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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 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
SAN JUAN REGIONAL MEDICAL CENTER

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
801 WEST MAPLE STREET

City or town, state or country, and ZIP + 4
FARMINGTON, NM 87401

D Employer identification number
85-0127924

E Telephone number
(505) 325-5011

G Gross receipts $ 257,207,914

F Name and address of principal officer
RICK WALLACE
801 WEST MAPLE STREET
FARMINGTON, NM 87401

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW SANJUANREGIONAL COM

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

L Year of formation 1953

M State of legal domicile NM

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
SAN JUAN REGIONAL MEDICAL CENTER'S MISSION IS TO PERSONALIZE HEALTH CARE AND CREATE ENTHUSIASM AND VITALITY IN HEALING

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	12
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	1,827
6	Total number of volunteers (estimate if necessary)	6	179
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	1,680,744
b	Net unrelated business taxable income from Form 990-T, line 34	7b	178,014

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	10,246,658	1,541,754
9	Program service revenue (Part VIII, line 2g)	231,483,213	251,696,747
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-5,847,777	3,294,619
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	235,882,094	256,533,120
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	497,882
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)	115,129,497	123,698,748
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)	105,700,358	112,050,508
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	220,829,855	236,247,138
19	Revenue less expenses Subtract line 18 from line 12	15,052,239	20,285,982

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	286,466,623	307,589,892
21	Total liabilities (Part X, line 26)	94,512,134	94,585,208
22	Net assets or fund balances Subtract line 21 from line 20	191,954,489	213,004,684

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: 2011-05-06

▶ J MICHAEL PHILIPS CSO
Type or print name and title

Paid Preparer's Use Only

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

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

SAN JUAN REGIONAL MEDICAL CENTER'S MISSION IS TO PERSONALIZE HEALTH CARE AND CREATE ENTHUSIASM AND VITALITY IN HEALING

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 $ 215,808,410 including grants of $) (Revenue $ 250,016,033)

ALL ACTIVITY IS DIRECTLY RELATED TO PROVIDING PATIENT MEDICAL SERVICES AND QUALITY HEALTH CARE TO THE COMMUNITY AND SURROUNDING RURAL AREAS SEE SCHEDULE O FOR COMMUNITY BENEFIT REPORT

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** ▶ $ 215,808,410

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	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	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**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
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**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	228		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	1,827		
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		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See 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	12		
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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its 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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

Section C. Disclosure

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

J MICHAEL PHILIPS
801 WEST MAPLE STREET
FARMINGTON, NM 87401
(505) 609-6025

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 . . . . . ▶	5,367,030	0	431,749

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 ▶ 140

			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
Okland Construction 1099 Main AVE SUITE 202 DURANGO, CO 81301	Construction	1,882,425
Aramark Healthcare Management PO Box 100401 PASADENA, CA 91189	Housekeeping/Bio-Med	1,682,602
Total Renal Care 6000 Feldwood ROAD COLLEGE PARK, GA 30349	Dialysis	1,474,830
Four Corners Anesthesiology 1515 E 20th St Suite A FARMINGTON, NM 87401	Anesthesia Services	1,207,465
MASH Magnolia Ave FT WORTH, TX 76104	Obtain Ins coverage	534,120
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 ▶ 25		

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	1,468,848			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	72,906			
	g	Noncash contributions included in lines 1a-1f $ 1,334,446					
	h	**Total.** Add lines 1a-1f		1,541,754			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICES REVENUE	622,110	244,439,417	244,439,417		
	b	MEDICAL OFFICE BLDG RENTAL	531,120	2,254,072	2,254,072		
	c	AMBULANCE SERVICES	621,910	477,822	477,822		
	d	CAFETERIA	722,210	1,088,694	1,088,694		
	e	REFERENCE LABORATORY	621,511	1,680,744		1,680,744	
	f	All other program service revenue		1,755,998	1,755,998		
	g	**Total.** Add lines 2a–2f		251,696,747			
	3	Investment income (including dividends, interest and other similar amounts)		3,282,584			3,282,584
	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	686,829	0			
	b	Less cost or other basis and sales expenses	0	674,794			
	c	Gain or (loss)	686,829	-674,794			
	d	Net gain or (loss)		12,035			12,035
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						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		0			
	12	**Total revenue.** See Instructions		256,533,120	250,016,003	1,680,744	3,294,619

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	497,882	497,882		
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	2,769,800	0	2,769,800	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	122,556	122,556	0	0
7	Other salaries and wages	93,219,202	89,071,898	4,147,304	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,902,814	3,630,096	272,718	0
9	Other employee benefits	17,124,481	15,949,676	1,174,805	0
10	Payroll taxes	6,559,895	6,122,294	437,601	0
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	182,396	48,486	133,910	0
c	Accounting	276,995	249,370	27,625	0
d	Lobbying	63,063	63,063	0	0
e	Professional fundraising *See Part IV, line 17*	0			0
f	Investment management fees	384,682	0	384,682	0
g	Other	18,661,089	15,546,047	3,115,042	0
12	Advertising and promotion	597,941	0	597,941	0
13	Office expenses	41,408,388	40,979,740	428,648	0
14	Information technology	2,194,626	0	2,194,626	0
15	Royalties	0			
16	Occupancy	3,506,286	3,425,638	80,648	0
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	1,242,548	931,759	310,789	0
20	Interest	2,528,021	2,275,896	252,125	0
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	10,628,778	9,568,746	1,060,032	0
23	Insurance	3,050,432	0	3,050,432	0
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	BAD DEBT EXPENSE	27,325,263	27,325,263	0	0
b					
c					
d					
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	236,247,138	215,808,410	20,438,728	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		15,119,893	1	16,717,138
	2	Savings and temporary cash investments		18,334,308	2	10,349,992
	3	Pledges and grants receivable, net		199,473	3	326,970
	4	Accounts receivable, net		24,935,492	4	23,398,409
	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		3,204,213	7	2,914,691
	8	Inventories for sale or use		2,784,927	8	3,183,135
	9	Prepaid expenses and deferred charges		2,259,985	9	2,441,814
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 262,870,735			
	b	Less accumulated depreciation	10b 116,664,929	147,806,777	10c	146,205,806
	11	Investments—publicly traded securities		61,393,311	11	92,506,241
	12	Investments—other securities See Part IV, line 11		8,615,837	12	7,828,155
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,812,407	15	1,717,541
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		286,466,623	16	307,589,892
Liabilities	17	Accounts payable and accrued expenses		21,882,604	17	26,045,028
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		62,756,549	20	60,822,390
	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		6,284,673	23	5,385,041
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		3,588,308	25	2,332,749
	26	**Total liabilities.** Add lines 17 through 25		94,512,134	26	94,585,208
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		191,954,489	27	213,004,684
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		191,954,489	33	213,004,684
	34	Total liabilities and net assets/fund balances		286,466,623	34	307,589,892

