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Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2009**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization KINGMAN HOSPITAL INC. Doing Business As	D Employer identification number 94-2916102
	E Telephone number (928) 757-2101	G Gross receipts \$ 225,456,051.
	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 H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions)
	I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number ▶
J Website ▶ AZKRCM.COM		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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		
	3	Number of voting members of the governing body (Part VI, line 1a)	25	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	25	
	5	Total number of employees (Part V, line 2a)	1,568	
	6	Total number of volunteers (estimate if necessary)	247	
Revenue	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12		
	7b	Net unrelated business taxable income from Form 990-T, line 34		
	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 370,004. Current Year: 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.	
	Expenses	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.	
16b		Total fundraising expenses, Part IX, column (D), line 25		
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.	
Net Assets or Fund Balances	19	Revenue less expenses Subtract line 18 from line 12	2,325,237. 17,322,477.	
	20	Total assets (Part X, line 16)	Beginning of Year: 185,468,068. End of Year: 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

Sign Here	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			
	Signature of officer		Date	
Paid Preparer's Use Only	Preparer's signature <i>Kito F Worets</i>		Date 5/16/11	Check if self-employed <input type="checkbox"/>
	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	Preparer's identifying number (see instructions) 7024081
			Phone no 719 471-4290	
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

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

Form 990 (2009)

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