

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 private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A** For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: **SAN JUAN REGIONAL MEDICAL CENTER**  
 % **JEFF BOURGEOIS**  
 Doing business as

**D** Employer identification number: **85-0127924**

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

**E** Telephone number: **(505) 609-6114**

City or town, state or province, country, and ZIP or foreign postal code  
**FARMINGTON, NM 87401**

**G** Gross receipts \$ **365,820,211**

**F** Name and address of principal officer:  
**JEFF BOURGEOIS CEO**  
**801 WEST MAPLE STREET**  
**FARMINGTON, NM 87401**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)  
**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **WWW.SANJUANREGIONAL.COM**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1953 **M** State of legal domicile: **NM**

## Part I Summary

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

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	12
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	11
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	2,105
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	125
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	2,190,014	18,053,856
<b>9</b> Program service revenue (Part VIII, line 2g)	251,289,744	288,140,989
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,007,316	9,031,863
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,427,183	2,181,184
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	264,914,257	317,407,892
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	64,020	64,020
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	174,648,455	160,858,036
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	128,382,448	140,588,761
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	303,094,923	301,510,817
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-38,180,666	15,897,075

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	389,366,203	408,833,080
<b>21</b> Total liabilities (Part X, line 26)	120,414,027	123,798,931
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	268,952,176	285,034,149

## 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: 2020-11-15

JOHN MAYER CFO  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: Preparer's signature: Date: Check  if self-employed PTIN: P00958966

Firm's name ▶ BKD LLP Firm's EIN ▶

Firm's address ▶ 111 South Tejon Suite 800 Phone no. (719) 471-4290  
 Colorado Springs, CO 809039848

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

**1** Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 278,085,879 including grants of \$ 64,020 ) (Revenue \$ 288,584,919 )  
See Additional Data

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 278,085,879

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
<b>3</b>	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		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	Yes	
<b>5</b>	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		No
<b>7</b>	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		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
<b>9</b>	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; 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		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V		No
<b>11</b>	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
<b>b</b>	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		No
<b>c</b>	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		No
<b>d</b>	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		No
<b>e</b>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
<b>f</b>	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 (ASC 740)? If "Yes," complete Schedule D, Part X		No
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
<b>b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Yes	
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
<b>17</b>	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 (see instructions)		No
<b>18</b>	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		No
<b>19</b>	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		No
<b>20a</b>	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	Yes	
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	Yes	
<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 1a (Form 1096), 1b (Forms W-2G), and 1c (gambling winnings).

**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

<p><b>2a</b> 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 . . . . .</p>	<table border="1"> <tr> <td style="text-align: center;"><b>2a</b></td> <td style="text-align: center;">2,105</td> </tr> </table>	<b>2a</b>	2,105						
<b>2a</b>	2,105								
<p><b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			<table border="1"> <tr> <td style="text-align: center;"><b>2b</b></td> <td style="text-align: center;">Yes</td> </tr> </table>	<b>2b</b>	Yes				
<b>2b</b>	Yes								
<p><b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .</p>			<table border="1"> <tr> <td style="text-align: center;"><b>3a</b></td> <td style="text-align: center;">No</td> </tr> </table>	<b>3a</b>	No				
<b>3a</b>	No								
<p><b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . . . .</p>			<table border="1"> <tr> <td style="text-align: center;"><b>3b</b></td> <td style="text-align: center;">No</td> </tr> </table>	<b>3b</b>	No				
<b>3b</b>	No								
<p><b>4a</b> 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)? . . . . .</p>			<table border="1"> <tr> <td style="text-align: center;"><b>4a</b></td> <td style="text-align: center;">No</td> </tr> </table>	<b>4a</b>	No				
<b>4a</b>	No								
<p><b>b</b> If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</p>									
<p><b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .</p>			<table border="1"> <tr> <td style="text-align: center;"><b>5a</b></td> <td style="text-align: center;">No</td> </tr> </table>	<b>5a</b>	No				
<b>5a</b>	No								
<p><b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			<table border="1"> <tr> <td style="text-align: center;"><b>5b</b></td> <td style="text-align: center;">No</td> </tr> </table>	<b>5b</b>	No				
<b>5b</b>	No								
<p><b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .</p>			<table border="1"> <tr> <td style="text-align: center;"><b>5c</b></td> <td style="text-align: center;">No</td> </tr> </table>	<b>5c</b>	No				
<b>5c</b>	No								
<p><b>6a</b> 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 as charitable contributions? . . . . .</p>			<table border="1"> <tr> <td style="text-align: center;"><b>6a</b></td> <td style="text-align: center;">No</td> </tr> </table>	<b>6a</b>	No				
<b>6a</b>	No								
<p><b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .</p>			<table border="1"> <tr> <td style="text-align: center;"><b>6b</b></td> <td style="text-align: center;">No</td> </tr> </table>	<b>6b</b>	No				
<b>6b</b>	No								
<p><b>7 Organizations that may receive deductible contributions under section 170(c).</b></p>									
<p><b>a</b> 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? . . . . .</p>			<table border="1"> <tr> <td style="text-align: center;"><b>7a</b></td> <td style="text-align: center;">No</td> </tr> </table>	<b>7a</b>	No				
<b>7a</b>	No								
<p><b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .</p>			<table border="1"> <tr> <td style="text-align: center;"><b>7b</b></td> <td style="text-align: center;">No</td> </tr> </table>	<b>7b</b>	No				
<b>7b</b>	No								
<p><b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .</p>			<table border="1"> <tr> <td style="text-align: center;"><b>7c</b></td> <td style="text-align: center;">No</td> </tr> </table>	<b>7c</b>	No				
<b>7c</b>	No								
<p><b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .</p>	<table border="1"> <tr> <td style="text-align: center;"><b>7d</b></td> <td></td> </tr> </table>	<b>7d</b>							
<b>7d</b>									
<p><b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			<table border="1"> <tr> <td style="text-align: center;"><b>7e</b></td> <td style="text-align: center;">No</td> </tr> </table>	<b>7e</b>	No				
<b>7e</b>	No								
<p><b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .</p>			<table border="1"> <tr> <td style="text-align: center;"><b>7f</b></td> <td style="text-align: center;">No</td> </tr> </table>	<b>7f</b>	No				
<b>7f</b>	No								
<p><b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .</p>			<table border="1"> <tr> <td style="text-align: center;"><b>7g</b></td> <td style="text-align: center;">No</td> </tr> </table>	<b>7g</b>	No				
<b>7g</b>	No								
<p><b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .</p>			<table border="1"> <tr> <td style="text-align: center;"><b>7h</b></td> <td style="text-align: center;">No</td> </tr> </table>	<b>7h</b>	No				
<b>7h</b>	No								
<p><b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .</p>			<table border="1"> <tr> <td style="text-align: center;"><b>8</b></td> <td style="text-align: center;">No</td> </tr> </table>	<b>8</b>	No				
<b>8</b>	No								
<p><b>9 Sponsoring organizations maintaining donor advised funds.</b></p>									
<p><b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .</p>			<table border="1"> <tr> <td style="text-align: center;"><b>9a</b></td> <td style="text-align: center;">No</td> </tr> </table>	<b>9a</b>	No				
<b>9a</b>	No								
<p><b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .</p>			<table border="1"> <tr> <td style="text-align: center;"><b>9b</b></td> <td style="text-align: center;">No</td> </tr> </table>	<b>9b</b>	No				
<b>9b</b>	No								
<p><b>10 Section 501(c)(7) organizations.</b> Enter:</p>									
<p><b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .</p>	<table border="1"> <tr> <td style="text-align: center;"><b>10a</b></td> <td></td> </tr> </table>	<b>10a</b>							
<b>10a</b>									
<p><b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	<table border="1"> <tr> <td style="text-align: center;"><b>10b</b></td> <td></td> </tr> </table>	<b>10b</b>							
<b>10b</b>									
<p><b>11 Section 501(c)(12) organizations.</b> Enter:</p>									
<p><b>a</b> Gross income from members or shareholders . . . . .</p>	<table border="1"> <tr> <td style="text-align: center;"><b>11a</b></td> <td></td> </tr> </table>	<b>11a</b>							
<b>11a</b>									
<p><b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .</p>	<table border="1"> <tr> <td style="text-align: center;"><b>11b</b></td> <td></td> </tr> </table>	<b>11b</b>							
<b>11b</b>									
<p><b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?</p>									
<p><b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p>	<table border="1"> <tr> <td style="text-align: center;"><b>12b</b></td> <td></td> </tr> </table>	<b>12b</b>			<table border="1"> <tr> <td style="text-align: center;"><b>12a</b></td> <td style="text-align: center;">No</td> </tr> </table>	<b>12a</b>	No		
<b>12b</b>									
<b>12a</b>	No								
<p><b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b></p>									
<p><b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.</p>			<table border="1"> <tr> <td style="text-align: center;"><b>13a</b></td> <td style="text-align: center;">No</td> </tr> </table>	<b>13a</b>	No				
<b>13a</b>	No								
<p><b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .</p>	<table border="1"> <tr> <td style="text-align: center;"><b>13b</b></td> <td></td> </tr> </table>	<b>13b</b>							
<b>13b</b>									
<p><b>c</b> Enter the amount of reserves on hand . . . . .</p>	<table border="1"> <tr> <td style="text-align: center;"><b>13c</b></td> <td></td> </tr> </table>	<b>13c</b>							
<b>13c</b>									
<p><b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .</p>			<table border="1"> <tr> <td style="text-align: center;"><b>14a</b></td> <td style="text-align: center;">No</td> </tr> </table>	<b>14a</b>	No				
<b>14a</b>	No								
<p><b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . . . .</p>			<table border="1"> <tr> <td style="text-align: center;"><b>14b</b></td> <td style="text-align: center;">No</td> </tr> </table>	<b>14b</b>	No				
<b>14b</b>	No								
<p><b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.</p>			<table border="1"> <tr> <td style="text-align: center;"><b>15</b></td> <td style="text-align: center;">No</td> </tr> </table>	<b>15</b>	No				
<b>15</b>	No								
<p><b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . If "Yes," complete Form 4720, Schedule O.</p>			<table border="1"> <tr> <td style="text-align: center;"><b>16</b></td> <td style="text-align: center;">No</td> </tr> </table>	<b>16</b>	No				
<b>16</b>	No								