Part XI Financial Statements and Reporting

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SAN JUAN REGIONAL MEDICAL CENTER

Employer identification number
85-0127924

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: 85-0127924
Name: SAN JUAN REGIONAL MEDICAL CENTER

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Sara Kaynor Chairman/Immedt Past Chairman	6 0	X						0	0	0
Mike Jakino Chairman/1st Vice Chairman	6 0	X		X				0	0	0
Norman Tucker 2nd Vice Chairman	6 0	X		X				0	0	0
Ronald Calcote MD Secretary	6 0	X		X				14,041	0	0
James Shaheen Treasurer	6 0	X		X				0	0	0
Joseph Rasor Member	6 0	X						0	0	0
Sandy Williams Member/1st Vice Chairman	6 0	X		X				0	0	0
Jeff Bowman Member	6 0	X						0	0	0
Paul Deshayes Member	6 0	X						0	0	0
Dwayne Gibbs MD Chief of Staff	6 0	X						109,665	0	0
Charles Hoffman MD Vice Chief of Staff	40 0	X						383,633	0	24,952
Richard Menning Auxiliary Rep	6 0	X						0	0	0
Charlene Scott Member	6 0	X						0	0	0
Rick Wallace CEO (AS OF 02/09/10)	40 0			X				0	0	0
Steve Altmiller CEO (THROUGH 7/31/09)	40 0			X				463,720	0	25,829
J Michael Philips CSO	40 0			X				332,741	0	34,752
John Buffington COO	40 0				X			352,185	0	34,752
Douglas Frary V P Support Services	40 0				X			216,611	0	29,708
Ruth Brooks V P Professional Services	40 0				X			179,477	0	17,826
Tom Dean V P Legal	40 0				X			202,613	0	22,974
Robert Fabrey MD Chief Medical Officer	40 0				X			369,668	0	31,700
Suzanne Smith V P Nursing	40 0				X			215,305	0	30,830
Stephen Franken V P IT (PART-YEAR)	40 0				X			180,653	0	25,125
Catherine Zaharko V P Marketing	40 0				X			170,543	0	28,054
Edward Maurin MD Doctor	40 0					X		608,053	0	33,202

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			
Charles Wilkins MD Doctor	40.0					X		572,412	0	34,752
Luther Weathers III MD Doctor	40.0					X		525,752	0	24,870
Tull Graham MD Doctor	40.0					X		469,958	0	32,423

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

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
NET PATIENT SERVICES REVENUE	622,110	244,439,417	244,439,417		
MEDICAL OFFICE BLDG RENTAL	531,120	2,254,072	2,254,072		
AMBULANCE SERVICES	621,910	477,822	477,822		
CAFETERIA	722,210	1,088,694	1,088,694		
REFERENCE LABORATORY	621,511	1,680,744		1,680,744	

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2009

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
SAN JUAN REGIONAL MEDICAL CENTER	85-0127924

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

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

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		48,259
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		14,795
j	Total lines 1c through 1i			63,054
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
SCHEDULE C, PART II-B		LINE 1G - SAN JUAN REGIONAL MEDICAL CENTER PAID NEW MEXICO GOVERNMENT AFFAIRS $48,259 FOR A LOBBYIST IN SANTA FE, NEW MEXICO WHO MONITORS NEW MEXICO STATE LEGISLATIVE ISSUES WITH REGARD TO HOSPITAL ISSUES, KEEPS SAN JUAN REGIONAL MEDICAL CENTER APPRISED OF THOSE ISSUES AND TAKES FEEDBACK TO THE STATE LEGISLATURE LINE 1I - A PORTION OF THE DUES PAID TO HEALTHCARE ASSOCIATIONS BY SAN JUAN REGIONAL MEDICAL CENTER WAS ALLOCABLE TO LOBBYING ACTIVITIES 1) NEW MEXICO HOSPITALS AND HEALTH SYSTEMS ASSOCIATION - $8,423 2) AMERICAN HOSPITAL ASSOCIATION - $6,372

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SAN JUAN REGIONAL MEDICAL CENTER

Employer identification number
85-0127924

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		5,963,865		5,963,865
b Buildings		71,440,730	20,498,972	50,941,758
c Leasehold improvements		89,046,979	30,904,568	58,142,411
d Equipment		86,496,543	61,527,414	24,969,129
e Other		9,922,618	3,733,975	6,188,643
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				146,205,806

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
DUE TO THIRD PARTY PAYORS	2,332,749
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	2,332,749

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
ASC 740 FOOTNOTE	FORM 990, SCHEDULE D, PART X, LINE 2	ASC 740, Income Taxes, prescribes criteria for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return ASC 740 also provides guidance on Derecognition, classification, interest and penalties, accounting in interim periods, disclosure, and transition In accordance with this accounting guidance, management has reviewed all open tax years and has determined that the Company has no significant uncertain tax positions

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SAN JUAN REGIONAL MEDICAL CENTER

Employer identification number
85-0127924

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 **400 %**	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		No
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		
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)		759	2,784,168	1,326,715	1,457,453	0 700 %
b Unreimbursed Medicaid (from Worksheet 3, column a)						
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs		759	2,784,168	1,326,715	1,457,453	0 700 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)		23,140	425,416		425,416	0 200 %
f Health professions education (from Worksheet 5)		921	491,479		491,479	0 240 %
g Subsidized health services (from Worksheet 6)		144,024	69,255,157	49,445,897	19,809,260	9 480 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)		92	499,882	2,000	497,882	0 240 %
j **Total** Other Benefits		168,177	70,671,934	49,447,897	21,224,037	10 160 %
k **Total.** Add lines 7d and 7j		168,936	73,456,102	50,774,612	22,681,490	10 860 %

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			6,848		6,848	
4	Environmental improvements						
5	Leadership development and training for community members			1,500		1,500	
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development			1,384,135		1,384,135	0 660 %
9	Other						
10	**Total**			1,392,483		1,392,483	0 660 %

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	10,424,588		
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	2,606,147		
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	54,629,784
6	Enter Medicare allowable costs of care relating to payments on line 5	6	55,608,766
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-978,982
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	FOUR CORNERS ASC	AMBULATORY SURGERY CENTER	37 000 %	0 %	63 000 %
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)
See Additional Data Table									

