRESENT OR OTHERWISE PARTICIPATE IN THE VOTE ON ANY MATTER TO WHICH THE CONFLICT RELATES IF THE GOVERNING BOARD OR COMMITTEE OF THE ORGANIZATION HAS REASONABLE CAUSE TO BELIEVE THAT A COVERED PERSON HAS FAILED TO D ISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST AND AFTER INVESTIGATION THE BOARD OR CO MMITTEE DETERMINES THAT THE COVERED PERSON FAILED TO DISCLOSE A CONFLICT OF INTEREST, THE ORGANIZATION TAKES APPROPRIATE DISCIPLINARY OR CORRECTIVE ACTION, WHICH MAY INCLUDE, TERMI NATION OF THE INDIVIDUAL'S MEMBERSHIP, EMPLOYMENT, OR CONTRACT OFFICES & POSITIONS FOR WH ICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN FORM 990, PART VI, QUESTIONS 15A & 15B THE ORGANIZATION EXECUTIVES ARE EMPLOYED BY THE PARENT ORGANIZATION, VHA SOUTHWEST COMMUNITY H EALTH CORPORATION (CHC), AND THEREFORE FOLLOW THE COMPENSATION POLICY OF CHC CHC ENGAGED SULLIVAN COTTER TO CONDUCT A COMPETITIVE MARKET ANALYSIS OF THE COMPENSATION OF CHC'S TOP MANAGEMENT OFFICIALS, OFFICERS, DIRECTORS AND KEY EMPLOYEES SULLIVAN COTTER GATHERED DATA RELATED TO ON JOB DESCRIPTIONS, SCOPE OF RESPONSIBILITY, AND CURRENT INCUMBENTS' COMPENSA TION SULLIVAN COTTER RECOMMENDED APPROPRIATE COMPARISON DATA AND UTILIZED SURVEY DATA FRO M FOUR MAJOR EXECUTIVE COMPENSATION SURVEY PROVIDERS TO PROVIDE MARKET DATA AND EXECUTIVE COMPENSATION RECOMMENDATIONS THAT MEET CHC'S COMPENSATION PHILOSOPHY SULLIVAN COTTER'S RE COMMENDATIONS WERE PRESENTED TO THE CHC COMPENSATION COMMITTEE OF THE BOARD FOR REVIEW AND APPROVAL CHC ALSO CONDUCTS PERIODIC REVIEWS OF COMPENSATION TO DETERMINE WHETHER COMPENS ATION ARRANGEMENTS AND BENEFITS ARE REASONABLE, BASED ON COMPETENT SURVEY INFORMATION, AND THE RESULT OF ARM'S LENGTH BARGAINING THIS PROCESS IS PERFORMED EACH YEAR PRIOR TO THE A NNUAL EMPLOYEE EVALUATION PROCESS, WHICH ENDS ON JULY 1ST OF EACH YEAR AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC FORM 990, PART VI, QUESTION 19 THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE AT I TS BUSINESS OFFICE UPON REQUEST OVERSIGHT OR SELECTION PROCESS FORM 990, PART XI, LINE 2C THE AUDIT COMMITTEE OF VHA SOUTHWEST COMMUNITY HEALTH CORPORATION, WHICH IS THE PARENT OR GANIZATION OF ARTESIA GENERAL HOSPITAL, IS RESPONSIBLE FOR OVERSEEING THE EXTERNAL AUDIT O F THE CONSOLIDATED FINANCIALS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493131012101

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Artesia General Hospital

Employer identification number
74-2851819

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
See Additional Data Table					

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
Community Health Assurance SPC LTD Cayman Islands GRAND CAYMAN POB 69GT CJ	Captive Insurance	CJ	NA	C CORP			
CHC Acquisition Corp 5801 Tennyson Parkway Ste 550 Plano, TX75024 75-2750360	Consulting	TX	NA	C CORP			
Community Hospital Consulting Inc 5801 Tennyson Parkway Ste 550 Plano, TX75024 20-4710183	Mgmt Consulting	TX	N/A	C Corp			

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

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

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

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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

Additional Data Return to Form

Software ID:
Software Version:
EIN: 74-2851819
Name: Artesia General Hospital

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
BAPTIST HOSPITALS OF SE TEXAS POST OFFICE BOX 1591 BEAUMONT, TX77704 74-1303720	HOSPITAL	TX	501(C)(3)	3	SW CH INC
BAPTIST PHYSICIAN NETWORK 3080 COLLEGE STREET BEAUMONT, TX77701 76-0453250	PRIMARY CARE	TX	501(C)(3)	3	BP HSP SETX
LAIRD MEMORIAL HOSPITAL 5801 TENNYSON PKWY STE 550 PLANO, TX75024 02-0643367	HOSPITAL	TX	501(C)(3)	3	NA
WALKER COUNTY HOSPITAL CORPORATION PO BOX 4001 HUNTSVILLE, TX77342 20-3069241	HOSPITAL	TX	501(C)(3)	3	NA
HMH PHYSICIAN ORGANIZATION 3000 INTERSTATE 45 HUNTSVILLE, TX77340 76-0500960	HOSPITAL	TX	501(C)(3)	3	WCHC DBA HM
SOUTHWEST COMMUNITY HOSPITAL INC 5801 TENNYSON PKWY STE 550 PLANO, TX75024 75-2725353	HOSPITAL	TX	501(C)(3)	3	NA
YOAKUM COMMUNITY HOSPITAL 1200 CARL RAMERT DRIVE YOAKUM, TX77995 74-2323822	HOSPITAL	TX	501(C)(3)	3	NA
CONTINUECARE HOSPITAL OF TYLER 800 E DAWSON STREET TYLER, TX75701 20-0991990	HOSPITAL	TX	501(C)(3)	3	CHC CM CARE
CONTINUECARE HOSPITAL OF SE TEXAS 5801 TENNYSON PKWY STE 550 PLANO, TX75024 20-1150480	HOSPITAL	TX	501(C)(3)	3	CHC CM CARE
CONTINUECARE HOSPITAL OF CARSON TAHOE 5801 TENNYSON PKWY STE 550 PLANO, TX75024 26-1635881	HOSPITAL	TX	501(C)(3)	3	CHC CM CARE
CHC COMMUNITY CARE LLC 5801 TENNYSON PKWY STE 550 PLANO, TX75024 37-1485773	SUPPORT ORG	TX	501(C)(3)	11C	NA
VHASW COMMUNITY HEALTH CORP 5801 TENNYSON PKWY STE 550 PLANO, TX75024 75-2638469	SUPPORT ORG	TX	501(C)(3)	11	NA