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. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 5 columns: Question, sub-question, Yes, No. Rows include: 1a (12), 1b (11), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 5 columns: Question, sub-question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 (List states), 18 (Section 6104), 19 (Schedule O), 20 (State name, address, and telephone number).

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

Check if Schedule O contains a response or note to any line in this Part VII

**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.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. 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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) FARAZ SANDHU ..... PHYSICIAN	40.0 ..... 0.0					X	1,680,662	0	35,882	
(2) DOMINIC CANNELLA ..... PHYSICIAN	40.0 ..... 0.0					X	857,038	0	18,478	
(3) PAUL DAVIS ..... PHYSICIAN	40.0 ..... 0.0					X	793,656	0	27,373	
(4) JEFF BOURGEOIS ..... CEO	38.0 ..... 2.0			X			722,785	0	91,469	
(5) JONATHAN JONES ..... PHYSICIAN	40.0 ..... 0.0					X	767,168	0	24,213	
(6) DAMON KALICH MD ..... CHIEF OF STAFF	40.0 ..... 0.0	X					665,414	0	33,660	
(7) STEPHEN BERNARD ..... PHYSICIAN	40.0 ..... 0.0					X	623,449	0	26,835	
(8) MELANIE YEATS ..... CHIEF MEDICAL OFFICER	40.0 ..... 0.0				X		521,951	0	21,824	
(9) JOHN PARIGI ..... INTERIM CFO	38.0 ..... 2.0			X			420,326	0	0	
(10) ROBERT UNDERWOOD ..... CHIEF MEDICAL OFFICER	40.0 ..... 0.0				X		347,678	0	57,237	
(11) SUZANNE SMITH ..... CHIEF NURSING OFFICER	40.0 ..... 0.0				X		326,486	0	31,769	
(12) RUTH BROOKS-VPQUALITY ..... ACCREDITATION AND PROF SERVICE	40.0 ..... 0.0				X		311,360	0	29,855	
(13) Karen Miller ..... FORMER CFO	0.0 ..... 0.0					X	121,698	0	0	
(14) BRUCE GLADE ..... DIRECTOR	6.0 ..... 0.0	X					0	0	0	
(15) EILEEN WHITE ..... DIRECTOR - AUXILIARY	6.0 ..... 8.0	X					0	0	0	
(16) JAMES SPENCE MD ..... DIRECTOR	6.0 ..... 0.0	X					0	0	0	
(17) JASON LUCAS DO ..... VICE CHIEF OF STAFF	6.0 ..... 0.0	X					0	0	0	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) JEFF HOWLE ..... DIRECTOR	6.0 ..... 0.0	X						0	0	0
(19) JOHN BYROM ..... DIRECTOR	6.0 ..... 0.0	X						0	0	0
(20) RONALD ROSEN ..... CHAIRPERSON	6.0 ..... 0.0	X		X				0	0	0
(21) SHERRY GALLOWAY ..... 1ST VICE CHAIRMAN	6.0 ..... 0.0	X		X				0	0	0
(22) TERRI FORTNER ..... SECRETARY	6.0 ..... 6.0	X		X				0	0	0
(23) TONY ATKINSON ..... TREASURER	6.0 ..... 0.0	X		X				0	0	0
(24) HYL A CALCOTE ..... DIRECTOR	6.0 ..... 0.0	X						0	0	0
(25) John Mayer ..... CFO Began 2/2020	38.0 ..... 2.0			X				0	0	0
<b>1b Sub-Total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .								8,159,671	0	398,595

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 196

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	3 Yes	
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	4 Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	5	No

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ARAMARK, 12483 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	HOUSEKEEPING SERVICE	735,413
MIDLAND CAPITAL RESOURCES, 5020 BOB BILLINGS RESOURCES LAWRENCE, KS 66049	COLLECTIONS	1,012,857
Four Corners Dialysis, PO BOX 784791 PHILADELPHIA, PA 19178	RENAL DIALYSIS	1,196,100
QUEST DIAGNOSTICS, 3924 COLLECTION CENTER DRIVE CHICAGO, IL 60693	LAB TESTING	958,424
Cerner Corporation, 2800 RockCreek Parkway NORTH KANSAS CITY, MO 64117	Information Tech	9,755,280

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 17



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>	42,716				
	<b>e</b> Government grants (contributions)	<b>1e</b>	15,958,598				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	2,052,542				
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$	<b>1g</b>					
	<b>h Total.</b> Add lines 1a-1f . . . . .			18,053,856			
<b>Program Service Revenue</b>	<b>2a</b> NET PATIENT SERVICE REVENUE	Business Code					
		621110	285,128,989	285,128,989			
	<b>b</b> OTHER PROGRAM SERVICE REVENUE	621110	1,224,245	1,224,245			
	<b>c</b> EQUITY IN SJR REHAB & SJR HOLDING	900099	1,479,636	1,479,636			
	<b>d</b> PROGRAM RELATED RENTAL INCOME	531120	308,119	308,119			
	<b>e</b>						
	<b>f</b> All other program service revenue.						
<b>g Total.</b> Add lines 2a-2f. . . . .		288,140,989					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		6,769,293			6,769,293	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0				
	<b>5</b> Royalties . . . . .		0				
	<b>6a</b> Gross rents	(i) Real	<b>6a</b>	41,263			
			<b>6b</b> Less: rental expenses				
		(ii) Personal	<b>6c</b> Rental income or (loss)	41,263	0		
			<b>d</b> Net rental income or (loss) . . . . .		41,263		41,263
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	<b>7a</b>	50,674,889			
			<b>7b</b> Less: cost or other basis and sales expenses	48,412,319			
		(ii) Other	<b>7c</b> Gain or (loss)	2,262,570			
			<b>d</b> Net gain or (loss) . . . . .		2,262,570		2,262,570
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .		<b>8a</b>	0			
			<b>8b</b> Less: direct expenses . . . . .	0			
		<b>c</b> Net income or (loss) from fundraising events . . . . .		0			
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .		<b>9a</b>	0			
<b>9b</b> Less: direct expenses . . . . .			0				
<b>c</b> Net income or (loss) from gaming activities . . . . .			0				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .		<b>10a</b>	0				
		<b>10b</b> Less: cost of goods sold . . . . .	0				
	<b>c</b> Net income or (loss) from sales of inventory . . . . .		0				
Miscellaneous Revenue	Business Code						
<b>11a</b> OTHER REVENUE	722514	1,030,142	443,930	586,212			
<b>b</b> CAFETERIA	900099	1,109,779		1,109,779			
<b>c</b>							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .		2,139,921					
<b>12 Total revenue.</b> See instructions . . . . .		317,407,892	288,584,919	10,769,117			

