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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
Otero Co Hospital Assoc DBA Gerald Champion Regional Medical Center

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2669 North Scenic Drive

City or town, state or country, and ZIP + 4
Alamogordo, NM 883110597

**D Employer identification number**
85-0138775

**E Telephone number**
(575) 439-6100

**G** Gross receipts $ 106,201,644

**F** Name and address of principal officer
Robert James Heckert
2669 North Scenic Drive
Alamogordo, NM 883110597

**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 gcrmc org

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

**L** Year of formation 1947

**M** State of legal domicile NM

## Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
provision of health care services

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 | 11 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 10 |
| 5 | Total number of employees (Part V, line 2a) | 5 | 747 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 110 |
| 7a | Total gross unrelated business revenue from Part VIII, column (C), line 12 | 7a | 150,922 |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | -54,524 |

| | | Prior Year | Current Year |
|---|---|---|---|
| Revenue 8 | Contributions and grants (Part VIII, line 1h) | 495,828 | 650,824 |
| 9 | Program service revenue (Part VIII, line 2g) | 92,275,648 | 104,369,217 |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 433,060 | 415,907 |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 288,080 | 369,638 |
| 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 93,492,616 | 105,805,586 |
| Expenses 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 314,935 | 384,692 |
| 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 38,325,496 | 40,663,314 |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| b | Total fundraising expenses (Part IX, column (D), line 25) ▶0 | | |
| 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) | 50,394,329 | 60,301,384 |
| 18 | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 89,034,760 | 101,349,390 |
| 19 | Revenue less expenses Subtract line 18 from line 12 | 4,457,856 | 4,456,196 |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| Net Assets or Fund Balances 20 | Total assets (Part X, line 16) | 133,883,568 | 141,208,367 |
| 21 | Total liabilities (Part X, line 26) | 51,223,195 | 49,678,430 |
| 22 | Net assets or fund balances Subtract line 21 from line 20 | 82,660,373 | 91,529,937 |

## 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**

****** | 2011-05-16
Signature of officer | Date

MORGAN HAY CFO
Type or print name and title

**Paid Preparer's Use Only**

| | | | |
|---|---|---|---|
| Preparer's signature ▶ Kim Hunwardsen CPA | Date 2011-05-16 | Check if self-empolyed ▶ ☐ | Preparer's identifying number (see instructions) |
| Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Eide Bailly LLP<br>5601 Green Valley Drive Ste 700<br>Minneapolis, MN 554371145 | | | EIN ▶<br>Phone no ▶ (952) 944-6166 |

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

To provide quality healthcare services to our customers, with commitment to the follwing values Our quality commitment, our patient commitment, our physician commitment, our employee commitment and our future commitment

**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 $ 77,327,207 including grants of $ 384,692 ) (Revenue $ 104,218,295 )

Otero County Hospital Association d/b/a Gerald Champion Regional Medical Center (GCRMC) provides comprehensive healthcare services through its 99-bed hospital, outpatient ambulatory care facilities, and a multi-specialty physician group GCRMC accounts for more than 80% of hospital admissions in its Otero County primary service area The GCRMC's primary market is the city of Alamogordo with secondary markets expanding to Tularosa, Holloman Air Force Base and Lincoln County The original facility opened in August 1949 and the current medical center is a state of the art, acute care facility that opened in December 1999 The original hospital opened in 1949 with 26 beds and today GCRMC is proud to be a 99-bed acute care facility accredited by The Joint Commission GCRMC shares a unique relationship with Holloman Air Force Base as the first hospital in the United States where active duty military personnel practice in a civilian hospital This special arrangement allows one facility to meet the combined community and military needs, while serving as a model for the Department of Defense in the conserving resources The delivery mechanisms of care at the hospital include both inpatient and outpatient services acute care inpatient through medical/surgical, telemetry, maternal child and 12-bed intensive care units, surgery department supported by pre-admit, outpatient care unit and post-anesthesia care unit, hospital-owned physician practices in the areas of family practice, women's services including obstetrics, gastroenterology and endocrinology, internal medicine, orthopedics, inpatient and outpatient CAP certified laboratory services with the capability to perform over 225 different profiles and tests in-house, inpatient and outpatient diagnostic imaging services, including x-ray, 16-slice CT scan, MRI, ultrasound, interventional radiology, radiofrequency ablation and nuclear medicine, inpatient and outpatient comprehensive cardiopulmonary services including behavior sleep medicine, Holter monitoring, event monitoring and impedance cardiography By the end of 2010, GCRMC employed approximately 750 people In addition to those employees, GCMRC contracts for services in various departments such as Pharmacy, Anesthesia, Emergency Services and Hospital program The medical staff of GCRMC has 121 medical members consisting of 77 active members and 44 affiliate members GCRMC continues to seek opportunities to expand services and improve quality, with the philosophy of not limiting its potential by the designation of "small community", but rather identifying its scope of service based on community needs Continued progress and expansion has enhanced GCRMC's commitment to strive for outstanding service and quality, acknowledging that its future is not in its buildings or technology, but rather its people To this end we support the people of Otero County with our services and our financial contributions GCRMC has, since its inception in 1949, provided quality medical healthcare regardless of race, creed, sex, national origin, handicap, age, or ability to pay Although reimbursement for services rendered is critical to the operation and stability of GCRMC, it is recognized that not all individuals possess the ability to purchase essential medical services and, further, that our mission is to serve the community with respect to providing healthcare services and healthcare education Therefore, in keeping the GCRMC's commitment to serve our community, we provide Free Care and/or Subsidized Care - care to persons covered by governmental programs at below cost, and health activities and programs to support the community will be considered where the need and/or an individual's inability to pay coexist GCRMC maintains records to identify and monitor the level of charity care it provides These records include the amount of charges foregone for services and supplies furnished under its charity care policy The amount of charges foregone, based on established rates, was $2,792,458 for the year ended June 30, 2010