Part VI Supplemental Information

Complete this part to provide the following information

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

See additional data

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

See additional data

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

See additional data

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

See additional data

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

SJRMC COMMUNITY BUILDING ACTIVITIES ARE A COMBINATION OF PHYSICIAN RECRUITMENT, UNITED WAY PRESENTATIONS AND A PROGRAM WITH BIG BROTHERS BIG SISTERS IN WHICH EMPLOYEES GIVE TIME MENTORING CHILDREN THE 4 CORNERS REGION HAS BEEN DESIGNATED BY HRSA AS AN AREA WITH A PHYSICIAN SHORTAGE IN PRIMARY CARE, MENTAL HEALTH, DENTAL, AND MEDICALLY UNDERSERVED AREA/POPULATION FOR THIS REASON SJRMC SPENDS A SIGNIFICANT AMOUNT OF MONEY RECRUITING PHYSICIANS, $1,384,135 IN FISCAL YEAR 2010

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)

THE COMMUNITY HEALTHCARE NEEDS ASSESSSMENT THAT WAS PERFORMED IN FY08 CONTINUES TO GUIDE SJRMC IN PLANNING AND INITIATING PROGRAMS THAT ADDRESS THE IDENTIFED REQUIREMENTS OF OUR COMMUNITY THE NEXT NEEDS ASSESSMENT IS PLANNED TO BE CONDUCTED DURING FY 2012 IN THE CONSTANT EFFORT TO MEET COMMUNITY NEED SJRMC SEEKS TO IMPROVE PHYSICIAN ACCESS THROUGH A VIGOROUS RECRUITING PROGRAM, PROVIDE COMMUNITY EDUCATION AND MANY OTHER COMMUNITY BENEFIT PROGRAMS IN FISCAL YEAR 2010, SAN JUAN REGIONAL MEDICAL CENTER PROVIDED BENEFITS TO THE POOR AND THE BROADER COMMUNITY OF OVER $24 MILLION

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

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

Additional Data

Software ID:
Software Version:
EIN: 85-0127924
Name: SAN JUAN REGIONAL MEDICAL CENTER

Form 990 Schedule H, 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)
SAN JUAN REGIONAL MEDICAL CENTER 801 West Maple Street Farmington, NM 87401	X	X					X		
SJRMC CARDIOLOGY 407 S SCHWARTZ SUITE 201 FARMINGTON, NM 87401									MEDICAL CLININC
SJRMC INTERNAL MEDICINE 407 S SCHWARTZ SUITE 101 FARMINGTON, NM 87401									MEDICAL CLINIC
SJRMC BLOOMFIELD CLINIC 100 N CHURCH STREET BLOOMFIELD, NM 87413									MEDICAL CLINIC
SAN JUAN NEURODIAGNOSTIC CENTER 2700 FARMINGTON AVENUE SUITE G FARMINGTON, NM 87401									MEDICAL CLINIC
SAN JUAN PEDIATRICS 622 WEST MAPLE STREET SUITE F FARMINGTON, NM 87401									MEDICAL CLINIC
FOUR CORNERS NEUROSURGERY 555 S SCHWARTZ AVENUE FARMINGTON, NM 87401									MEDICAL CLINIC
SJRMC MIDWIFERY CLINIC 655 WEST PINON FARMINGTON, NM 87401									MEDICAL CLINIC
OUTPATIENT BEHAVIORAL HEALTH CLINIC 1930 SAN JUAN BLVD SUITE K FARMINGTON, NM 87401									MEDICAL CLINIC
URGENT CARE CENTER 4820 E MAIN STREET FARMINGTON, NM 87402									URGENT CARE CENTER
SJR WOUND CARE CENTER 4820 E MAIN FARMINGTON, NM 87402									WOUND CARE CENTER
SJR CANCER TREATMENT CENTER 731 W ANIMAS STREET FARMINGTON, NM 87401									CANCER TREATMENT
SJRMC OUTPATIENT DIAGNOSTIC CENTER 2300 E 30TH STREET BLDG C FARMINGTON, NM 87401									DIAGNOSTIC CENTER
SJRMC EMS STATION - MEDIC #1 730 S LAKE STREET FARMINGTON, NM 87401									EMS STATION
SJRMC EMS STATION - MEDIC #2 902 W BROADWAY BLOOMFIELD, NM 87412									EMS STATION
SJRMC EMS STATION - MEDIC #3 484 S OLIVER STREET AZTEC, NM 87410									EMS STATION
SJRMC EMS STATION - MEDIC #4 4 CR 3660 KIRTLAND, NM 87117									EMS STATION
SJRMC EMS STATION - MEDIC #5 3782 ENGLISH RD FARMINGTON, NM 87410									EMS STATION
SJRMC EMS STATION - MEDIC #6 2014 E 16TH STREET FARMINGTON, NM 87401									EMS STATION
SJRMC EMS STATION - MEDIC #10 737 W ANIMAS STREET FARMINGTON, NM 87401									EMS STATION
SJRMC AZTEC CLINIC 120 Llano AZTEC, NM 87410									Clinic

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

AN ANNUAL REPORT IS PREPARED AND MAILED TO THE CITIZENS OF FARMINGTON NM AND THE SURROUNDING COMMUNITIES IN THE ANNUAL REPORT IS FINANCIAL INFORMATION FOR THE HOSPITAL, STORIES OF CARE, AND INFORMATION ABOUT NEW PROGRAMS OR SERVICES PROVIDED BY THE HOSPITAL

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

SJRMC USES A COST ACCOUNTING SYSTEM WHICH IS A PART OF ITS HOSPITAL INFORMATION SYSTEM THE SYSTEM ADDRESSES ALL PATIENT SEGMENTS

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

OF THE AMOUNT REPORTED ON LINE 7G, $11,117,204 WAS RELATED TO SUBSIDIZED SERVICES FOR PHYSICIAN CLINICS

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

BAD DEBT EXPENSE OF $27,325,263 IS INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR THE PURPOSE OF CALCULATING THE PERCENTAGE OF NET COMMUNITY BENEFIT

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

THERE IS NO FOOTNOTE IN THE ORGANIZATIONS AUDITED FINANCIALS REGARDING BAD DEBT EXPENSE THE COST OF OUR BAD DEBT EXPENSE WAS CALCULATED USING A COST TO CHARGE RATIO THE AMOUNT IN LINE 3 IS AN ESTIMATE BASED ON MANAGEMENT'S BELIEF OF THE PERCENTAGE OF ADDITIONAL CHARITY CARE COST IF THE PATIENTS WOULD COMPLETE THE CHARITY CARE APPLICATION THIS AMOUNT IS CURRENTLY ESTIMATED AT 25% THAT IS INCLUDED IN THE COST OF BAD DEBT