**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).

Check if Schedule O contains a response or note to any line in this Part IX

	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	64,020	64,020		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .	0			
<b>4</b> Benefits paid to or for members . . . . .	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	2,452,697	2,452,697		
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	223,357	223,357		
<b>7</b> Other salaries and wages . . . . .	128,310,744	120,151,704	8,159,040	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	2,436,514	2,243,742	192,772	
<b>9</b> Other employee benefits . . . . .	19,412,571	17,918,713	1,493,858	
<b>10</b> Payroll taxes . . . . .	8,022,153	7,394,070	628,083	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0			
<b>b</b> Legal . . . . .	518,797	3,372	515,425	
<b>c</b> Accounting . . . . .	174,694		174,694	
<b>d</b> Lobbying . . . . .	68,032		68,032	
<b>e</b> Professional fundraising services. See Part IV, line 17	0			
<b>f</b> Investment management fees . . . . .	710,031		710,031	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	49,140,811	46,500,465	2,640,346	0
<b>12</b> Advertising and promotion . . . . .	718,143	294,945	423,198	
<b>13</b> Office expenses . . . . .	25,645,187	22,167,278	3,477,909	
<b>14</b> Information technology . . . . .	18,954,498	17,437,212	1,517,286	
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	2,778,381	2,682,293	96,088	
<b>17</b> Travel . . . . .	187,001	137,109	49,892	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	716,507	665,279	51,228	
<b>20</b> Interest . . . . .	1,598,166	1,470,235	127,931	
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	20,032,926	18,434,923	1,598,003	
<b>23</b> Insurance . . . . .	2,831,806	1,389,570	1,442,236	0
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> Medical Supplies	13,302,111	13,301,870	241	
<b>b</b> RENTS & LEASES	3,211,670	3,153,025	58,645	
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	301,510,817	278,085,879	23,424,938	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	11,131,676	<b>1</b>	41,810,690
	<b>2</b> Savings and temporary cash investments . . . . .	0	<b>2</b>	0
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	41,543,441	<b>4</b>	38,269,082
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	240,504	<b>7</b>	337,498
	<b>8</b> Inventories for sale or use . . . . .	4,479,118	<b>8</b>	4,698,676
	<b>9</b> Prepaid expenses and deferred charges . . . . .	3,849,474	<b>9</b>	2,781,656
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 369,320,882		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 234,763,246	150,091,552	<b>10c</b> 134,557,636
	<b>11</b> Investments—publicly traded securities . . . . .	141,987,123	<b>11</b>	155,059,129
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	3,566,366	<b>12</b>	4,571,215
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	6,328,485	<b>13</b>	6,803,272
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	26,148,464	<b>15</b>	19,944,226
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	389,366,203	<b>16</b>	408,833,080	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	36,443,866	<b>17</b>	47,358,364
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	5,306,212
	<b>20</b> Tax-exempt bond liabilities . . . . .	23,547,389	<b>20</b>	19,917,359
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	24,496,535	<b>23</b>	20,614,415
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	35,926,237	<b>25</b>	30,602,581
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	120,414,027	<b>26</b>	123,798,931
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	268,952,176	<b>27</b>	285,034,149
	<b>28</b> Net assets with donor restrictions . . . . .	0	<b>28</b>	0
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	268,952,176	<b>32</b>	285,034,149	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	389,366,203	<b>33</b>	408,833,080	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	317,407,892
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	301,510,817
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	15,897,075
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	268,952,176
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	184,898
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	285,034,149

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 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?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 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.
- 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?
- 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.

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 85-0127924

**Name:** SAN JUAN REGIONAL MEDICAL CENTER

Form 990 (2019)

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**Form 990, Part III, Line 4a:**

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

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**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
SAN JUAN REGIONAL MEDICAL CENTER

**Employer identification number**  
85-0127924

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . . \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	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). . .						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b>	Amounts from line 4. . .						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13</b>	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	
<b>15</b>	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	
<b>16a</b>	<b>33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>33 1/3% support test—2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a</b>	<b>10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18</b>	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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.						
<b>c</b>	Add lines 7a and 7b. . . . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b>	Amounts from line 6. . . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b>	Add lines 10a and 10b.						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b>	<b>Total support.</b> (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 section 501(c)(3) organization, check this box and **stop here.** . . . . .

**Section C. Computation of Public Support Percentage**

<b>15</b>	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** 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—2018.** 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 Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	<b>3a</b>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	<b>4b</b>		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>8</b>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9a</b>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9b</b>		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9c</b>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 85-0127924

**Name:** SAN JUAN REGIONAL MEDICAL CENTER

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
  
**2019**  
**Open to Public Inspection**

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

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

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

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

**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

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

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

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

**1** Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

**2** Political campaign activity expenditures (see instructions) ..... ▶ \$ \_\_\_\_\_

**3** Volunteer hours for political campaign activities (see instructions) .....

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

**1** Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_

**2** Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_

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

**4a** Was a correction made? .....  Yes  No

**b** If "Yes," describe in Part IV.

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

**1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

**2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				



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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....		No	
<b>c</b> Media advertisements? .....		No	
<b>d</b> Mailings to members, legislators, or the public? .....		No	
<b>e</b> Publications, or published or broadcast statements? .....		No	
<b>f</b> Grants to other organizations for lobbying purposes? .....		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	Yes		15,442
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b> Other activities? .....		No	
<b>j</b> Total. Add lines 1c through 1i .....			15,442
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
Schedule C, Part II-B, Line 1g	Lobbying: A portion of the dues paid to the New Mexico Hospital Association by san juan regional medical center were allocable to lobbying activities. The amount for the fiscal year ended 06/30/20 was \$15,442.



**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Name of the organization**  
SAN JUAN REGIONAL MEDICAL CENTER

**Employer identification number**  
85-0127924

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

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year . . . . .		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> 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 can 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" on 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 education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

**2** Complete lines 2a through 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
<b>a</b> Total number of conservation easements . . . . .	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements . . . . .	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a) . . . . .	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	<b>2d</b>

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 section 170(h)(4)(B)(ii)? . . . . .  Yes  No

**9** In Part XIII, 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" on Form 990, Part IV, line 8.

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items.

**b** If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue included on 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 (ASC 958) relating to these items:

**a** Revenue included on 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 acquisition, 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 XIII.
- 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" on 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 XIII and complete the following table:

- c** Beginning balance . . . . .
- d** Additions during the year . . . . .
- e** Distributions during the year . . . . .
- f** Ending balance . . . . .

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  **Yes**  **No**

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ .....
- b** Permanent endowment ▶ .....
- c** Temporarily restricted endowment ▶ .....

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i)** unrelated organizations . . . . .
- (ii)** related organizations . . . . .

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		8,092,297		8,092,297
<b>b</b> Buildings . . . . .		184,727,540	101,886,601	82,840,939
<b>c</b> Leasehold improvements		89,427	89,427	0
<b>d</b> Equipment . . . . .		155,560,170	121,947,850	33,612,320
<b>e</b> Other . . . . .		20,851,448	10,839,368	10,012,080
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				134,557,636

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments—Program Related.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) MALPRACTICE LIABILITY	27,037,000
(3) BOND INTEREST PAYABLE	79,906
(4) Due to Medicare/Medicaid	3,485,675
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	30,602,581

2. Liability for uncertain tax positions. In Part XIII, 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 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	317,592,790
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	184,898	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	184,898
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	317,407,892
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	317,407,892

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	301,510,817
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	301,510,817
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	301,510,817

**Part XIII Supplemental Information**

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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 85-0127924

**Name:** SAN JUAN REGIONAL MEDICAL CENTER

## Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2	UNCERTAIN TAX POSITIONS: Management has evaluated their income tax positions under the guidance included in asc 740. Based on their review, management has not identified any material uncertain tax positions to be recorded or disclosed in the financial statements.