**4b** (Code ) (Expenses $ 462,700 including grants of $ ) (Revenue $ )

With the assistance of the TSFA Grant funding, GCRMC is able to continue to give the most current and up to date trauma care available GCRMC has been a Level III Trauma Center for three years During the FY 2010, 399 patients met trauma registry inclusion We increased awareness of Emergency/Trauma standards of care to the following departments Lab, Diagnostic Imaging, the Hospitalists and trauma surgeons We hold injury prevention at a high priority and have increased injury prevention awareness to our community's youth through attending health fairs, distributing prevention literature, bicycle helmet distribution, car seat programs and DWI awareness through the every 15-minute program The 2010 emergency room visits were 31,968, impacted due to H1N1, cut back of hours at the Holloman Air Force Base clinics and the elimination of HAFB Nurse Call due to budget constraints A walk-in/urgent clinic was closed and another went to part time hours Through the Emergency department, we participate in NM Department of Health regional Emergency Preparedness Coalition and receive grant money for supplies, equipment and other items related to the preparedness or response to hospital emergencies, or the support of the staff to attend/provide training for hospital preparedness

**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** ▶ $ 77,789,907

## Part IV Checklist of Required Schedules

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

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

| | | | | |
|---|---|---|---|---|
| **21** | Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* | **21** | 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** | | No |
| **b** | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28b** | | No |
| **c** | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV* | **28c** | | No |
| **29** | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | **29** | | No |
| **30** | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | **30** | | No |
| **31** | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | **31** | | No |
| **32** | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | **32** | | No |
| **33** | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I* | **33** | | No |
| **34** | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1* | **34** | Yes | |
| **35** | Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* | **35** | 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 | 156 | | |
| 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 | 747 | | |
| 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 11 | | |
| b | Enter the number of voting members that are independent . . | 1b 10 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . . | 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . | 3 | Yes | |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? . . | 5 | | No |
| 6 | Does the organization have members or stockholders? . . . . . | 6 | Yes | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . . | 7a | | No |
| 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 | | No |
| 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 | | No |

## 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 ▶

Morgan Hay
2669 North Scenic Drive
Alamogordo, NM 88311
(575) 439-6100

## 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 | | | | | | | | | | |
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| | | | |
|---|---|---|---|
| **1b Total** . . . . . ▶ | 2,692,146 | 0 | 277,589 |

**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 ▶ 43

| | | | 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** | Yes | |

## 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 |
|---|---|---|
| Robins & Morton Group<br>Gateway II Bldg 5500 Maryland Sui<br>Brentwood, TN 37027 | Construction | 10,381,821 |
| Ascension Group Architects<br>1250 E Copeland Road Suite 500<br>Arlington, TX 76011 | Architect | 2,147,001 |
| Quantum Healthcare Medical Associates<br>PO BOX 634850<br>Cincinnati, OH 452654850 | Staff-Medical | 1,975,577 |
| EmCare Inc<br>7032 Collections Center Drive<br>Chicago, IL 60693 | Staff-Medical | 964,862 |
| Labortory Corp<br>PO BOX 12140<br>Burlington, NC 272162140 | Laboratory | 758,162 |
| **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 ▶ 24 | | |

**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 | 454,135 | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 196,689 | | | |
| | g | Noncash contributions included in lines 1a-1f $ | | | | | |
| | h | **Total.** Add lines 1a-1f | | | 650,824 | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2a | Net Patient Service Re | | 900,099 | 101,643,796 | 101,643,796 | |
| | b | Alamogordo Surgery Ven | | 621,400 | 1,229,887 | 1,229,887 | |
| | c | Other Revenue | | 900,099 | 836,853 | 836,853 | |
| | d | Rental income | | 531,120 | 507,759 | 507,759 | |
| | e | Catering | | 722,320 | 150,922 | | 150,922 |
| | f | All other program service revenue | | | | | |
| | g | **Total.** Add lines 2a–2f | | | 104,369,217 | | |
| | 3 | Investment income (including dividends, interest and other similar amounts) | | | 509,660 | | 509,660 |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 | Royalties | | | | | |

| | | (i) Real | (ii) Personal | | | | |
|---|---|---|---|---|---|---|---|
| | 6a | Gross Rents | 671,662 | | | | | |
| | b | Less rental expenses | 302,024 | | | | | |
| | c | Rental income or (loss) | 369,638 | | | | | |
| | d | Net rental income or (loss) | | | 369,638 | | | 369,638 |

| | | (i) Securities | (ii) Other | | | | |
|---|---|---|---|---|---|---|---|
| | 7a | Gross amount from sales of assets other than inventory | | 281 | | | |
| | b | Less cost or other basis and sales expenses | 94,034 | | | | |
| | c | Gain or (loss) | -94,034 | 281 | | | |
| | d | Net gain or (loss) | | | -93,753 | | | -93,753 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 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 | | | | | |
| | 9a | Gross income from gaming activities See Part IV, line 19 | a | | | | |
| | b | Less direct expenses | b | | | | |
| | c | Net income or (loss) from gaming activities | | | | | |
| | 10a | Gross sales of inventory, less returns and allowances | a | | | | |
| | b | Less cost of goods sold | b | | | | |
| | c | Net income or (loss) from sales of inventory | | | | | |
| | | Miscellaneous Revenue | | Business Code | | | |
| | 11a | | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | All other revenue | | | | | |
| | e | **Total.** Add lines 11a–11d | | | | | |
| | 12 | **Total revenue.** See Instructions | | | 105,805,586 | 104,218,295 | 150,922 | 785,545 |