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

THE AMOUNT OF MEDICARE SHORTFALL REPORTED ON LINE 7 IS $978,982 THIS AMOUNT IS A RESULT OF THE TOTAL REVENUE AND ALLOWABLE COST CALCULATION ON OUR FY 10 COST REPORT THE HOSPITAL'S ACTUAL EXPENSES ARE ENTERED INTO THE COST REPORT SOFTWARE AND THE ALLOWABLE COSTS ARE DETERMINED BY THE MEDICARE REGULATIONS THIS MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT BECAUSE ABSENT THIS PROGRAM, MANY INDIVIDUALS WOULD QUALIFY FOR CHARITY CARE AND OTHER NEEDS BASED PROGRAMS, BY ACCEPTING PAYMENT BELOW COST TO TREAT THESE INDIVIDUALS, THE BURDENS OF THE GOVERNMENT ARE RELIEVED AND THE AMOUNT SPENT TO COVER THE MEDICARE SHORTFALL IS MONEY NOT AVAILABLE TO COVER CHARITY CARE AND OTHER COMMUNITY BENEFIT NEEDS

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

SJRMC POLICY ON PATIENT ACCOUNTS COLLECTIONS STATES "SJRMC WILL NOT ATTEMPT TO COLLECT FROM A PATIENT WHO IS APPLYING FOR THE SAN JUAN COUNTY INDIGENT FUND AS LONG AS THE PATIENT IS COOPERATING WITH THE APPLICATION PROCESS " THE POLICY ALSO STATES "SJRMC WILL NOT COLLECT FROM A PATIENT APPLYING FOR THE COMMUNITY SERVICE FUND (CHARITY CARE) AS LONG AS THE PATIENT IS COOPERATING WITH THE APPLICATION PROCESS "

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

A COMMUNITY NEEDS ASSESSMENT IS CONDUCTED BY SAN JUAN REGIONAL MEDICAL CENTER TO DETERMINE THE HEALTH NEEDS FOR SAN JUAN COUNTY-AND THE FOUR CORNERS REGION-AS PERCEIVED BY THOSE SERVED BY THE HOSPITAL THE NEEDS ASSESSMENT IS CONDUCTED VIA TELEPHONE SURVEYS IN BOTH ENGLISH AND SPANISH, INTERVIEWS CONDUCTED WITH NATIVE AMERICAN RESPONDENTS, AND A SERIES OF FOCUS GROUPS THE SURVEY IS ALSO SHARED WITH KEY COMMUNITY GROUPS IN A SERIES OF OPEN FORUMS THE NEXT SCHEDULED ASSESSMENT WILL OCCUR IN FY2012 THE NEEDS WHICH WERE IDENTIFIED FROM THE HOSPITAL'S MOST RECENT SURVEY INCLUDE ADD/ADHD BARRIERS TO ACCESSING HEALTHCARE SERVICES CIRRHOSIS AND LIVER DISEASE DIABETES FLU VACCINATIONS OBESITY AND WEIGHT LOSS ORAL HEALTH PRENATAL CARE RESPIRATORY DISEASE ROUTINE CHECKUPS AND PREVENTIVE SCREENINGS SEXUALLY TRANSMITTED DISEASES TEEN BIRTHS AND UNWED MOTHERS UNINTENTIONAL INJURY VIOLENT CRIME THE SAN JUAN REGIONAL MEDICAL CENTER BOARD OF DIRECTORS AND HOSPITAL ADMINISTRATION CONDUCTS THE SURVEY FOR THE PURPOSE OF DETERMINING HOW BEST TO DIRECT RESOURCES TO IMPROVE THE HEALTH OF THE FOUR CORNERS WITH THREE GOALS IN MIND - TO IMPROVE RESIDENTS' HEALTH STATUS, INCREASE THEIR LIFE SPANS, AND ELEVATE THEIR OVERALL QUALITY OF LIFE - TO REDUCE HEALTH DISPARITIES AMONG RESIDENTS BY IDENTIFYING POPULATION SEGMENTS WHO ARE MOST AT-RISK FOR VARIOUS DISEASES AND INJURIES INTERVENTION PLANS AIMED AT TARGETING THESE INDIVIDUALS ARE ALSO DEVELOPED TO COMBAT SOME OF THE SOCIO-ECONOMIC FACTORS WHICH HAVE HISTORICALLY HAD A NEGATIVE IMPACT ON RESIDENTS' HEALTH - TO INCREASE ACCESSIBILITY TO PREVENTIVE SERVICES FOR ALL COMMUNITY RESIDENTS MORE ACCESSIBLE PREVENTIVE SERVICES WILL PROVE BENEFICIAL IN ACCOMPLISHING THE FIRST GOAL (IMPROVING HEALTH STATUS, INCREASING LIFE SPANS, AND ELEVATING QUALITY OF LIFE), AS WELL AS LOWERING THE COSTS ASSOCIATED WITH CARING FOR LATE-STAGE DISEASES RESULTING FROM A LACK OF PREVENTIVE CARE