**SCHEDULE H (Form 990)**  
 Department of the Treasury  
 Internal Revenue Service

# Hospitals

OMB No. 1545-0047  
**2019**  
 Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.**

**Name of the organization**  
 SAN JUAN REGIONAL MEDICAL CENTER

**Employer identification number**  
 85-0127924

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	Yes	
<b>1b</b> If "Yes," was it a written policy? . . . . .	Yes	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. <b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	Yes	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	Yes	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	Yes	
<b>c</b> 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 eligible for free or discounted care? . . . . .		No
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	Yes	
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .	Yes	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

**7 Financial Assistance and Certain Other Community Benefits at Cost**

<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a)</b> Number of activities or programs (optional)	<b>(b)</b> Persons served (optional)	<b>(c)</b> Total community benefit expense	<b>(d)</b> Direct offsetting revenue	<b>(e)</b> Net community benefit expense	<b>(f)</b> Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			4,620,477		4,620,477	1.530 %
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			100,751,995	77,086,258	23,665,737	7.850 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .			5,380,296	1,479,705	3,900,591	1.290 %
<b>d Total</b> Financial Assistance and Means-Tested Government Programs . . . . .			110,752,768	78,565,963	32,186,805	10.670 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .		6,201	923,044		923,044	0.310 %
<b>f</b> Health professions education (from Worksheet 5) . . . . .		19	2,168,518		2,168,518	0.720 %
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .		165,152	80,808,202	46,111,126	34,697,075	11.510 %
<b>h</b> Research (from Worksheet 7) . . . . .						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			64,020		64,020	0.020 %
<b>j Total.</b> Other Benefits . . . . .		171,372	83,963,784	46,111,126	37,852,657	12.560 %
<b>k Total.</b> Add lines 7d and 7j . . . . .		171,372	194,716,552	124,677,089	70,039,462	23.230 %

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(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						
9 Other						
<b>10 Total</b>						

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .	1	Yes
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. . . . .	2	9,149,774
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. . . . .	3	4,117,398
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

**Section B. Medicare**

5	Enter total revenue received from Medicare (including DSH and IME) . . . . .	5	73,206,024
6	Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	71,411,404
7	Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	1,794,620
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:  <input checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

9a	Did the organization have a written debt collection policy during the tax year? . . . . .	9a	Yes
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI . . . . .	9b	Yes

**Part IV Management Companies and Joint Ventures**

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



**Part V Facility Information****Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

**1**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

See Additional Data Table	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
 SAN JUAN REGIONAL MEDICAL CENTER

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): \_\_\_\_\_ 1 \_\_\_\_\_

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C. . . . .		No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. . . . . If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>20</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	Yes	
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	Yes	
<b>b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C. . . . .		No
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C FOR URL</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url): _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11. . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>20</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url): <u>SEE PART V, SECTION C FOR URL</u>	Yes	
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**

SAN JUAN REGIONAL MEDICAL CENTER

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200. _____% and FPG family income limit for eligibility for discounted care of 400. _____%		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	14	Yes
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15	Yes
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>PART V, SECTION C FOR URL</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>PART V, SECTION C FOR URL</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>PART V, SECTION C FOR URL</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)

**Billing and Collections**

SAN JUAN REGIONAL MEDICAL CENTER

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No
<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	17	Yes
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP: <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged: <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)	19	No
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply): <b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why: <b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)	21	Yes
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**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

SAN JUAN REGIONAL MEDICAL CENTER

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.
- a**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
  - b**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - c**  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - d**  The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C.

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C.

	Yes	No
<b>23</b>		No
<b>24</b>		No

**Part V** Facility Information *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

**Part V** Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 25

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 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 financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities 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.).
- 6 Affiliated health care system.** 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 communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART I, Line 3c	Description of Additional criteria used in determining eligibility for financial assistance: IN addition to the federal poverty guidelines SJRMC also considers the patient asset level, medical Indigency, insurance status, underinsurance status and residency.
SCHEDULE H, PART I, LINE 7	THE ORGANIZATION USED A COST-TO-CHARGE RATIO FOR LINES 7A - 7C. THE COST-TO-CHARGE RATIO WAS DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES. THE INFORMATION FOR LINES 7E - 7I WAS DERIVED FROM INFORMATION IN THE GENERAL LEDGER AND OTHER FINANCIAL DATA RELATED SPECIFICALLY TO THE VARIOUS TYPES OF COMMUNITY BENEFITS.



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7G	SAN JUAN REGIONAL MEDICAL CENTER (SJRMC) PROVIDES NUMEROUS SUBSIDIZED HEALTH SERVICES TO THE COMMUNITY. INCLUDED IN THE SUBSIDIZED SERVICES ARE FREESTANDING PHYSICIAN CLINICS WHICH ALLOW SJRMC TO BRING IN MORE SPECIALTIES AND BETTER SERVE THE COMMUNITY. THE NEAREST CITY THAT WOULD HAVE SIMILAR SERVICES THAT THE CLINICS OFFER WOULD BE ABOUT AN HOUR AWAY. THERE ARE SOME INDEPENDENTLY OWNED CLINICS WITHIN THIS COMMUNITY, BUT HAVE VERY STRINGENT GUIDELINES ON WHICH PATIENTS THEY WILL TAKE. THE TOTAL COSTS RELATED TO THE PHYSICIAN CLINICS INCLUDED ON LINE 7G ARE \$15,288,521 WITH DIRECT OFFSETTING REVENUE OF \$13,038,462, RESULTING IN A NET COMMUNITY BENEFIT EXPENSE OF \$2,250,059.
SCHEDULE H, PART III, SECTION A, LINE 2	THE HOSPITAL HAS ADOPTED THE NEW REVENUE RECOGNITION STANDARD ASU 2014-09. UNDER ASU 2014-09, THE ESTIMATED AMOUNTS DUE FROM PATIENTS FOR WHICH THE HOSPITAL DOES NOT EXPECT TO BE ENTITLED OR COLLECT FROM THE PATIENTS ARE CONSIDERED IMPLICIT PRICE CONCESSIONS AND EXCLUDED FROM THE HOSPITAL'S ESTIMATION OF THE TRANSACTION PRICE OR REVENUE RECORDED. BAD DEBT EXPENSE WAS NOT SIGNIFICANT TO THE AUDITED FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2020. HOWEVER, THE HOSPITAL INTERNALLY TRACKS BAD DEBT EXPENSE CONSISTENT WITH HISTORICAL PRACTICES AND THAT AMOUNT HAS BEEN REPORTED ON SCHEDULE H, PART III, SECTION A, LINE 2.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 3	THE AMOUNT ON LINE 3 IS AN ESTIMATE BASED ON MANAGEMENT'S BELIEF OF THE PERCENTAGE OF ADDITIONAL FINANCIAL ASSISTANCE COST IF THE PATIENTS WOULD COMPLETE THE FINANCIAL ASSISTANCE APPLICATION. THIS AMOUNT IS CURRENTLY ESTIMATED BETWEEN 45-60%, WHICH IS INCLUDED IN OUR BAD DEBT.
SCHEDULE H, PART III, SECTION A, LINE 4	THE HOSPITAL HAS ADOPTED THE NEW REVENUE RECOGNITION STANDARD ASU 2014-09. UNDER ASU 2014-09, THE ESTIMATED AMOUNTS DUE FROM PATIENTS FOR WHICH THE HOSPITAL DOES NOT EXPECT TO BE ENTITLED OR COLLECT FROM THE PATIENTS ARE CONSIDERED IMPLICIT PRICE CONCESSIONS AND EXCLUDED FROM THE HOSPITAL'S ESTIMATION OF THE TRANSACTION PRICE OR REVENUE RECORDED. BAD DEBT EXPENSE WAS NOT SIGNIFICANT TO THE AUDITED FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2020. HOWEVER, THE HOSPITAL INTERNALLY TRACKS BAD DEBT EXPENSE CONSISTENT WITH HISTORICAL PRACTICES AND THAT AMOUNT HAS BEEN REPORTED ON SCHEDULE H, PART III, SECTION A, LINE 2.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION C, LINE 9B	SAN JUAN REGIONAL MEDICAL CENTER'S (SJRMC) POLICY ON PATIENT ACCOUNT COLLECTIONS STATES SJRMC WILL NOT ATTEMPT TO COLLECT FROM A PATIENT WHO IS APPLYING FOR THE SAN JUAN COUNTY INDIGENT FUND AS LONG AS THE PATIENT IS COOPERATING WITH THE APPLICATION PROCESS. THE POLICY ALSO STATES SJRMC WILL NOT COLLECT FROM A PATIENT APPLYING FOR THE COMMUNITY SERVICE FUND (FINANCIAL ASSISTANCE) AS LONG AS THE PATIENT IS COOPERATING WITH THE APPLICATION PROCESS.
SCHEDULE H, PART VI, LINE 2	NEEDS ASSESSMENT: A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IS CONDUCTED BY SAN JUAN REGIONAL MEDICAL CENTER TO DETERMINE THE HEALTH NEEDS FOR SAN JUAN COUNTY AND THE FOUR CORNERS REGION AS PERCEIVED BY THOSE SERVED BY THE HOSPITAL.THE CHNA IS CONDUCTED VIA TELEPHONE SURVEYS IN BOTH ENGLISH AND SPANISH,INTERVIEWS CONDUCTED WITH NATIVE AMERICAN RESPONDENTS, KEY SHAREHOLDERS IN THE PROVISION OF HEALTH CARE IN SAN JUAN COUNTY, AND A SERIES OF FOCUS GROUPS. THE SURVEY IS ALSO SHARED WITH KEY COMMUNITY GROUPS IN A SERIES OF OPEN FORUMS. THE MOST RECENT CHNA OCCURRED IN CY 2017 (FY 2017). THENEEDS WHICH WERE IDENTIFIED FROM THIS SURVEY INCLUDE: - Diabetes - Obesity - Mental health - Substance use disorder - Access to care - Develop actionable steps to address local health disparities Our experience with the local impact of the COVID-19 pandemic, highlighted a disproportionate impact on the local Native American populations. Other at-risk populations (those with underlying health conditions) were also severely impacted. As a healthcare leader in San Juan County, SJRMC should be a catalyst in addressing health disparities and be part of solutions to make positive impacts on social determinants of health. THE SAN JUAN REGIONAL MEDICAL CENTER BOARD OF DIRECTORS AND HOSPITAL ADMINISTRATION CONDUCTS THE SURVEY FOR THE PURPOSE OF DETERMINING HOW BEST TO DIRECT RESOURCES TO IMPROVE THE HEALTH OF THE FOUR CORNERS WITH THREE GOALS IN MIND -TO IMPROVE RESIDENTS' HEALTH STATUS, INCREASE THEIR LIFE SPANS, AND ELEVATE THEIR OVERALL QUALITY OF LIFE - TO REDUCE HEALTH