## 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 | 384,692 | 384,692 | | |
| 2 | Grants and other assistance to individuals in the U S See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 962,827 | 420,984 | 541,843 | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 31,842,576 | 21,606,775 | 10,235,801 | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 1,150,622 | 970,110 | 180,512 | |
| 9 | Other employee benefits | 4,517,477 | 3,950,517 | 566,960 | |
| 10 | Payroll taxes | 2,189,812 | 1,825,881 | 363,931 | |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | | | | |
| b | Legal | 1,638,610 | | 1,638,610 | |
| c | Accounting | 103,265 | | 103,265 | |
| d | Lobbying | | | | |
| e | Professional fundraising *See Part IV, line 17* | | | | |
| f | Investment management fees | | | | |
| g | Other | 19,630,832 | 13,604,293 | 6,026,539 | |
| 12 | Advertising and promotion | 146,027 | 1,318 | 144,709 | |
| 13 | Office expenses | 16,484,271 | 14,148,050 | 2,336,221 | |
| 14 | Information technology | 114,668 | 8,321 | 106,347 | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 1,319,965 | 303,988 | 1,015,977 | |
| 17 | Travel | 101,752 | 16,139 | 85,613 | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 329,663 | 141,329 | 188,334 | |
| 20 | Interest | 1,826,003 | 1,826,003 | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 6,468,272 | 6,468,272 | | |
| 23 | Insurance | 868,454 | 868,454 | | |
| 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 | 7,669,284 | 7,669,284 | | |
| b | Interest Rate Swap | 3,281,500 | 3,281,500 | | |
| c | Sales Tax Expense | 61,719 | 61,719 | | |
| d | State Taxation | 50 | 50 | | |
| e | | | | | |
| f | All other expenses | 257,049 | 232,228 | 24,821 | |
| 25 | **Total functional expenses.** Add lines 1 through 24f | 101,349,390 | 77,789,907 | 23,559,483 | 0 |
| 26 | **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

## Part X Balance Sheet

| | | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|---|
| Assets | 1 | Cash—non-interest-bearing | | | 1 | |
| | 2 | Savings and temporary cash investments | | 15,004,597 | 2 | 13,263,880 |
| | 3 | Pledges and grants receivable, net | | | 3 | |
| | 4 | Accounts receivable, net | | 12,398,859 | 4 | 12,931,542 |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L | | | 6 | |
| | 7 | Notes and loans receivable, net | | | 7 | |
| | 8 | Inventories for sale or use | | 1,519,812 | 8 | 2,566,413 |
| | 9 | Prepaid expenses and deferred charges | | 825,598 | 9 | 928,938 |
| | 10a | Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* | 10a 134,009,134 | | | |
| | b | Less accumulated depreciation | 10b 59,246,845 | 66,420,956 | 10c | 74,762,289 |
| | 11 | Investments—publicly traded securities | | 27,306,570 | 11 | 22,299,134 |
| | 12 | Investments—other securities See Part IV, line 11 | | 8,056,210 | 12 | 11,936,378 |
| | 13 | Investments—program-related See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | 1,062,591 | 14 | 61,875 |
| | 15 | Other assets See Part IV, line 11 | | 1,288,375 | 15 | 2,457,918 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | | 133,883,568 | 16 | 141,208,367 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 9,280,583 | 17 | 9,066,542 |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 38,150,000 | 20 | 37,570,000 |
| | 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 | | 826,178 | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 24 | |
| | 25 | Other liabilities Complete Part X of Schedule D | | 2,966,434 | 25 | 3,041,888 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 51,223,195 | 26 | 49,678,430 |
| 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 | | 82,660,373 | 27 | 91,529,937 |
| | 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 | | 82,660,373 | 33 | 91,529,937 |
| | 34 | Total liabilities and net assets/fund balances | | 133,883,568 | 34 | 141,208,367 |

## 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
Otero Co Hospital Assoc DBA Gerald Champion Regional Medical Center

**Employer identification number**
85-0138775

**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

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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**
Otero Co Hospital Assoc DBA Gerald Champion Regional Medical Center

**Employer identification number**
85-0138775

## 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 | | 3,001,414 | | 3,001,414 |
| b Buildings | | 69,302,116 | 19,657,897 | 49,644,219 |
| c Leasehold improvements | | | | |
| d Equipment | | 53,869,349 | 38,065,059 | 15,804,290 |
| e Other | | 7,836,255 | 1,523,889 | 6,312,366 |
| **Total.** Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 74,762,289 |

**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<br>See Additional Data Table | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total.** *(Column (b) should equal Form 990, Part X, col (B) line 12 )* ▶ | 11,936,378 | |

**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 | |
| Estimated third party payor settlements | 2,271,888 |
| Estimated Malpractice liability | 770,000 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) should equal Form 990, Part X, col (B) line 25 )* ▶ | 3,041,888 |

**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 | 105,805,586 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 101,349,390 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 4,456,196 |
| 4 | Net unrealized gains (losses) on investments | 4 | 2,121,071 |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | 2,292,297 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | 4,413,368 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | 8,869,564 |

## 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 | 107,239,478 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | | |
| a | Net unrealized gains on investments | 2a | 2,121,071 | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIV) | 2d | -989,203 | | |
| e | Add lines **2a** through **2d** | | | 2e | 1,131,868 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 106,107,610 |
| 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 | -302,024 | | |
| c | Add lines **4a** and **4b** | | | 4c | -302,024 |
| 5 | Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12 ) | | | 5 | 105,805,586 |

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

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 98,369,914 |
| 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 | 302,024 | | |
| e | Add lines **2a** through **2d** | | | 2e | 302,024 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 98,067,890 |
| 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 | 3,281,500 | | |
| c | Add lines **4a** and **4b** | | | 4c | 3,281,500 |
| 5 | Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18 ) | | | 5 | 101,349,390 |