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

SAN JUAN REGIONAL MEDICAL CENTER EMPLOYS A NUMBER OF FINANCIAL COUNSELORS AND CUSTOMER SERVICE REPRESENTATIVES, WHO WORK ALONGSIDE PATIENTS TO HELP THEM NAVIGATE THEIR PAYMENT, BILLING, AND ASSISTANCE OPTIONS INFORMATION IS DISSEMINATED TO PATIENTS THROUGH ONLINE AND PAPER RESOURCES LOCATED THROUGHOUT THE HOSPITAL A WIDELY DISTRIBUTED BROCHURE TITLED, "PAYING FOR HOSPITAL SERVICES AT SAN JUAN REGIONAL MEDICAL CENTER," IS SPECIFICALLY DESIGNED TO HELP PATIENTS UNDERSTAND THEIR HOSPITAL BILL AND INFORM THEM OF THEIR OPTIONS FOR PAYMENT AND ASSISTANCE, INCLUDING INFORMATION ON THE AVAILABILITY OF INDIAN HEALTH SERVICE ASSISTANCE, CASH DISCOUNTS, BILL REDUCTION THROUGH A COMMUNITY SERVICE FUND, SPECIAL FUNDS THROUGH THE SAN JUAN COUNTY INDIGENT FUND, OR MEDICAL HARDSHIP WAIVERS THE HOSPITAL'S VISION IS TO BE KNOWN AS THE MOST PERSONALIZED QUALITY HEALTHCARE PROVIDER SAN JUAN REGIONAL MEDICAL CENTER IS ALSO A VALUES-DRIVEN ORGANIZATION WITH A CENTURY OF SERVICE TO THE FOUR CORNERS REGION-DRIVEN BY A SIMPLE YET POWERFUL PRINCIPLE DO THE RIGHT THING FOR THE PATIENT NO MATTER WHAT AN INTEGRAL PART OF THIS SACRED TRUST THE COMMUNITY HAS IN ITS HOSPITAL IS ENSURING THAT NO PATIENT FEELS ALONE AND DISCONNECTED DURING AND AFTER THEIR TREATMENT THEREFORE, IT IS IN THE SPIRIT OF THE HOSPITAL'S VISION AND MISSION TO ENSURE THAT PATIENTS RECEIVE A HIGH LEVEL OF ASSISTANCE WHEN FIGURING OUT THEIR BILL AND OPTIONS NOT ONLY DOES THE HOSPITAL HAVE FINANCIAL COUNSELORS TO EDUCATE ITS PATIENTS, IT HAS AN IN-HOUSE PROGRAM FOR SELF-PAY INDIVIDUALS THROUGH THE PROGRAM, PATIENT ADVOCATES STAND HAND-IN-HAND WITH PATIENTS TO EXPLORE EVERY POSSIBILITY OF ASSISTANCE

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

SAN JUAN REGIONAL MEDICAL CENTER SERVES THE FOUR CORNERS REGION OF THE UNITED STATES, WHICH IS MOSTLY RURAL THE HOSPITAL IS LOCATED IN THE REGION'S LARGEST CITY AND ONLY METROPOLITAN AREA, WHICH IS FARMINGTON, NEW MEXICO OTHER CITIES IN THE REGION INCLUDE CORTEZ AND DURANGO IN COLORADO, MONTICELLO AND BLANDING IN UTAH, KAYENTA AND CHINLE IN ARIZONA, AND SHIPROCK, AZTEC, AND BLOOMFIELD IN NEW MEXICO THIS REGION ALSO INCLUDES THE NAVAJO NATION STATISTICS GATHERED FOR THE HOSPITAL'S COMMUNITY NEEDS ASSESSMENT IN 2008 FOR SAN JUAN COUNTY (POPULATION 124,131)-WHICH IS THE PRINCIPAL COUNTY SERVED BY SAN JUAN REGIONAL MEDICAL CENTER-INDICATE THE FOLLOWING POPULATION CHARACTERISTICS MEN 43 3% WOMEN 51 7% AGES 18 TO 39 43 5% AGES 40 TO 64 44 2% AGES 65+ 12 3% WHITE 44 5% NATIVE AMERICAN 36 2% HISPANIC 15 7% LIVING BELOW FEDERAL POVERTY LEVEL 20% THE MEDIAN HOUSEHOLD INCOME FOR SAN JUAN COUNTY IS $45,971

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SAN JUAN REGIONAL MEDICAL CENTER

Employer identification number
85-0127924

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 15

3 Enter total number of other organizations . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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

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

Identifier	Return Reference	Explanation
Form 990, Schedule I	Description of Organization's Procedures for Monitoring the Use of Grants	Event Funding/Sponsorship Request GUIDELINES San Juan Regional Medical Center (SJRMC) recognizes the value of community partnerships and on a limited basis, offers support to its community partners by sharing our resources including the time and talent of our physicians and employees, as well as our financial and in-kind support San Juan Regional Medical Center has established criteria to ensure alignment with our mission and to allow us to strategically focus our limited resources in order to maximize their impact Sponsorship requests are evaluated based on, but not limited to, the following criteria - Alignment with SJRMC's mission To personalize healthcare and create enthusiasm and vitality in healing - Alignment and opportunity to promote strategic service lines and business objectives - Community and neighborhood development - Magnitude of impact and reach (number of individuals served) - Depth and breadth of partnership with requesting organization All requests must be received at least 4 weeks in advance of the sponsorship deadline Sponsorship requests are reviewed through our Marketing Department The request should provide appropriate and complete details regarding the sponsorship request Please be prepared to provide the additional information about your request, if needed For sponsorship requests of more than $3,000 must be reviewed by the Partnership Committee of SJRMC's Board of Directors I APPLICANT INFORMATION - Must be written on official letterhead - Name of person or organization requesting funding and/or sponsorship - Name, email address, and phone number of primary contact for the request/ individual filling out the request II EVENT DETAILS 1 Description (250 words maximum) - Describe how the event being sponsored relates to SJRMC's mission - Describe the purpose of the event being sponsored and the target audience 2 Logistics - If available, provide the title, date, and time of the event - If available and applicable, list the proposed event layout (e g , panel, conference, seminar, etc) and agenda for the event 3 Funding - Indicate amount requested from SJRMC - Describe the expenses SJRMC's funds will be used to cover - Provide what other organizations are supporting your event (indicating amounts requested, which are pending, and which are confirmed) - What will SJRMC receive in exchange for its contribution PLEASE SUBMIT ALL MATERIALS TO Roberta Rogers, Marketing Manager c/o San Juan Regional Medical Center 657 West Maple Street Farmington, NM 87401 e-mail rrogers@sjrmc net (505) 609-2240

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 85-0127924
Name: SAN JUAN REGIONAL MEDICAL CENTER

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SAN JUAN COLLEGE4601 COLLEGE FARMINGTON,NM 87402	85-0295969	501(C)(3)		19,332	FMV	NURSE INSTRUCT TIME	PROVIDE INSTRUCTION TO NURSING STUDENTS
ECHO FOOD BANK1921 E MURRAY DR FARMINGTON,NM 87401	85-0196667	501(C)(3)	50,000				PURCHASE COOLER FOR FOOD STORAGE
COMMUNITY HEALTHCARE FUND1601 E 20TH FARMINGTON,NM 87401	11-3750115	501(C)(3)	11,000				DONATION FOR OPERATIONS
SAN JUAN UNITED WAY903 W APACHE FARMINGTON,NM 87401	85-0165322	501(C)(3)	112,159				MATCH EMPLOYEE DONATIONS TO UNITED WAY
BLOOMFIELD SENIOR CENTER124 W ASH BLOOMFIELD,NM 87413	85-6004832	501(C)(3)	32,000				DIABETES MEALS PROGRAM
BOYS AND GIRLS CLUB 1825 E 19TH FARMINGTON,NM 87401	85-6000129	501(C)(3)	13,900				FITNESS PROGRAM
HOME FOR WOMEN & CHILDRENPO BOX 1805 SHIPROCK,NM 87420	85-0307031	501(C)(3)	56,139				LEASE PAYMENTS FOR BUILDING
HOPE CHILDRENS FUNDPO BOX 110 FARMINGTON,NM 87499	85-0330156	501(C)(3)	30,000				DONATION FOR OPERATIONS
SAN JUAN UNITED WAY903 W APACHE FARMINGTON,NM 87401	85-0165322	501(C)(3)	12,500				CONTRIBUTE TO FUND TO PROVIDE PROPRANE
NM MEDICAL SOCIETY 7770 JEFFERSON NE 400 ALBUQUERQUE,NM 87109	85-0096808	501(c)(3)	32,861				SPEAKER FEE FOR ANNUAL CONFERENCE AT NM Medical Society