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 3	<p>PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE: SAN JUAN REGIONAL MEDICAL CENTER EMPLOYS A NUMBER OF FINANCIAL COUNSELORS AND CUSTOMER SERVICE REPRESENTATIVES WHO WORK ALONGSIDE PATIENTS TO HELP THEM NAVIGATE THEIR PAYMENT, BILLING AND ASSISTANCE OPTIONS. INFORMATION IS DISSEMINATED TO PATIENTS THROUGH ONLINE AND PAPER RESOURCES LOCATED THROUGHOUT THE HOSPITAL. A WIDELY DISTRIBUTED BROCHURE TITLED PAYING FOR HOSPITAL SERVICES AT SAN JUAN REGIONAL MEDICAL CENTER IS SPECIFICALLY DESIGNED TO HELP PATIENTS UNDERSTAND THEIR HOSPITAL BILL AND INFORM THEM OF THEIR OPTIONS FOR PAYMENT AND ASSISTANCE INCLUDING INFORMATION ON THE AVAILABILITY OF INDIAN HEALTH SERVICE ASSISTANCE, CASH DISCOUNTS, BILL REDUCTION THROUGH A COMMUNITY SERVICE FUND, SPECIAL FUNDS THROUGH THE SAN JUAN COUNTY INDIGNANT FUND, OR MEDICAL HARDSHIP WAIVERS. THE HOSPITAL'S VISION IS TO BE KNOWN AS THE MOST PERSONALIZED QUALITY HEALTHCARE PROVIDER. SAN JUAN REGIONAL MEDICAL CENTER IS ALSO A VALUES-DRIVEN ORGANIZATION WITH A CENTURY OF SERVICE TO THE FOUR CORNERS REGION- DRIVEN BY A SIMPLE, YET POWERFUL PRINCIPLE, DO THE RIGHT THING FOR THE PATIENT, NO MATTER WHAT. AN INTEGRAL PART OF THIS SACRED TRUST THE COMMUNITY HAS IN ITS HOSPITAL IS ENSURING THAT NO PATIENT FEELS ALONE AND DISCONNECTED DURING AND AFTER THEIR TREATMENT. THEREFORE, IT IS IN THE SPIRIT OF THE HOSPITAL'S VISION AND MISSION TO ENSURE THAT PATIENTS RECEIVE A HIGH LEVEL OF ASSISTANCE WHEN FIGURING OUT THEIR BILL AND OPTIONS. NOT ONLY DOES THE HOSPITAL HAVE FINANCIAL COUNSELORS TO EDUCATE ITS PATIENTS, IT HAS AN IN-HOUSE MEDICAL ADVOCACY SERVICE FOR HEALTHCARE PROGRAM (MASH) FOR SELF-PAY INDIVIDUALS. THROUGH THE MASH PROGRAM, PATIENT ADVOCATES STAND HAND-IN-HAND WITH PATIENTS TO EXPLORE EVERY POSSIBILITY OF ASSISTANCE POLICY.</p>
SCHEDULE H, PART VI, LINE 4	<p>COMMUNITY INFORMATION: SAN JUAN REGIONAL MEDICAL CENTER SERVES THE FOUR CORNERS REGION OF THE UNITED STATES, WHICH IS MOSTLY RURAL. THE HOSPITAL IS LOCATED IN THE REGION'S LARGEST CITY AND ONLY METROPOLITAN AREA, WHICH IS FARMINGTON, NEW MEXICO. OTHER CITIES IN THE REGION INCLUDE CORTEZ AND DURANGO IN COLORADO, MONTICELLO AND BLANDING IN UTAH, KAYENTA AND CHINLE IN ARIZONA, AND SHIPROCK, AZTEC, AND BLOOMFIELD IN NEW MEXICO. THIS REGION ALSO INCLUDES THE NAVAJO NATION. STATISTICS GATHERED FOR THE HOSPITAL'S COMMUNITY NEEDS ASSESSMENT IN 2020 FOR SAN JUAN COUNTY (POPULATION 136,560)- WHICH IS THE PRINCIPAL COUNTY SERVED BY SAN JUAN REGIONAL MEDICAL CENTER- INDICATE THE FOLLOWING POPULATION CHARACTERISTICS: MEN 49.6%, WOMEN 50.4%, AGES 18 AND UNDER 23.1%, AGES 65+ 13.8%, WHITE 47% AMERICAN INDIAN AND ALASKA NATIVE 40% HISPANIC 21%. THE MEDIAN HOUSEHOLD INCOME FOR SAN JUAN COUNTY IS \$46,996.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH: IN THE CONSTANT EFFORT TO MEET COMMUNITY NEEDS, SJRMC SEEKS TO IMPROVE PHYSICIAN ACCESS THROUGH A VIGOROUS RECRUITING PROGRAM AND TO PROVIDE COMMUNITY EDUCATION AND MANY OTHER COMMUNITY BENEFIT PROGRAMS. IN FISCAL YEAR 2020, SAN JUAN REGIONAL MEDICAL CENTER PROVIDED BENEFITS TO THE INDIGENT AND BROADER COMMUNITY OF OVER \$8,329,124.
SCHEDULE H, PART VI, LINE 6	DESCRIPTION OF AFFILIATED HEALTHCARE SYSTEM: THE AFFILIATED HEALTHCARE SYSTEM INCLUDES SAN JUAN REGIONAL MEDICAL CENTER (SJRMC) AND SAN JUAN REGIONAL REHABILITATION HOSPITAL (SJRRH). - SJRMC SERVES THE COMMUNITY AS THE MAIN HOSPITAL FOR THE REGION. - SJRRH SERVES THE COMMUNITY AS A REHABILITATION HOSPITAL.

