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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 07-01-2007 and ending 06-30-2008

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☑ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Rapid City Regional Hospital

Number and street (or P O box if mail is not delivered to street address) | Room/suite
353 FAIRMONT BLVD PO BOX 6000

City or town, state or country, and ZIP + 4
RAPID CITY, SD 57701

D Employer identification number
46-0319070

E Telephone number
(605) 719-8106

F Accounting method ☐ Cash ☑ Accrual ☐ Other (specify) ▶

✸ **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Web site: ▶ www rcrh org

J Organization type (check only one) ▶ ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than 25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 358,461,677

H *and* **I** *are not applicable to section 527 organizations*

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

H(b) If "Yes" enter number of affiliates ▶

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

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☑ No

I Group Exemption Number ▶

M Check ▶ ☐ if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances *(See the instructions.)*

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	1,433,418	
	c	Indirect public support (not included on line 1a)	1c	54,920	
	d	Government contributions (grants) (not included on line 1a)	1d	2,396,000	
	e	**Total** (add lines 1a through 1d) (cash $ 3,884,338 noncash $)			1e 3,884,338
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2 328,412,780
	3	Membership dues and assessments			3
	4	Interest on savings and temporary cash investments			4 6,262,468
	5	Dividends and interest from securities			5 1,297,105
	6a	Gross rents	6a	8,900	
	b	Less rental expenses	6b	8,094	
	c	Net rental income or (loss) subtract line 6b from line 6a			6c 806
	7	Other investment income (describe ▶)			7 437,217
	8a	Gross amount from sales of assets other than inventory — (A) Securities: 7,529,655	8a	(B) Other:	
	b	Less cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule)	8c		
	d	Net gain or (loss) Combine line 8c, columns (A) and (B)			8d 7,529,655
	9	Special events and activities (attach schedule) If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ of contributions reported on line 1b)	9a		
	b	Less direct expenses other than fundraising expenses	9b	174,934	
	c	Net income or (loss) from special events Subtract line 9b from line 9a			9c 241,999
	10a	Gross sales of inventory, less returns and allowances	10a	295,116	
	b	Less cost of goods sold	10b	188,486	
	c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a			10c 106,630
	11	Other revenue (from Part VII, line 103)			11 9,917,165
	12	**Total revenue** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12 358,090,163
Expenses	13	Program services (from line 44, column (B))			13 207,018,532
	14	Management and general (from line 44, column (C))			14 103,419,238
	15	Fundraising (from line 44, column (D))			15 561,608
	16	Payments to affiliates (attach schedule)			16
	17	**Total expenses** Add lines 16 and 44, column (A)			17 310,999,378
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 12			18 47,090,785
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 340,632,646
	20	Other changes in net assets or fund balances (attach explanation)			20 -25,334,322
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20			21 362,389,109

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others *(See the instructions.)*

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach Schedule) (cash $0 noncash $0) If this amount includes foreign grants, check here ▶ ☐	22a				
22b	Other grants and allocations (attach schedule) (cash $867,901 noncash $0) If this amount includes foreign grants, check here ▶ ☐	22b	867,901	867,901		
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	4,381,276	87,099	4,267,515	26,662
b	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b				
c	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b and c	26	119,300,916	90,574,771	28,456,736	269,409
27	Pension plan contributions not included on lines 25a, b and c	27	2,811,546	2,054,549	750,892	6,105
28	Employee benefits not included on lines 25a - 27	28	5,599,475		5,571,984	27,491
29	Payroll taxes	29	8,643,196	6,336,723	2,287,822	18,651
30	Professional fundraising fees	30				
31	Accounting fees	31	539,400		539,400	
32	Legal fees	32	757,234		757,234	
33	Supplies	33	56,079,658	50,980,424	5,046,950	52,284
34	Telephone	34	738,056	63,084	674,972	
35	Postage and shipping	35	364		364	
36	Occupancy	36	2,401,660	358,900	2,042,760	
37	Equipment rental and maintenance	37	5,185,175	3,838,735	1,345,469	971
38	Printing and publications	38	113,011	36,262	33,216	43,533
39	Travel	39	507,521	153,937	337,190	16,394
40	Conferences, conventions, and meetings . .	40	1,093,605	318,250	744,309	31,046
41	Interest	41	5,226,976	396	5,226,580	
42	Depreciation, depletion, etc (attach schedule)	42	15,927,480	6,797,188	9,129,839	453
43	Other expenses not covered above (itemize)					
a	PURCHASED SERVICES	43a	3,222,808	2,650,079	572,729	
b	PROFESSIONAL FEES	43b	58,263,241	27,845,660	30,417,581	
c	INSURANCE	43c	270,395		270,395	
d	MISCELLANEOUS	43d	5,199,972	186,062	4,945,301	68,609
e	BAD DEBTS	43e	13,868,512	13,868,512		
f		43f				
g		43g				
44	**Total functional expenses.** Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13—15)	44	310,999,378	207,018,532	103,419,238	561,608

