



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





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



Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2009

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder 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

A For the 2009 calendar year, or tax year beginning

07/01, 2009, and ending

06/30, 2010

| | | | | | |
|---|--|--|-------------|---|---|
| B Check if applicable | | C Name of organization KINGMAN HOSPITAL INC. | | D Employer identification number 94-2916102 | |
| Address change | | Doing Business As | | E Telephone number (928) 757-2101 | |
| Name change | | Number and street (or P O box if mail is not delivered to street address) 3269 STOCKTON HILL ROAD | | Room/suite | |
| Initial return | | City or town, state or country, and ZIP + 4 KINGMAN, AZ 86409 | | G Gross receipts \$ 225,456,051. | |
| Terminated | | F Name and address of principal officer BRIAN TURNEY 3269 STOCKTON HILL ROAD KINGMAN, AZ 86409 | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Amended return | | | | H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Application pending | | | | If "No," attach a list (see instructions) | |
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) ◀ (insert no) 4947(a)(1) or 527 | | | | H(c) Group exemption number ► | |
| J Website ► AZKRM.CM | | | | | |
| K Form of organization <input checked="" type="checkbox"/> Corporation | | Trust | Association | Other ► | L Year of formation 1980 M State of legal domicile AZ |

Part I Summary

| | | | |
|---|--|-------------------|--------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities OUR VISION IS TO BE THE REGION'S LEADING HEALTHCARE PROVIDER THROUGH AN ENVIRONMENT THAT FOSTERS RESPECT FOR OTHERS, PRIDE IN PERFORMANCE, CLINICAL EXCELLENCE AND NATIONALLY RECOGNIZED PATIENT SATISFACTION. | | |
| | 2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets | | |
| Revenue | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 25 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 25 |
| Expenses | 5 Total number of employees (Part V, line 2a) | 5 | 1,568 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 247 |
| Net Assets or Fund Balances | 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 | 7a | |
| | b Net unrelated business taxable income from Form 990-T, line 34 | 7b | |
| | | Prior Year | Current Year |
| 8 Contributions and grants (Part VIII, line 1h) | | 370,004. | 2,763,646. |
| 9 Program service revenue (Part VIII, line 2g) | | 178,644,390. | 210,163,005. |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 267,714. | 2,146,504. |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 2,134,233. | 4,903,124. |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 181,416,341. | 219,976,279. |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 125,358. | 97,336. |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 85,807,438. | 101,671,597. |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| b Total fundraising expenses, Part IX, column (D), line 25) ► MAY 19 2010 | | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | | 93,158,308. | 100,884,869. |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | | 179,091,104. | 202,653,802. |
| 19 Revenue less expenses Subtract line 18 from line 12 OGDEN, UT | | 2,325,237. | 17,322,477. |
| | | Beginning of Year | End of Year |
| 20 Total assets (Part X, line 16) | | 185,468,068. | 204,271,205. |
| 21 Total liabilities (Part X, line 26) | | 15,926,391. | 17,703,211. |
| 22 Net assets or fund balances Subtract line 21 from line 20 | | 169,541,677. | 186,567,994. |

Part II Signature Block

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

Sign
Here

► Signature of officer Date

► Type or print name and title

| | | | | |
|--------------------------------|---|-------------------|--|---|
| Paid Preparer's Use Only | Preparer's signature ► <i>Kiti Worets</i> | Date 5/16/11 | Check if self-employed <input type="checkbox"/> | Preparer's identifying number (see instructions) 400-106-81 |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 BKD, LLP 111 SOUTH TEJON, SUITE 800 COLORADO SPRINGS, CO 80903-9848 | EIN 44-0160260 | Phone no 719 471-4290 | 2 |

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. *

Form 990 (2009)

JSA

9E1010 3 000

88015Z 5974 5/16/2011 12:52:52 PM V 09-9.4

6953

PAGE 25

SCANNED JUN 16 2011