**Additional Data****Software ID:****Software Version:****EIN:** 85-0127924**Name:** SAN JUAN REGIONAL MEDICAL CENTER**Form 990 Schedule H, Part V Section A. Hospital Facilities**

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	SAN JUAN REGIONAL MEDICAL CENTER 801 WEST MAPLE STREET FARMINGTON, NM 87401 WWW.SANJUANREGIONAL.COM 6291	X						X			1

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5	AS PART OF THE COMMUNITY HEALTH NEEDS ASSESSMENT, DATA WAS OBTAINED FROM BOTH QUANTITATIVE AND QUALITATIVE SOURCES. QUANTITATIVE DATA INPUT INCLUDES PRIMARY RESEARCH (THE PRC COMMUNITY HEALTH SURVEY) AND SECONDARY RESEARCH (VITAL STATISTICS AND OTHER EXISTING HEALTH-RELATED DATA); THESE QUANTITATIVE COMPONENTS ALLOW FOR TRENDING AND COMPARISON TO BENCHMARK DATA AT THE STATE AND NATIONAL LEVELS. QUALITATIVE DATA INPUT INCLUDES PRIMARY RESEARCH GATHERED THROUGH AN ONLINE KEY INFORMANT SURVEY. SURVEY PARTICIPANTS INCLUDED KEY INFORMANTS, INCLUDING PHYSICIANS, PUBLIC HEALTH EXPERTS, OTHER HEALTH PROVIDERS, SOCIAL SERVICE REPRESENTATIVES AND COMMUNITY LEADERS. PARTICIPANTS WERE CHOSEN BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY CONCERNS OF THE POPULATION WITH WHOM THEY WORK, AS WELL AS OF THE COMMUNITY OVERALL. KEY INFORMANTS WERE CONTACTED BY EMAIL, INTRODUCING THE PURPOSE OF THE SURVEY AND PROVIDING A LINK TO TAKE THE SURVEY ONLINE; REMINDER EMAILS WERE SENT AS NEEDED TO INCREASE PARTICIPATION. PARTICIPATION INCLUDED REPRESENTATION FROM THE FOLLOWING ORGANIZATIONS: -Key Community Stakeholders -State of New Mexico -Schools -Social Services -Business Leaders -San Juan County Elected Officials -Other Healthcare workers -Physicians -Churches In many cases, several representatives from each organization participated.
SCHEDULE H, PART V, SECTION B, LINE 6A	THE CHNA WAS CONDUCTED WITH SAN JUAN REGIONAL REHABILITATION HOSPITAL.

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 7A	direct url for community health needs assessment on hospital's website: <a href="https://www.sanjuanregional.com/upload/docs/About%20Us/Community%20Reinvestment/2020CHNA.pdf">https://www.sanjuanregional.com/upload/docs/About%20Us/Community%20Reinvestment/2020CHNA.pdf</a>
SCHEDULE H, PART V, SECTION B, LINE 11	Based on the secondary data, surveys, interviews and summit prioritization, the SJRMC board approved the following identified needs to be the focus of the work of the medical center over the next three years. - Diabetes - Obesity - Mental health - Substance use disorder - Access to care - Develop actionable steps to address local health disparities Our experience with the local impact of the COVID-19 pandemic, highlighted a disproportionate impact on the local Native American populations. Other at-risk populations (those with underlying health conditions) were also severely impacted. As a healthcare leader in San Juan County, SJRMC should be a catalyst in addressing health disparities and be part of solutions to make positive impacts on social determinants of health. IT IS NOT POSSIBLE, FROM A FINANCIAL OR HUMAN RESOURCE STANDPOINT TO ADDRESS ALL THE ISSUES IN THE CHNA, THEREFORE WE CHOSE THE TOP ISSUES THAT WE FELT WE COULD IMPACT. THE NEEDS NOT BEING ADDRESSED ARE CHRONIC DISEASE AND SUICIDE PREVENTION.



**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16A-16C	WEBSITE URL WHERE YOU CAN FIND THE FAP, FAP APPLICATION FORM, AND PLAIN LANGUAGE SUMMARY OF THE FAP: <a href="http://www.sanjuanregional.com/upload/docs/About%20Us/Community%20Reinvestment/2020%20CHNA%20Report%2001.2021%20a.pdf">http://www.sanjuanregional.com/upload/docs/About%20Us/Community%20Reinvestment/2020%20CHNA%20Report%2001.2021%20a.pdf</a>

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>1</b> SJRMC Cardiology 407 S Schwartz Suite 202 Farmington, NM 87401	Medical Clinic
<b>1</b> SJRMC Internal Medicine 407 S Schwartz Suite 201 Farmington, NM 87401	Medical Clinic
<b>2</b> San Juan Neurodiagnostic Center 407 S Schwartz Suite 101 Farmington, NM 87401	Medical Clinic
<b>3</b> San Juan Pediatrics 407 S Schwartz Suite 102 Farmington, NM 87401	Medical Clinic
<b>4</b> Four Corners Neurosurgery 407 S Schwartz Suite 101 Farmington, NM 87401	Medical Clinic
<b>5</b> SJRMC Midwifery Clinic 655 West Pinon Farmington, NM 87401	Medical Clinic
<b>6</b> Outpatient Behavioral Health Clinic 555 S Schwartz Farmington, NM 87401	Medical Clinic
<b>7</b> SJR Wound Care Center 4251 English Road Farmington, NM 87402	Medical Clinic
<b>8</b> SJR Cancer Treatment Center 731 W Animas Street Farmington, NM 87401	Medical Clinic
<b>9</b> SJRMC Outpatient Diagnostic Center 2300 E 30th Street Bldg C Farmington, NM 87401	Medical Clinic
<b>10</b> SJRMC EMS Station- Medic #1 730 S Lake Street Farmington, NM 87401	Medical Clinic
<b>11</b> SJRMC EMS Station- Medic #2 902 W Broadway Bloomfield, NM 87412	Medical Clinic
<b>12</b> SJRMC EMS Station- Medic #3 484 S Oliver Street Aztec, NM 87410	Medical Clinic
<b>13</b> SJRMC EMS Station- Medic #4 4 CR 3660 Kirtland, NM 87117	Medical Clinic
<b>14</b> SJRMC EMS Station- Medic #5 3782 English Road Farmington, NM 87402	Medical Clinic

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>16</b> SJRMC EMS Station- Medic #6 2014 E 16th Street Farmington, NM 87401	Medical Clinic
<b>1</b> SJRMC EMS Station- Medic #10 737 W Animas Street Farmington, NM 87401	Medical Clinic
<b>2</b> SJRMC Aztec Clinic 120 Llano Street Aztec, NM 87410	Medical Clinic
<b>3</b> General Surgery Clinic 630 W Maple Farmington, NM 87401	Medical Clinic
<b>4</b> SJRMC Audiology 816 W Maple Farmington, NM 87401	Medical Clinic
<b>5</b> SJRMC Outpatient Rehabilitation 301 S Auburn Ave Farmington, NM 87401	Medical Clinic
<b>6</b> SJRMC Pediatric Outpatient Rehab 810 W Maple Farmington, NM 87401	Medical Clinic
<b>7</b> Urgent Care Center 4820 E Main Street Farmington, NM 87402	Medical Clinic
<b>8</b> SJRMC Barkman 102 LLANO St Aztec, NM 87410	Medical Clinic
<b>9</b> SJRMC Endoscopy 950 W Pinon Farmington, NM 87401	Medical Clinic

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization SAN JUAN REGIONAL MEDICAL CENTER

Employer identification number 85-0127924

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC 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 noncash assistance, (h) Purpose of grant or assistance. Row 1: SEXUAL ASSAULT SERVICES, 20-3187125, 501(C)(3), 64,020, program support.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 1
3 Enter total number of other organizations listed in the line 1 table.

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
Schedule I, Part I, Question 2	Organization's procedures for monitoring the use of grant funds: Event Funding/Sponsorship request guidelines: San Juan Regional Medical Center (SJRMC) recognizes the value of community partnerships and, on a limited basis, offers support to its community partners by sharing our resources including the time and talent of our physicians and employees, as well as our financial and in-kind support. San Juan Regional Medical Center has established criteria to ensure alignment with our mission and to allow us to strategically focus our limited resources in order to maximize their impact. Sponsorship requests are evaluated based on, but not limited to, the following criteria: - alignment with SJRMC's mission to personalize healthcare and create enthusiasm and vitality in healing - alignment and opportunity to promote strategic service lines and business objectives- community and neighborhood development - magnitude of impact and reach (number of individuals served) - depth and breadth of partnership with requesting organization.

**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" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization  
SAN JUAN REGIONAL MEDICAL CENTER

Employer identification number  
85-0127924

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	<b>1b</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>	Yes								
	<b>4b</b>	Yes								
	<b>4c</b>	No								
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5a</b>	No								
	<b>5b</b>	No								
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6a</b>	No								
	<b>6b</b>	No								
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .</p>	<b>7</b>	Yes								
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .</p>	<b>8</b>	No								
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>	<b>9</b>									



**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4B	Supplemental nonqualified plan: San Juan Regional Medical Center (sjrmc) has a 457(F) deferred compensation plan that allows certain executives to contribute money on a pre-tax basis into investments and to accumulate tax-deferred earnings. The following pre-tax calendar year 2018 contributions to the 457(F) plan are included in schedule J, Part II, column (C) as deferred compensation: Suzanne Smith \$ 8,942 Jeff Bourgeois \$55,914 Ruth Brooks \$11,555 Robert Underwood \$22,145
Schedule J, Part I, line 7	EXPLANATION OF NON-FIXED PAYMENTS: MANAGEMENT INCENTIVE PLAN- SJRMC HAS A SENIOR MANAGEMENT INCENTIVE COMPENSATION PLAN FOR SELECTED SENIOR MANAGEMENT POSITIONS. AN AWARD TARGET IS ESTABLISHED FOR EACH PARTICIPANT. PERFORMANCE IS BASED ON EIGHT GOALS, TWO OF WHICH ARE HOSPITAL EXCESS OF REVENUES OVER EXPENSES PERCENTAGE AND TOTAL HOSPITAL EARNINGS. THE AWARD IS A PERCENTAGE OF BASE PAY IF CERTAIN TARGETS ARE MET. PHYSICIAN INCENTIVE PLAN- PHYSICIANS INCENTIVES ARE PERFORMANCE BASED AND RELATIVE VALUE UNITS ARE USED AS A MEASURE.