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SACRED HEART CATHOLIC CHURCH404 N ALLEN FARMINGTON,NM 87401	85-0414034	501(C)(1)	20,000				MUSIC PROGRAM AND FOUNDATION
SAN JUAN ECONOMIC DEVELOPMENT5101 COLLEGE FARMINGTON,NM 87401	85-0171302	501(C)(3)	10,000				PROGRAM SUPPORT
SAN JUAN MEDICAL FOUNDATIONPO BOX 110 FARMINGTON,NM 87499	85-0330156	501(C)(3)	13,000				GOLFING EVENTS
SAN JUAN OPEN FOUNDATION5775 COUNTRY CLUB FARMINGTON,NM 87401	34-2041577	501(C)(3)	6,500				SAN JUAN OPEN FOUNDATION GOLF TOURN /CHARITY
SAN JUAN SYMPHONYPO BOX 1073 DURANGO,CO 81302	23-7414147	501(C)(3)	20,000				DONATION FOR OPERATIONS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SAN JUAN REGIONAL MEDICAL CENTER

Employer identification number
85-0127924

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**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Charles Hoffman MD	(i)	338,273	38,160	7,200	7,350	17,602	408,585	0
	(ii)	0	0	0	0	0	0	0
Steve Altmiller	(i)	353,143	110,522	55	15,030	10,799	489,549	0
	(ii)	0	0	0	0	0	0	0
J Michael Philips	(i)	248,509	68,589	15,643	17,150	17,602	367,493	0
	(ii)	0	0	0	0	0	0	0
John Buffington	(i)	269,429	66,153	16,603	17,150	17,602	386,937	0
	(ii)	0	0	0	0	0	0	0
Douglas Frary	(i)	169,677	46,906	28	12,106	17,602	246,319	0
	(ii)	0	0	0	0	0	0	0
Ruth Brooks	(i)	144,014	35,441	22	10,014	7,812	197,303	0
	(ii)	0	0	0	0	0	0	0
Tom Dean	(i)	173,986	28,614	13	6,532	16,442	225,587	0
	(ii)	0	0	0	0	0	0	0
Robert Fabrey MD	(i)	285,760	67,267	16,641	14,328	17,372	401,368	0
	(ii)	0	0	0	0	0	0	0
Suzanne Smith	(i)	171,967	43,309	29	13,228	17,602	246,135	0
	(ii)	0	0	0	0	0	0	0
Stephen Franken	(i)	136,483	44,106	64	11,018	14,107	205,778	0
	(ii)	0	0	0	0	0	0	0
Catherine Zaharko	(i)	135,508	35,015	20	10,534	17,520	198,597	0
	(ii)	0	0	0	0	0	0	0
Edward Maurin MD	(i)	599,828	0	8,225	15,600	17,602	641,255	0
	(ii)	0	0	0	0	0	0	0
Charles Wilkins MD	(i)	555,719	0	16,693	17,150	17,602	607,164	0
	(ii)	0	0	0	0	0	0	0
Luther Weathers III MD	(i)	525,684	0	68	7,350	17,520	550,622	0
	(ii)	0	0	0	0	0	0	0
Tull Graham MD	(i)	453,000	0	16,958	14,913	17,510	502,381	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
SUPPLEMENTAL COMPENSATION INFORMATION		SCHEDULE J, PART I, LINE 7 SAN JUAN REGIONAL MEDICAL CENTER (SJRMC) HAS A SENIOR MANAGEMENT INCENTIVE COMPENSATION PLAN FOR SELECTED SENIOR MANAGEMENT POSITIONS AN AWARD TARGET IS ESTABLISHED FOR EACH PARTICIPANT PERFORMANCE IS BASED ON EIGHT GOALS, TWO OF WHICH ARE HOSPITAL EXCESS OF REVENUES OVER EXPENSES PERCENTAGE AND TOTAL HOSPITAL EARNINGS THE AWARD IS A PERCENTAGE OF BASE PAY IF CERTAIN TARGETS ARE MET SCHEDULE J-2 THE COMPENSATION REPORTED FOR DWAYNE GIBBS, M D IS FOR A DIRECTORSHIP STIPEND, NOT FOR SERVICES RENDERED AS A BOARD MEMBER THE COMPENSATION REPORTED FOR RONALD CALCOTE, M D IS FOR A MEDICAL DIRECTOR FET PROGRAM, NOT FOR SERVICES RENDERED AS A BOARD MEMBER THE COMPENSATION REPORTED FOR CHARLES HOFFMAN M D IS FROM HIS CURRENT EMPLOYMENT, NOT FOR SERVICES RENDERED AS A BOARD MEMBER PART VII AND SCHEDULE J SUPPLEMENTAL INFORMATION NO COMPENSATION IS REPORTED FOR RICK WALLACE BECAUSE HE DID NOT BEGIN SERVICE UNTIL FEBRUARY 2010 AND THE COMPENSATION REPORTED ON PART VII IS FOR THE CALENDAR YEAR 2009

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SAN JUAN REGIONAL MEDICAL CENTER

Employer identification number
85-0127924

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	CITY OF FARMINGTON	85-6000129	311428BB1	03-25-2004	15,000,000	CONSTRUCTION OF TOWER/NEW EQUIPMEN		X		X
B	CITY OF FARMINGTON	85-6000129	311428BN5	06-28-2007	12,290,518	CONSTRUCTION OF CANCER CENTER		X		X
C	CITY OF FARMINGTON	85-6000129	311428AZ9	03-25-2004	16,982,883	CONSTRUCTION OF TOWER/NEW EQUIPMEN		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	15,689,398	12,457,893	17,087,725		
2	Gross proceeds in reserve funds	0	0	0		
3	Proceeds in refunding or defeasance escrows	0	0	0		
4	Other unspent proceeds	0	0	0		
5	Issuance costs from proceeds	363,203	245,810	339,658		
6	Working capital expenditures from proceeds	0	0	0		
7	Capital expenditures from proceeds	15,326,195	12,212,083	16,748,067		
8	Year of substantial completion	2007	2010	2007		