## 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 |
|---|---|---|
| Part X | Description of Uncertain Tax Positions Under FIN 48 | The Medical Center is organized as a New Mexico nonprofit corporation and has been recognized by the Internal Revenue Service as exempt from federal income taxes under Internal Revenue Code Section 501(c)(3) The Medical Center undergoes an annual analysis of its various tax positions, assessing the likelihood of those positions being upheld upon examination with relevant tax authorities, as defined by Financial Accounting Standards Board (FASB) Accounting Standards Codification Topic ASC 740-10 (previously Financial Interpretation No 48, Accounting for Uncertainty in Income Taxes) As of June 30, 2010, no amounts were recorded as a result of this analysis The Medical Center will recognize future accrued interest and penalties related to unrecognized tax benefits in income tax expense, if incurred Under normal circumstances, the Medical Center is no longer subject to Federal and state tax examinations by tax authorities for years before 2007 |
| Part XI, Line 8 - Other Adjustments | | Change in fair value of interest rate swaps 2292297 |
| Part XII, Line 2d - Other Adjustments | | Change in Fair Value of Interest Rate Swaps 2292297 Interest Rate Swap recorded in revenue for Financial Statements -3281500 |
| Part XII, Line 4b - Other Adjustments | | Rental Expenses Recorded as Expense for financial statements -302024 |
| Part XIII, Line 2d - Other Adjustments | | Rental expenses recorded as revenue for Form 990 302024 |
| Part XIII, Line 4b - Other Adjustments | | Interest Rate Swap recorded in revenue for Financial Statements 3281500 |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 85-0138775

**Name:** Otero Co Hospital Assoc DBA Gerald Champion Regional Medical Center

### Form 990, Schedule D, Part VII - Investments— Other Securities

| **(a)** Description of security or cateory (including name of security) | **(b)**Book value | **(c)** Method of valuation Cost or end-of-year market value |
|---|---|---|
| Investment in Alamogordo Surgery Venture, LLC | 416,257 | C |
| Investment in White Sands Community Health | 196,730 | C |
| Investment in Alamogordo Imaging Center, LLC | 139,384 | C |
| Sanderson International Value Fund | 5,580,913 | F |
| Aetos Capital Funds, LLC Multi-Strategy Arbitrage Fund | 1,273,534 | F |
| Aetos Capital Funds, LLC Distressed Investment Strategies Fund | 876,674 | F |
| Aetos Capital Funds, LLC Long/Short Strategies Fund | 1,714,551 | F |
| Aetos Capital FUnds, LLC Opportunities Fund | 187,788 | F |
| Interest Receivable | 39,081 | F |
| Mondrian Global Fixed Income Fund, LP | 1,511,466 | F |

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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**
Otero Co Hospital Assoc DBA Gerald Champion Regional Medical Center

**Employer identification number**
85-0138775

## 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<br>☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals<br>☐ 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<br>☐ 100% ☐ 150% ☑ 200% ☐ Other _____ | 3a | Yes | |
| b | Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care<br>☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other _____ | 3b | Yes | |
| c | If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care | | | |
| 4 | Does the organization's policy provide free or discounted care to the "medically indigent"? | 4 | Yes | |
| 5a | Does the organization budget amounts for free or discounted care provided under its charity care policy? | 5a | Yes | |
| b | If "Yes," did the organization's charity care expenses exceed the budgeted amount? | 5b | Yes | |
| c | If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care? | 5c | | No |
| 6a | Does the organization prepare an annual community benefit report? | 6a | Yes | |
| 6b | If "Yes," does the organization make it available to the public? | 6b | | No |
| | 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) | | | 1,232,011 | | 1,232,011 | 1 320 % |
| b Unreimbursed Medicaid (from Worksheet 3, column a) | | | 14,190,731 | 15,487,105 | -1,296,374 | 0 % |
| c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b) | | | 2,634,698 | 2,663,627 | -28,929 | 0 % |
| d **Total** Charity Care and Means-Tested Government Programs | | | 18,057,440 | 18,150,732 | -93,292 | 1 320 % |
| **Other Benefits** | | | | | | |
| e Community health improvement services and community benefit operations (from (Worksheet 4) | | | 9,932 | | 9,932 | 0 010 % |
| f Health professions education (from Worksheet 5) | | | 239,827 | 125,854 | 113,973 | 0 120 % |
| g Subsidized health services (from Worksheet 6) | | | 6,498,412 | 6,199,342 | 299,070 | 0 320 % |
| h Research (from Worksheet 7) | | | | | | |
| i Cash and in-kind contributions to community groups (from Worksheet 8) | | | 555,100 | | 555,100 | 0 590 % |
| j **Total** Other Benefits | | | 7,303,271 | 6,325,196 | 978,075 | 1 040 % |
| k **Total.** Add lines 7d and 7j | | | 25,360,711 | 24,475,928 | 884,783 | 2 360 % |

## 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 | | | | | | |
| 4 | Environmental improvements | | | | | | |
| 5 | Leadership development and training for community members | | | | | | |
| 6 | Coalition building | | | | | | |
| 7 | Community health improvement advocacy | | | | | | |
| 8 | Workforce development | | | 1,746,075 | | 1,746,075 | 1 860 % |
| 9 | Other | | | | | | |
| 10 | **Total** | | | 1,746,075 | | 1,746,075 | 1 860 % |

## 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 | | | No |
| 2 | Enter the amount of the organization's bad debt expense (at cost) | 2 | 3,384,185 | | |
| 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 | 541,470 | | |
| 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 | 27,382,021 | | |
| 6 | Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 28,195,860 | | |
| 7 | Subtract line 6 from line 5 This is the surplus or (shortfall) | 7 | -813,839 | | |
| 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 | Alamogordo Surgery Ventures | Outpatient Surgery Center | 40 500 % | 0 % | 59 500 % |
| 2 | Alamogordo Imaging Center | Outpatient Radiology Center | 28 900 % | 0 % | 71 100 % |
| 3 | White Sands Health Care Systems LLC | Physician Hospital Organization | 50 000 % | 0 % | 50 000 % |
| 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) |
|---|---|---|---|---|---|---|---|---|---|
| Gerald Champion Regional Medical Center<br>2669 North Scenic Drive<br>Alamogordo, NM 88311 | X | X | | | | | X | | |
| Scenic View Outpatient Surgery Center<br>2351 25th Street<br>Alamogordo, NM 88311 | | | | | | | | | Outpatient Surgery |
| Alamogordo Imaging Center<br>2539 Medical Dr Ste 1010<br>Alamogordo, NM 883108720 | | | | | | | | | Outpatient Radiology |
| | | | | | | | | | |
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## 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