**Additional Data**

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

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title		(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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1DAMON KALICH MD CHIEF OF STAFF	(i)	550,272	114,602	540	7,000	26,660	699,074	
	(ii)	0	0	0	0	0	0	
1JEFF BOURGEOIS CEO	(i)	616,423	104,040	2,322	64,809	26,660	814,254	
	(ii)	0	0	0	0	0	0	
2JOHN PARIGI INTERIM CFO	(i)	420,326	0	0	0	0	420,326	
	(ii)	0	0	0	0	0	0	
3FARAZ SANDHU PHYSICIAN	(i)	802,086	878,036	540	9,222	26,660	1,716,544	
	(ii)	0	0	0	0	0	0	
4STEPHEN BERNARD PHYSICIAN	(i)	571,306	50,000	2,143	11,200	15,635	650,284	
	(ii)	0	0	0	0	0	0	
5JONATHAN JONES PHYSICIAN	(i)	682,425	83,933	810	5,735	18,478	791,381	
	(ii)	0	0	0	0	0	0	
6DOMINIC CANNELLA PHYSICIAN	(i)	818,474	35,000	3,564	0	18,478	875,516	
	(ii)	0	0	0	0	0	0	
7PAUL DAVIS PHYSICIAN	(i)	790,092	0	3,564	7,713	19,660	821,029	
	(ii)	0	0	0	0	0	0	
8RUTH BROOKS-VPQUALITY ACCREDITATION AND PROF SERVICE	(i)	279,414	0	31,946	19,927	9,928	341,215	28,382
	(ii)	0	0	0	0	0	0	
9MELANIE YEATS CHIEF MEDICAL OFFICER	(i)	520,709	0	1,242	8,296	13,528	543,775	
	(ii)	0	0	0	0	0	0	
10SUZANNE SMITH CHIEF NURSING OFFICER	(i)	228,804	1,000	96,682	18,241	13,528	358,255	93,395
	(ii)	0	0	0	0	0	0	
11ROBERT UNDERWOOD CHIEF MEDICAL OFFICER	(i)	345,356	0	2,322	34,977	22,260	404,915	
	(ii)	0	0	0	0	0	0	
12Karen Miller FORMER CFO	(i)	121,698					121,698	
	(ii)							

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule K  
(Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SAN JUAN REGIONAL MEDICAL CENTER

Employer identification number

85-0127924

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CITY OF FARMINGTON NEW MEXICO	85-6000129	311428AZ9	03-25-2004	16,982,883	CONSTRUCTIONS OF CANCER TRMT CTR		X		X		X
B CITY FARMINGTON NEW MEXICO	85-6000129	311428BNS	06-28-2007	12,290,518	Constructions of Cancer Trmt CTR		X		X		X
C NEW MEXICO HOSPITAL EQUIPMENT LOAN COUNCIL	84-0426875		12-21-2010	25,773,000	Refund 2004B, Finance Equip/Cost		X		X		X

**Part II Proceeds**

	A	B	C	D
1 Amount of bonds retired . . . . .	11,616,039	6,446,404	17,067,000	
2 Amount of bonds legally defeased . . . . .	0	0	0	
3 Total proceeds of issue . . . . .	17,087,788	12,457,932	25,773,063	
4 Gross proceeds in reserve funds . . . . .	0	0	0	
5 Capitalized interest from proceeds . . . . .	0	151,021	0	
6 Proceeds in refunding escrows . . . . .	0	0	0	
7 Issuance costs from proceeds . . . . .	339,658	245,810	205,249	
8 Credit enhancement from proceeds . . . . .	0	0	0	
9 Working capital expenditures from proceeds . . . . .	0	0	0	
10 Capital expenditures from proceeds . . . . .	16,748,130	12,061,101	10,565,327	
11 Other spent proceeds . . . . .	0	0	15,002,307	
12 Other unspent proceeds . . . . .	0	0	0	
13 Year of substantial completion . . . . .	2007	2010	2011	
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .		X	X	X
15 Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		X	X	X
16 Has the final allocation of proceeds been made? . . . . .	X		X	X
17 Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X	X

**Part III Private Business Use**

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

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X		X			
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X		X		
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶		0 %		0 %		0 %		
<b>5</b> 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 . . . . . ▶								
<b>6</b> Total of lines 4 and 5 . . . . .								
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X		X		X		
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X		X		
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .		X		X		X		
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X		X			

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .	X			X		X		
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .		X		X		X		
<b>b</b> Exception to rebate? . . . . .		X		X		X		
<b>c</b> No rebate due? . . . . .	X		X		X			
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X		X	X			
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
<b>b</b> Name of provider . . . . .	0		0		0			
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
<b>b</b> Name of provider . . . . .	0		0		0			
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .	X		X		X			

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. (See instructions).

Return Reference	Explanation
schedule k, part ii, line 3	THE MOST RECENT REBATE CALCULATION FOR THE 2007A ISSUE WAS COMPLETED ON PART I, COLUMN E IS DUE TO INVESTMENT EARNINGS.

<b>Return Reference</b>	<b>Explanation</b>
schedule k, part I, LINE C	THE 2010A LEASE PROJECT OBLIGATION PORTION OF THIS ISSUE IN THE AMOUNT OF \$8,103,000 HAS NOT BEEN DESIGNATED AS A QUALIFIED TAX-EXEMPT OBLIGATION. THESE ARE BUILD AMERICA BONDS.

<b>Return Reference</b>	<b>Explanation</b>
schedule k, part IV, LINE 2c, column B	The most recent rebate calculation for the 2007A issue was completed on July 19, 2017 for the time period June 28, 2007 to June 28, 2017.

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization SAN JUAN REGIONAL MEDICAL CENTER

Employer identification number

85-0127924

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. \$

Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Eric Buffington	See Part V	223,357	employee pay		No

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation
Schedule L, Part IV, Line 1(B)	Description of Relationship between Interested Person: Family Member of Former Officer