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage

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

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

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

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Open to Public Inspection

Name of the organization
SAN JUAN REGIONAL MEDICAL CENTER

Employer identification number
85-0127924

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) No
ANNA BUFFINGTON	JOHN BUFFINGTON / COO	100,726	COMPENSATION AS EMPLOYEE		No
ERIC BUFFINGTON	JOHN BUFFINGTON / COO	20,086	COMPENSATION AS EMPLOYEE		No
SAN JUAN PROFESSIONAL ASSOCIATES	GIBBS/V COS, CALCOTE/SECY	153,653	RENTAL PAYMENTS		No
FOUR CORNERS RADIOLOGY ASSOCIATES	RUTH BROOKS/KEY EMPLOYEE	239,378	PAYMENT FOR MEDICAL SERVICES		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

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2009

Open to Public Inspection

Name of the organization
SAN JUAN REGIONAL MEDICAL CENTER

Employer identification number
85-0127924

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (FIXED ASSETS)	X	1	1,334,446	COST/SELLING PRICE
26	Other ▶( )				
27	Other ▶( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . 29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

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
SAN JUAN REGIONAL MEDICAL CENTER

Employer identification number
85-0127924

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION		VOLUNTEERS FORM 990, PART I, QUESTION 6 SJRMC HAS A TOTAL OF 179 VOLUNTEERS THAT PROVIDE S ERVICE TO THE FOLLOWING AREAS ADMINISTRATIVE SUPPORT, CANCER TREATMENT CENTER, CARDIAC RE HABILITATION, COURIER/PATIENT TRANSPORT, CRAFTY CREATIONS, DIETARY, GIFT MARKET, INFORMATI ON DESK, MAIL CALL, MEDICAL RECORDS AND AUXILIARY MEMBERSHIP PROGRAM SERVICE ACCOMPLISHME NTS FORM 990, PART III, QUESTION 4 2009 SAN JUAN REGIONAL MEDICAL CENTER COMMUNITY BENEFIT SAN JUAN REGIONAL MEDICAL CENTER (SJRMC) IS A MODERN ACUTE-CARE HOSPITAL LOCATED IN ONE O F THE MOST RURAL AREAS OF THE AMERICAN SOUTHWEST, SAN JUAN COUNTY, NM A 2008 ESTIMATE OF THE POPULATION OF SAN JUAN COUNTY SHOWS THE COUNTY POPULATION HAS GROWN 7 6% FROM THE YEAR 2000 TO 2008 AND NOW NUMBERS APPROXIMATELY 122,500, 37% OF WHICH IS AMERICAN INDIAN AND A LASKA NATIVE PERSONS SJRMC IS SOLE COMMUNITY PROVIDER AND DISPROPORTIONATE SHARE HOSPITAL PROVIDING NEEDED HEALTHCARE TO RESIDENTS OF THE FOUR CORNERS REGION OF NEW MEXICO, ARIZON A, UTAH AND COLORADO SAN JUAN REGIONAL MEDICAL CENTER'S MISSION IS TO PERSONALIZE HEALTHC ARE AND CREATE ENTHUSIASM AND VITALITY IN HEALING OUR CORE VALUES ARE ACTIVELY TAUGHT, AN D REINFORCED, TO STAFF, MANAGEMENT AND PHY SICIANS SO THAT THE ORGANIZATION MAY ACHIEVE EXC ELLENCE AND CONSISTENCY IN PATIENT CARE SJRMC IS A COMMUNITY GOVERNED HOSPITAL THAT WAS F OUNDED IN 1910 BY DRS A M SMITH AND G W SAMMONS THE HOSPITAL CORPORATION IS AN ADVIS ORY BODY COMPOSED OF UP TO THREE REPRESENTATIVES FROM EACH OF 90 NON-PROFIT ORGANIZATIONS IN SAN JUAN COUNTY THE CORPORATION MEETS QUARTERLY, AND AT THEIR ANNUAL MEETING THEY NOMI NATE AND ELECT 9 MEMBERS TO THE GOVERNING BOARD OF DIRECTORS THE CORPORATION RECEIVES REP ORTS FROM THE BOARD OF DIRECTORS AND HOSPITAL ADMINISTRATION ON HOSPITAL OPERATIONS INCLUD ING QUALITY AND FINANCE AND PROVIDES FEEDBACK ON COMMUNITY HEALTH ISSUES SJRMC PROVIDES M EDICAL, SURGICAL, PEDIATRICS, ONCOLOGY, OBSTETRICS, CARDIOLOGY, AND BEHAVIORAL HEALTH INPA TIENT CARE AMBULATORY CARE INCLUDES DAY SURGERY, URGENT CARE, OUTPATIENT DIAGNOSTIC AND T REATMENT SERVICES SJRMC IS A LEVEL III TRAUMA CENTER THAT PROVIDES GROUND AMBULANCE AND A IR AMBULANCE SERVICE WITH A HELICOPTER AND A FIXED WING AIRCRAFT AS WELL AS SERVICES THROU GH ITS EMERGENCY DEPARTMENT TO ALL PERSONS REGARDLESS OF THEIR ABILITY TO PAY SOME OF OUR OUTPATIENT SERVICES ARE PHY SICIAN CLINICS SPECIALIZING IN CARDIOLOGY, BEHAVIORAL HEALTH, INTERNAL MEDICINE, NEUROSURGERY, NEURODIAGNOSTICS, URGENT CARE CENTER AND PEDIATRICS OUR FINANCIAL AND IN-KIND CONTRIBUTIONS WENT TO VARIOUS LOCAL CHARITIES SUCH AS NAVAJO MINISTR IES, FAMILY CRISIS CENTER, LOCAL SCHOOL DISTRICTS, SENIOR CENTERS AND TOTAH BEHAVIORAL HEA LTH THE OTHER COMMUNITY SERVICES NOTED ABOVE PROVIDE CARE FOR SURGERY, GASTROINTESTINAL, ORTHOPEDICS, ONCOLOGY, NEURO AND CARDIAC REHAB BUSINESS AND FAMILY RELATIONSHIPS FORM 99 0, PART VI, QUESTION 2 DWAYNE GIBBS, M D AND RONALD CALCOTE, M D HAVE A BUSINESS RELATIO NSHIP MEMBERS AND THEIR RIGHTS FORM 990, PART VI, QUESTION 6 AND 7A SAN JUAN REGIONAL MED ICAL CENTER IS A COMMUNITY-GOVERNED HOSPITAL THE HOSPITAL CORPORATION IS AN ADVISORY BODY COMPOSED OF TWO REPRESENTATIVES FROM ABOUT 90 NON-PROFIT ORGANIZATIONS IN SAN JUAN COUNTY THE CORPORATION MEETS QUARTERLY AT THEIR ANNUAL MEETING, THEY NOMINATE AND ELECT 12 VOT ING MEMBERS OF SJRMC'S BOARD OF DIRECTORS DESCRIPTION OF PROCESS USED BY MANAGEMENT AND/O R GOVERNING BODY TO REVIEW FORM 990 FORM 990, PART VI, QUESTION 11A THE FORM 990 IS PREPAR ED BY AN OUTSIDE ACCOUNTING FIRM BASED ON DATA PROVIDED BY MANAGEMENT A DRAFT COPY OF THE 990 IS PROVIDED TO MANAGEMENT FOR REVIEW A MEETING IS CONDUCTED BY THE ACCOUNTING FIRM T O REVIEW THE RETURN IN DETAIL WITH MANAGEMENT ANY QUESTIONS ARE ADDRESSED AND ANY NECESSA RY CHANGES ARE MADE TO THE RETURN THE FINAL DRAFT OF THE FORM 990 IS PROVIDED TO THE AUDI T COMMITTEE ALONG WITH A BRIEF EDUCATION SESSION CONDUCTED BY THE ACCOUNTING FIRM TO DISCU SS THE HIGHLIGHTS OF THE FORM THE FINAL DRAFT OF THE FORM 990 IS THEN PROVIDED TO EACH BO ARD MEMBER PRIOR TO FILING DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS O F INTEREST FORM 990, PART VI, QUESTION 12C SAN JUAN REGIONAL MEDICAL CENTER HAS A CONFLICT OF INTEREST POLICY THAT EACH BOARD MEMBER, OFFICER AND KEY EMPLOYEE IS REQUIRED TO FILL O UT ON AN ANNUAL BASIS THIS CONFLICT OF INTEREST POLICY SPECIFICALLY ASKS QUESTIONS REGARD ING BUSINESS AND PERSONAL RELATIONSHIPS THAT THEY MAY HAVE WITH ANY OTHER BOARD MEMBER, OF FICER AND KEY EMPLOYEE OF ANY BUSINESS THAT DEALS WITH SAN JUAN REGIONAL MEDICAL CENTER OR ANY OF ITS AFFILIATES IF A CONFLICT IS IDENTIFIED, IT MUST BE REPORTED TO THE COMPLIANCE OFFICER, AND IF IT CONSTITUTES A BREACH OF EMPLOY MENT, IT MAY LEAD TO DISCIPLINARY ACTION DESCRIPTION OF PROCESS USED TO DETERMINE COMPENSATION FORM 990, PART VI, QUESTIONS 15A & 15B THE BOARD OF DIRECTORS FOR SAN JUAN REGIONAL MEDICAL CENTER USES THE FOLLOWING COMPAR ABLE DATA WHEN DETERMINING THE COMPENSATION FOR TH