Part VI, Line 2 Management of GCRMC utilizes a management plan as a roadmap during the coming year to provide direction and growth of medical services for the community of Otero County and regionally It presents qualitative and quantitative goals for ongoing viability of the organization and continues meeting the community needs Tools used are a community survey as well as service area trending through market shares

**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

Part VI, Line 5 The organization helps to promote the health of the communities that it serves through the recruitement of physicians and other providers

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

See additional data

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

Part VI, Line 7 n/a

**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:** 85-0138775

**Name:** Otero Co Hospital Assoc DBA Gerald Champion Regional Medical Center

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

Part I, Line 3c The organization uses the Federal Poverty Guidelines when determining free and discounted care An individual is eligible for free care if their family income is at or below 200% of the Federal Poverty Levels and they are eligible for discounted care if their family income is above 200% but not more than 300% of the Federal Poverty Levels Patients whose family income exceeds 300% of the federal poverty levels may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances Determining family need is also based on an application process which takes into account the patient's available assets and all other financial resources available to the patient

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

Part I, Line 7 The organization used the following to determine the costs for Part I, Line 7 Row a Charity Care was converted to cost using a cost to charge ratio from the cost accounting system The cost accounting system addresses all patient segments Row b and c Amounts were calculated from internal records Row e, f, and i Amounts reported are based on the actual dollars spent in the activities reported Row g Amounts reported are based on the Medicare Cost Report figures

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

| |
|---|
| Part I, Line 7g  Part I, Line 7g includes $3,821,923 of costs from a Physician Clinic |

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

| |
|---|
| Part I, Line 7f The amount of bad debt expense removed from the denominator was $7,669,284 |

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

Part III, Line 4 Financial Statement Bad Debt Expense Footnote The carrying amount of patient receivables is reduced by a valuation allowance that reflects management's estimate of amounts that will not be collected from patients and third-party payors Management reviews patient receivables by payor class and applies percentages to determine estimated amounts that will not be collected from third parties under contractual agreements and amounts that will not be collected from patients due to bad debts Management considers historical write off and recovery information in determining the estimated bad debt provision Bad debt expense was converted to cost using the ratio of patient care cost to charges calculated from the internal cost accounting system Approximately 16% of the individuals in the Alamogordo community fall below the federal poverty levels according to Census gov Therefore the organization estimates that 16% of the bad debt expense at cost is attributable to patients eligible under the organization's charity care policy Care is given to individuals regardless of their ability to pay and so therefore this is a community benefit Discounts and payments are taken into account when determining bad debt expense

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

Part III, Line 8 Medicare allowable costs were obtained from the Medicare Cost report The organization had a Medicare shortfall in the amount of $813,839 Medicare is the organization's largest payer and patients with Medicare coverage are accepted regardless of whether or not a surplus or deficit is realized from providing the services This basis therefore means providing Medicare services promotes access to healthcare services which is a key advantage for our community

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

Part III, Line 9b GCRMC has implemented a number of different Policy and Procedure statements to govern the details of how its collection practices are implemented and how discounting and collection policies apply to various classes of patients In general, all patient account guarantors who request financial assistance are asked to provide detailed information regarding their income and assets For patients who qualify for charity and who are cooperating in good faith to resolve their hospital bills, GCRMC may offer extended payment plans to eligible patients, will not impose wage garnishments or liens on primary residences, will not send unpaid bills to collection agencies, and will cease all collection efforts

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

Part VI, Line 3 The hospital has a Charity Care policy - Gerald Champion Regional Medical Center ("GCRMC") will provide understandable, written guidelines to staff and patients relative to how the hospital evaluates and determines 1) a patient's eligibility for charity care, 2) an uninsured patient's eligibility for discounts, and 3) a patient's eligibility for alternate payment plans We do not post our charity care policy, but patients are informed of the following items primarily through direct communication with financial counselors and these policies are explained in detail to guarantors who advise GCRMC that they are unable to pay their account or need help in structuring an affordable payment plan for their account This hospital shall render services to all members of the community who are in need of medical care regardless of the ability of the patient to pay for such services Charity care and discounts for the uninsured will be available for medically necessary hospital care provided to persons who meet the financial and documentation criteria defined in this policy Determinations hereunder will be based solely on the patient's ability to pay and will not be made on the basis of age, sex, race, creed, disability, sexual orientation or national origin This is what is noted for patients - if you do not have health insurance and worry that you may not be able to pay in full for your care, we may be able to help GCRMC provides financial assistance to patients based on their income, assets, and needs Through our financial counseling services we may be able to help you get financial coverage or low-cost health insurance, or work with you to arrange a manageable payment plan It is important that patients let us know if you will have trouble paying your bill federal and state laws require all hospitals to make reasonable efforts to collect payment for services from patients The hospital may turn unpaid bills over to a third party agency, which could affect our patient's credit status We would like to work with our patients to avoid this situation For more information, please contact Patient Accounts in our financial counseling office at 443-7400 We will treat our patients questions with confidentiality and courtesy We also have a Self Pay Discount - Uninsured patients are eligible for a discount as delineated below Patients covered under any form of insurance are not eligible for discounted services Such coverage includes, but is not limited to, Medicare, Medicaid, government assistance programs, third party liability (e g MVA, Crime Victims, CAPP, etc ) or any other form of coverage This includes patients of the hospital and patients of employed physician services A 25% discount will be applied to the total charges of a Self Pay Patient at the time of service or the 1st billing Notice will be sent at the time of the 1st billing informing the patient/guarantor that an additional 10% will be deducted if the account is paid within 30 days of the date of service Discounts will be null and voided if it is discovered that the patient qualifies for any type of assistance or has any form of insurance Because of government compliance rules and regulations, professional providers, e g physicians, CRNA and independent Nurse Practitioners, are not eligible for this discount This policy will be effective immediately upon approval and will be applied retroactively where appropriate