**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019****Open to Public Inspection**

Department of the Treasury

Name of the organization

SAN JUAN REGIONAL MEDICAL CENTER

Employer identification number

85-0127924

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART I, LINE 6	VOLUNTEERS: SJRMC HAS A TOTAL OF 125 VOLUNTEERS THAT PROVIDE SERVICE TO THE FOLLOWING AREA S: ADMINISTRATIVE SUPPORT, CANCER TREATMENT CENTER, CARDIAC REHABILITATION, COURIER/PATIENT TRANSPORT, CRAFTY CREATIONS, DIETARY, GIFT MARKET, INFORMATION DESK, MAIL CALL, MEDICAL RECORDS AND AUXILIARY MEMBERSHIP.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>Program Service cont. San Juan Regional Medical center (SJPMC) is a modern acute-care hospital located in one of the most rural areas of the American southwest, San Juan County, New Mexico. A 2019 ESTIMATE OF THE POPULATION OF SAN JUAN COUNTY SHOWS THE COUNTY POPULATION HAS DECLINED 4.7% FROM THE YEAR 2010 TO 2020 NUMBERING APPROXIMATELY 123,958, 41.1% OF WHICH IS AMERICAN INDIAN AND ALASKA NATIVE PERSONS. SJPMC is a sole community provider and disproportionate share hospital providing needed healthcare to residents of the four corner states region of New Mexico, Arizona, Utah and Colorado. San Juan Regional Medical Center's mission is to personalize healthcare and create enthusiasm and vitality in healing. Our core values are actively taught, and reinforced to staff, management, and physicians so that the organization may achieve excellence and consistency in patient care. SJPMC is a community governed hospital that was founded in 1910 by Doctors A M Smith and G W Sammons. The hospital corporation is an advisory body composed of up to three representatives from each of 90 non-profit organizations in San Juan County. The corporation meets quarterly, and at an annual meeting, they nominate and elect 9 members to the governing board of directors. The corporation receives reports from the board of directors and hospital administration on hospital operations, including quality and finance and provides feedback on community health issues. SJPMC provides medical, surgical, pediatrics, oncology, obstetrics, cardiology, and behavioral health inpatient care. Ambulatory care includes day surgery, urgent care, outpatient diagnostic and treatment services. SJPMC is a level III trauma center that provides ground ambulance and air ambulance service with a helicopter and a fixed wing aircraft as well as services through its emergency department to all persons regardless of their ability to pay. Some of our outpatient Services are physician clinics specializing in cardiology, behavioral health internal medicine, neurosurgery, neurodiagnostics, urgent care center and pediatrics. Our financial and in-kind contributions went to various local charities such as Navajo ministries, family crisis center, local school districts, senior centers and Total Behavioral Health. The other community services noted above provide care for surgery, gastrointestinal, orthopedics, oncology, neuro and cardiac rehab.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 6 & 7a	<p>CLASSES OF MEMBERS OR STOCKHOLDERS: SAN JUAN REGIONAL MEDICAL CENTER (SJPMC) IS A COMMUNITY-GOVERNED HOSPITAL. THE HOSPITAL CORPORATION IS AN ADVISORY BODY COMPOSED OF TWO REPRESENTATIVES FROM ABOUT 90 NON-PROFIT ORGANIZATION MEMBERS IN SAN JUAN COUNTY. AFTER TEN YEARS OF SERVICE AS A REPRESENTATIVE, AN INDIVIDUAL MAY BE DESIGNATED BY THE CORPORATION AS A SENIOR CORPORATE DELEGATE AND SHALL NO LONGER BE CONSIDERED TO BE THE REPRESENTATIVE OF THE MEMBER ORGANIZATION. THE MEMBER ORGANIZATION MAY THEN DESIGNATE ANOTHER REPRESENTATIVE IN ADDITION TO THE SENIOR CORPORATE DELEGATE. THE HOSPITAL CORPORATION MEETS QUARTERLY AT THE IR ANNUAL MEETING, IN WHICH THEY NOMINATE AND ELECT NINE VOTING MEMBERS TO SJPMC'S BOARD OF DIRECTORS. OF THE NINE, THREE MUST BE ELECTED FROM THE MEMBER REPRESENTATIVES OR SENIOR CORPORATE DELEGATES. IN ADDITION TO THE NINE ELECTED DIRECTORS, THE SJPMC CHIEF OF THE STAFF AND VICE CHIEF OF STAFF AND A HOSPITAL AUXILIARY APPOINTEE ALSO SERVE AS SJPMC DIRECTORS FOR A TOTAL OF TWELVE VOTING MEMBERS OF THE BOARD OF DIRECTORS.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 11B	PROCESS TO REVIEW THE FORM 990: THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM BASED ON DATA PROVIDED BY MANAGEMENT. A DRAFT COPY OF THE 990 IS PROVIDED TO MANAGEMENT FOR REVIEW AND A MEETING IS CONDUCTED BY THE ACCOUNTING FIRM TO REVIEW THE RETURN IN DETAIL. ANY QUESTIONS ARE ADDRESSED AND ANY NECESSARY CHANGES ARE MADE TO THE RETURN. THE FINAL DRAFT OF THE FORM 990 IS PROVIDED TO THE AUDIT COMMITTEE ALONG WITH A BRIEF EDUCATION SESSION CONDUCTED BY THE ACCOUNTING FIRM TO DISCUSS THE HIGHLIGHTS OF THE FORM. THE FINAL DRAFT OF THE FORM 990 IS THEN PROVIDED TO EACH BOARD MEMBER PRIOR TO FILING.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 12C	PROCESS FOR MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY: SAN JUAN REGIONAL MEDICAL CENTER HAS A CONFLICT OF INTEREST POLICY THAT EACH BOARD MEMBER, OFFICER AND KEY EMPLOYEE IS REQUIRED TO FILL OUT ON AN ANNUAL BASIS. THIS CONFLICT OF INTEREST POLICY SPECIFICALLY ASKS QUESTIONS REGARDING BUSINESS AND PERSONAL RELATIONSHIPS THAT THEY MAY HAVE WITH ANY OTHER BOARD MEMBER, OFFICER AND KEY EMPLOYEE OF ANY BUSINESS THAT DEALS WITH SAN JUAN REGIONAL MEDICAL CENTER OR ANY OF ITS AFFILIATES. IF A CONFLICT IS IDENTIFIED, IT MUST BE REPORTED TO THE COMPLIANCE OFFICER, AND IF IT CONSTITUTES A BREACH OF EMPLOYMENT, IT MAY LEAD TO DISCIPLINARY ACTION.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15A & 15b	DESCRIBE PROCESS FOR DETERMINING COMPENSATION: THE BOARD OF DIRECTORS FOR SAN JUAN REGIONAL MEDICAL CENTER USES THE FOLLOWING COMPARABILITY DATA WHEN DETERMINING THE COMPENSATION FOR THE CEO AND SENIOR MANAGEMENT. REGIONAL/LOCAL AREA NOT-FOR-PROFIT HEALTHCARE ORGANIZATIONS OF COMPARABLE SIZE, NATIONAL NOT-FOR-PROFIT HEALTHCARE ORGANIZATIONS OF COMPARABLE SIZE, AND OTHER RELEVANT COMPARATORS (EG, FOR-PROFIT HEALTHCARE AND/OR GENERAL INDUSTRY ORGANIZATIONS) OF COMPARABLE SIZE AND COMPLEXITY. ADDITIONALLY, THE BOARD BI-ANNUALLY HAS AN INDEPENDENT OUTSIDE FIRM COMPARE THE CEO'S, AND OTHER OFFICER'S COMPENSATION WITH OTHER HEALTHCARE ORGANIZATIONS TO REMAIN COMPETITIVE. THE PROCESS WAS LAST COMPLETED IN 2020 BY TOWERS WATSON. THE PROCESS IS DOCUMENTED IN THE BOARD MINUTES WHEN PRESENTED TO THE INDIVIDUALS.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC: SAN JUAN REGIONAL MEDICAL CENTER MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII	THE COMPENSATION REPORTED ON PART VII, LINE 1 FOR DAMON KALCICH IS FROM HIS CURRENT EMPLOYMENT WITH SJRMC, NOT FOR SERVICES RENDERED AS A BOARD MEMBER.



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION:MEDICAL PROFESSIONAL FEES TOTAL FEES:8765782

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION:CELL SERVICES TOTAL FEES:771000

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION:TRASCRIPTION SERVICES TOTAL FEES:130760

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION:CONTRACT & CONSULTING TOTAL FEES:25175683

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION:SOBER HOUSE TOTAL FEES:382400

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION:REPAIRS TOTAL FEES:1554639

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION:OTHER TOTAL FEES:12360547

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SAN JUAN REGIONAL MEDICAL CENTER

**Employer identification number**

85-0127924

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
<b>(1)</b> SAN JUAN HEALTH PARTNERS INC 801 WEST MAPLE STREET  FARMINGTON, NM 87401 27-2367549	HEALTHCARE	NM	501(C)(3)	LINE 3	SJRMC	Yes	
<b>(2)</b> SAN JUAN REGIONAL REHABILITATION HOSP 525 SOUTH SCHWARTZ AVE  FARMINGTON, NM 87401 85-0441767	HEALTHCARE	NM	501(C)(3)	LINE 3	SJRMC	Yes	
<b>(3)</b> AUXILIARY OF SAN JUAN REGIONAL MED CTR 801 WEST MAPLE STREET  FARMINGTON, NM 87401 23-7164296	HOSP SUPPORT	NM	501(C)(3)	LINE 12C	NA		No



**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?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
<b>(1)</b> SJR HOLDING COMPANY INC 801 W MAPLE STREET FARMINGTON, NM 87401 20-1126483	SUPPORT SVCS	NM	SJRMC	C-CORP	1,661,086	4,571,219	100.000 %	Yes	

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

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

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

**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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SAN JUAN REGIONAL REHABILITATION HOSPITAL	D	570,064	interco amount
(2) SAN JUAN REGIONAL REHABILITATION HOSPITAL	Q	144,000	interco amount
(3) SJR Holding Company INC	S	1,619,806	INTERCO AMOUNT



**Part VII**    **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

<b>Return Reference</b>	<b>Explanation</b>