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION		E CEO AND SENIOR MANAGEMENT, REGIONAL / LOCAL AREA NOT-FOR-PROFIT HEALTHCARE ORGANIZATIONS OF COMPARABLE SIZE, NATIONAL NOT-FOR-PROFIT HEALTHCARE ORGANIZATIONS OF COMPARABLE SIZE, AND OTHER RELEVANT COMPARATORS (E G , FOR PROFIT HEALTHCARE AND/OR GENERAL INDUSTRY ORGANI ZATIONS) OF COMPARABLE SIZE AND COMPLEXITY, ONLY WHEN COMPETITIVE CIRCUMSTANCES WARRANT TH ESE MARKETS ADDITIONALLY, THE BOARD ANNUALLY HAS AN OUTSIDE FIRM COMPARE THE CEO'S COMPEN SATION WITH OTHER HEALTHCARE ORGANIZATIONS TO REMAIN COMPETITIVE THE PROCESS WAS LAST COM PLETED IN 2009 AVAILABILITY OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINA NCIAL STATEMENTS TO THE GENERAL PUBLIC FORM 990, PART VI, QUESTION 19 SAN JUAN REGIONAL ME DICAL CENTER MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STA TEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST METHOD USED TO DETERMINE AMOUNTS IN SCHEDULE R SCHEDULE R, PART V, LINE 2 THE AMOUNTS REPORTED ON SCHEDULE R, PART V, LINE 2 ARE DETER MINED USING THE ACCRUAL METHOD OF ACCOUNTING THE AMOUNTS REPORTED ON SCHEDULE R, PART V, LINE 2 ARE DETERMINED USING THE ACCRUAL METHOD OF ACCOUNTING

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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2009

Open to Public Inspection

Name of the organization
SAN JUAN REGIONAL MEDICAL CENTER

Employer identification number
85-0127924

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
SAN JUAN HEALTH PARTNERS INC 801 WEST MAPLE FARMINGTON, NM 87401 27-2367549	HEALTH CARE	NM	501(c)(3)	3	NA
SAN JUAN REGIONAL REHABILITATION HOSP 525 SOUTH SCHWARTZ 2 FARMINGTON, NM 87401 85-0441767	HEALTHCARE	NM	501(C)(3)	3	NA

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
SJR HOLDING COMPANY INC 801 W MAPLE STREET FARMINGTON, NM87401 20-1126483	SUPPORT SERVICES	NM	SJRMC	C-CORP	606,776	1,626,564	100 000 %

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	Yes
d	Loans or loan guarantees to or for other organization(s)	1d	No
e	Loans or loan guarantees by other organization(s)	1e	No
f	Sale of assets to other organization(s)	1f	No
g	Purchase of assets from other organization(s)	1g	No
h	Exchange of assets	1h	No
i	Lease of facilities, equipment, or other assets to other organization(s)	1i	No
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	No
o	Reimbursement paid to other organization for expenses	1o	No
p	Reimbursement paid by other organization for expenses	1p	Yes
q	Other transfer of cash or property to other organization(s)	1q	No
r	Other transfer of cash or property from other organization(s)	1r	No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) SJR HOLDING COMPANY INC	C	650,000
(2) SAN JUAN REGIONAL REHABILITATION HOSPITAL	P	886,011
(3) SAN JUAN HEALTH PARTNERS INC		0
(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