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

Part VI, Line 4 GCRMC continues to be the primary provider of healthcare services for all of Alamogordo, Holloman Air Force Base (HAFB), Otero County and part of Lincoln County As of July 2009, the population of Otero County was 63,201 inclusive of HAFB at 3,761 active military and 4,839 dependents, and the German Air Force at 450 active military and 675 dependents The primary and secondary service areas are considered to encompass a population of 104,280 The median household income for Alamogordo in 1999 per census gov was $31,574 and the median family income was $36,415 12 9% of the families and 16 2% of individuals in Alamogordo were below the Federal Poverty level We continue to be the in-network provider for the largest employers in our primary service area with 750 people A decrease in primary care physicians and other specialties has contributed to some erosion of our market share A vigorous recruiting program has been effective in the recruitment of new providers Furthermore, with the end of the previous Emergency Department and Hospitalist contracts, GCRMC has brought in new contractors in 2010 to keep more patients in-house and avoid unnecessary referrals to other hospitals A large portion of the out-migration of the market is due to referrals from GCRMC for services not provided, such as invasive cardiology

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

Part VI, Line 6 The Board of Directors is the governing body of Gerald Champion Regional Medical Center The twelve members are business people of the primary service area, with no other connection The hospital extends medical staff privileges to all qualified physicians in the community Surplus funds are utilized for the purchase of capital equipment, electronic medical record software, continuing education for clinical staff including physicians GCRMC views the position of sole provider as a significant commitment to the overall health and well being of the community We are not satisfied with just providing healthcare, we are challenged by the opportunity to have a positive effect on the quality of life experience in our community With this in mind, we strive to facilitate and share opportunities to educate and motivate a philosophy of wellness Our primary target is the disease process that we know can be eliminated or improved by changing or modifying human behavior As with any community we serve a population that varies in its educational background We strive to develop programs that target the needs and understanding of our audience We utilize our physicians to provide open forums that present a topic followed by questions and time for individual discussion This type of program is offered with a free lunch, educational materials, and if appropriate, free screenings, such as glucose or blood pressure There is an average of 90 participants in each of these seminars The organization is very community-minded in its efforts to promote health Staff participate in Health Fairs in the public schools It holds Community Lunch events with Providers speaking to health related issues, i e arthritis, nephrology, neurology, orthopedic issues, etc Flu shots are distributed to community members Management and staff of GCRMC are part of community organizations Classes provided for the community are held in our conference room center, i e Diabetic Education, Sign Language, narcotics Anonymous, Lamaze Classes, Tobacco Cessation, New Baby Class and CPR/Basic Life Support to name a few We are a top supporter of the United Way which provides money for many of the community organizations An annual Health Fair is held at the hospital each year The annual health fair serves approximately 75 community members We augment the annual health fair with onsite mini health screenings throughout the year This is offered to businesses, civic organizations and churches with minimal to no charge We offer free blood pressure screenings on a walk-in basis with educational materials in both Spanish and English This allows us to address the high rate of hypertension in our community, its significant effect on other diseases, and an overall wellness picture GCRMC partners with the American Cancer Society to offer the Look Good Feel Good Program and the Gift Closet The program is housed on campus and has brought a highly valued service to our community The Gift Closet provides free wigs, prosthesis, supplies, education and support to cancer patients and their families GCRMC provides classroom space, supply storage and refreshments for weekly meetings The opportunity to utilize our speaker's bureau is available to any organization in the community A presentation can be prepared with limited notice to meet the needs of the organization The wealth of knowledge in our organization allows us to create an appropriate fit for the requested need At GCRMC, we feel it is important to embrace community needs that promote good citizenship As an organization we support employee involvement in outside activities through contributions, dedicated time and sponsorship Administration and staff members serve on community boards, dedicating many hours of support to those organizations During fiscal year 2010 GCRMC administration and staff participated in community projects with various organizations The total civic contribution to the community by GCRMC was $555,100 Our total civic in-kind contributions are $155,000 in fiscal year 2010 We also recognized the positive effects of economic growth in the community by contributing $10,000 to the Otero County Economic Development Council in fiscal year 2010

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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
Otero Co Hospital Assoc DBA Gerald Champion Regional Medical Center

**Employer identification number**
85-0138775

## 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 |
|---|---|---|---|---|---|---|---|
| County of Otero1000 New York Ave Room 101 Alamogordo, NM 88310 | 856000236 | Government | 58,324 | | | | Public Health |
| Otero County Fair Association410 Fairgrounds Rd Alamogordo, NM 88310 | 856011829 | 501(c)(3) | 11,319 | | | | Public Relations |
| Presbyterian Medical Services co Chaparral Family HealthPO Box 112 Carrizozo, NM 88301 | 850206810 | 501(c)(3) | 100,000 | | | | Public Health |
| United Way of Otero County 1601 E 10th Street Suite B Alamogordo, NM 88310 | 850197559 | 501(c)(3) | 14,250 | | | | Public Assistance |
| Otero County Economic Development1301 N White Sands Blvd Alamogordo, NM 88310 | 850304073 | 501(c)(3) | 10,000 | | | | Economic Development |
| Presbyterian Medical Services co Sacramento Mountain CenterPO BOX 686 Cloudcraft, NM 88317 | 850206810 | 501(c)(3) | 100,000 | | | | Public Health |
| Flickinger Center1101 New York Ave Alamogordo, NM 88310 | 850326369 | 501(c)(3) | 5,000 | | | | Cultural Development |
| GCRMC Foundation2669 N Scenic Drive Alamogordo, NM 88310 | 850352051 | 501(c)(3) | 60,000 | | | | Community Health |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 8

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

**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 |
|---|---|---|---|---|---|
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**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 |
|---|---|---|
| Procedure for Monitoring Grants in the U S | Part I, Line 2 | Schedule I, Part I, Line 2 The organization only gave grants to government organizations and tax exempt organizations |
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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**
Otero Co Hospital Assoc DBA Gerald Champion Regional Medical Center

**Employer identification number**
85-0138775

## 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 | | | | |
| Arthur Austin MD | (i) | 211,927 | 700 | 86 | 16,422 | 13,618 | 242,753 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Robert James Heckert | (i) | 243,417 | 0 | 7,260 | 0 | 60,004 | 310,681 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Morgan Hay | (i) | 167,148 | 0 | 0 | 0 | 40,014 | 207,162 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sharon McCoy (through 1109) | (i) | 159,239 | 400 | 11,971 | 12,316 | 13,746 | 197,672 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| George Massoud | (i) | 392,696 | 84,511 | 356 | 0 | 15,763 | 493,326 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dennis Worthington | (i) | 389,905 | 700 | 13,439 | 0 | 16,995 | 421,039 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| George Laws | (i) | 234,642 | 135,500 | 14,906 | 19,160 | 13,803 | 418,011 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Michael Galligan | (i) | 309,732 | 700 | 297 | 19,160 | 11,471 | 341,360 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Kara Danner (through 1009) | (i) | 225,802 | 30,857 | 24,281 | 14,334 | 14,179 | 309,453 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
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## 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 |
|---|---|---|
| | Part I, Line 7 | The organization paid a bonus to all employees, which was based on performance in areas of customer service and financial measurements, which included operating margin The bonus was a fixed amount for the entire organization and was divided among all employees |
| Supplemental Information | Part III | Schedule J, Part II The CEO and CFO are paid by an unrelated management company, Quorum Health Resources |

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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
Otero Co Hospital Assoc DBA Gerald Champion Regional Medical Center

Employer identification number
85-0138775

## 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 Alamogordo | 85-6000099 | | 11-15-2007 | 384,685,000 | Hospital Improvement, Expansion | | X | | X |

## Part II Proceeds

| | | A | B | C | D | E |
|---|---|---|---|---|---|---|
| 1 | Total proceeds of issue | 38,485,000 | | | | |
| 2 | Gross proceeds in reserve funds | | | | | |
| 3 | Proceeds in refunding or defeasance escrows | | | | | |
| 4 | Other unspent proceeds | | | | | |
| 5 | Issuance costs from proceeds | 547,533 | | | | |
| 6 | Working capital expenditures from proceeds | | | | | |
| 7 | Capital expenditures from proceeds | 37,936,467 | | | | |
| 8 | Year of substantial completion | | | | | |

| | | 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 | | | | | | | | | |
| 10 | Were the bonds issued as part of an advance refunding issue? | | X | | | | | | | | |
| 11 | Has the final allocation of proceeds been made? | X | | | | | | | | | |
| 12 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | 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 | | | | | | | | |
| 2 | Are there any lease arrangements with respect to the financed property which may result in private business use? | | 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 | | | | | | | | |
| 3b | Are there any research agreements with respect to the financed property which may result in private business use? | | 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 | | | | | | | | | |
| 4 | Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶ | 0 % | | | | | | | | | |
| 5 | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶ | 0 % | | | | | | | | | |
| 6 | Total of lines 4 and 5 | 0 % | | | | | | | | | |
| 7 | Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? | 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 | | | | | | | | | |
| 2 | Is the bond issue a variable rate issue? | X | | | | | | | | | |
| 3a | Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records? | | X | | | | | | | | |
| b | Name of provider | | | | | | | | | | |
| c | Term of hedge | | | | | | | | | | |
| 4a | Were gross proceeds invested in a GIC? | | X | | | | | | | | |
| b | Name of provider | | | | | | | | | | |
| c | Term of GIC | | | | | | | | | | |
| d | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | | | |
| 5 | Were any gross proceeds invested beyond an available temporary period? | | X | | | | | | | | |
| 6 | Did the bond issue qualify for an exception to rebate? | | X | | | | | | | | |

**Additional Data**

**Software ID:**
**Software Version:**
**EIN:** 85-0138775
**Name:** Otero Co Hospital Assoc DBA Gerald Champion Regional Medical Center

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493136052361 |
|---|---|---|

**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**
Otero Co Hospital Assoc DBA Gerald Champion Regional Medical Center

**Employer identification number**
85-0138775

| Identifier | Return Reference | Explanation |
|---|---|---|
| Form 990, Part III, line 2 | New Program Services | Outpatient Gero-psych services began in February 2010 and the first patient for the inpatient gero-psych unit came on June 15, 2010 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Form 990, Part VI, Section A, line 3 | | The organization's CEO and CFO are employees of Quorum Health Resources, an unrelated management company |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Form 990, Part VI, Section A, line 6 | | All members of the community are eligible to become voting members of the organization upon purchase of a voting stock |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Form 990, Part VI, Section B, line 11 | | The return is reviewed by the CEO, and CFO prior to filing |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Form 990, Part VI, Section B, line 12c | | Each officer, director, and key employee is required to fill out a conflict of interest disclosure annually The forms are initially reviewed by the CFO If any conflicts exist, they are reviewed by the Board of Directors A person with a conflict is restricted from voting on related matters |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Form 990, Part VI, Section B, line 15 | | The organization's CEO and CFO are employed by Quorum Health Resources (QHR) The organization's Board of Directors approves the contract with QHR annually based on comparability data In addition, the Joint Finance Committee reviews and approves monthly invoices to the organization for management fees from QHR In regard to other officers and key employees, the organization used multiple national and regional salary surveys to determine if/when our positions are showing a need for adjustment Each position within the hospital is compared to any available data from the surveys If a position shows a need to move to the next pay grade, the hospital determines the hourly amount all of the individual employees within that position need to move |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Form 990, Part VI, Section C, line 19 | | All of these documents are available upon request |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493136052361

# SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

## Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

**2009**

**Open to Public Inspection**

**Name of the organization**
Otero Co Hospital Assoc DBA Gerald Champion Regional Medical Center

**Employer identification number**
85-0138775

**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 |
|---|---|---|---|---|---|
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**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 |
|---|---|---|---|---|---|
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**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) Disproportionate allocations? No | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) General or managing partner? No |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Alamogordo Surgery Venture LLC<br><br>2351 25th Street<br>Alamogordo, NM88310<br>06-1791828 | outpatient surgery center | NM | N/A | related | 1,277,993 | 258,361 | | No | | | No |
| | | | | | | | | | | | |
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**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 |
|---|---|---|---|---|---|---|---|
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## Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

| | | Yes | No |
|---|---|---|---|
| **Note.** Complete line 1 if any entity is listed in Parts II, III or IV | | | |
| **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 | Yes | |
| **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 | Yes | |
| **e** Loans or loan guarantees by other organization(s) | 1e | | No |
| **f** Sale of assets to other organization(s) | 1f | | No |
| **g** Purchase of assets from other organization(s) | 1g | | No |
| **h** Exchange of assets | 1h | | No |
| **i** Lease of facilities, equipment, or other assets to other organization(s) | 1i | Yes | |
| **j** Lease of facilities, equipment, or other assets from other organization(s) | 1j | | No |
| **k** Performance of services or membership or fundraising solicitations for other organization(s) | 1k | Yes | |
| **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 | Yes | |
| **p** Reimbursement paid by other organization for expenses | 1p | Yes | |
| **q** Other transfer of cash or property to other organization(s) | 1q | Yes | |
| **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)** See Additional Data Table | | |
| **(2)** | | |
| **(3)** | | |
| **(4)** | | |
| **(5)** | | |
| **(6)** | | |

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

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

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

Return to Form

**Software ID:**
**Software Version:**
**EIN:** 85-0138775
**Name:** Otero Co Hospital Assoc DBA Gerald Champion Regional Medical Center

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

| | (a) Name of other organization | (b) Transaction type(a-r) | (c) Amount Involved ($) |
|---|---|---|---|
| (1) | Alamogordo Surgery Venture LLC | A | 418,623 |
| (2) | Alamogordo Surgery Venture LLC | C | 1,286,055 |
| (3) | Alamogordo Surgery Venture LLC | D | 500,000 |
| (4) | Alamogordo Surgery Venture LLC | I | 418,683 |
| (5) | Alamogordo Surgery Venture LLC | O | 7,543,800 |
| (6) | Alamogordo Surgery Venture LLC | P | 219,687 |
| (7) | Alamogordo Surgery Venture LLC | Q | 79,382 |

## Additional Data

**Software ID:**
**Software Version:**
**EIN:** 85-0138775
**Name:** Otero Co Hospital Assoc DBA Gerald Champion 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 | | | |
| Norm Arnold<br>Chairman of the Board | 10 00 | X | | X | | | | 24,000 | 0 | 0 |
| Bill Mayton<br>Secretary | 5 00 | X | | X | | | | 0 | 0 | 0 |
| Bill Mershon<br>Director | 5 00 | X | | | | | | 0 | 0 | 0 |
| Fred Baker<br>Director | 5 00 | X | | | | | | 0 | 0 | 0 |
| Jaime Anderson<br>Director | 3 00 | X | | | | | | 0 | 0 | 0 |
| James Harris<br>Director | 3 00 | X | | | | | | 0 | 0 | 0 |
| Gary Jackson DO<br>Director | 2 00 | X | | | | | | 0 | 0 | 0 |
| Greg Richardson MD<br>Director | 5 00 | X | | | | | | 0 | 0 | 0 |
| Robin French<br>Director | 3 00 | X | | | | | | 0 | 0 | 0 |
| Lisa Thomassie<br>Director | 3 00 | X | | | | | | 0 | 0 | 0 |
| Arthur Austin MD<br>Director, VP Medical Staff | 40 00 | X | | | | | | 212,713 | 0 | 29,318 |
| Robert James Heckert<br>CEO | 40 00 | | | X | | | | 250,677 | 0 | 60,004 |
| Morgan Hay<br>CFO | 40 00 | | | X | | | | 167,148 | 0 | 40,014 |
| Sharon McCoy through 1109<br>CNO | 40 00 | | | X | | | | 171,610 | 0 | 25,340 |
| Martha Gorman<br>CNO | 40 00 | | | X | | | | 7,674 | 0 | 0 |
| George Massoud<br>Physician | 40 00 | | | | | X | | 477,563 | 0 | 15,763 |
| Dennis Worthington<br>Physician | 40 00 | | | | | X | | 404,044 | 0 | 16,507 |
| George Laws<br>Physician | 40 00 | | | | | X | | 385,048 | 0 | 32,475 |
| Michael Galligan<br>Physician | 40 00 | | | | | X | | 310,729 | 0 | 30,143 |
| Kara Danner through 1009<br>Physician | 40 00 | | | | | X | | 280,940 | 0 | 28,025 |

**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 Service Re | 900,099 | 101,643,796 | 101,643,796 | | |
| Alamogordo Surgery Ven | 621,400 | 1,229,887 | 1,229,887 | | |
| Other Revenue | 900,099 | 836,853 | 836,853 | | |
| Rental income | 531,120 | 507,759 | 507,759 | | |
| Catering | 722,320 | 150,922 | | 150,922 | |