Joint Costs. Check ▶ ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ▶ ☐ **Yes** ☑ **No**

If "Yes," enter **(i)** the aggregate amount of these joint costs $0, **(ii)** the amount allocated to Program services $0, **(iii)** the amount allocated to Management and general $0, and **(iv)** the amount allocated to Fundraising $0

Part III Statement of Program Service Accomplishments *(See the instructions.)*

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization How the public perceives an organization in such cases may be determined by the information presented on its return Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

What is the organization's primary exempt purpose? ▶ TO PROVIDE HEALTHCARE SERVICES All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	**Program Service Expenses** (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
a See Additional Data Table (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
b (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
c (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
d (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . ▶	207,018,532

Part IV Balance Sheets *(See the instructions.)*

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				(A) Beginning of year		(B) End of year
Assets	45	Cash—non-interest-bearing			45	
	46	Savings and temporary cash investments		12,344,829	46	0
	47a	Accounts receivable	47a 81,315,278			
	b	Less allowance for doubtful accounts	47b 12,211,773	53,898,273	47c	69,103,505
	48a	Pledges receivable	48a			
	b	Less allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a	
	b	Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)			50b	
	51a	Other notes and loans receivable (attach schedule)	51a 3,386,006			
	b	Less allowance for doubtful accounts	51b	2,921,536	51c	3,386,006
	52	Inventories for sale or use		5,990,049	52	6,607,288
	53	Prepaid expenses and deferred charges		3,858,967	53	2,809,280
	54a	Investments—publicly-traded securities ▶ ☐ Cost ☐ FMV		0	54a	0
	b	Investments—other securities (attach schedule) ▶ ☐ Cost ☐ FMV			54b	
	55a	Investments—land, buildings, and equipment basis	55a			
	b	Less accumulated depreciation (attach schedule)	55b		55c	
	56	Investments—other (attach schedule)			56	
	57a	Land, buildings, and equipment basis	57a 313,791,681			
	b	Less accumulated depreciation (attach schedule)	57b 211,189,407	81,684,190	57c	102,602,274
	58	Other assets, including program-related investments (describe ▶ _____)		341,497,796	58	373,959,268
	59	**Total assets** (must equal line 74) Add lines 45 through 58		502,195,640	59	558,467,621
Liabilities	60	Accounts payable and accrued expenses		7,016,537	60	10,657,567
	61	Grants payable			61	
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a	Tax-exempt bond liabilities (attach schedule)		145,629,935	64a	139,811,375
	b	Mortgages and other notes payable (attach schedule)		0	64b	3,000,000
	65	Other liabilities (describe ▶ _____)		8,916,522	65	42,609,570
	66	**Total liabilities** Add lines 60 through 65		161,562,994	66	196,078,512
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here** ▶ ☑ and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted		330,948,506	67	353,460,155
	68	Temporarily restricted		8,016,161	68	7,180,975
	69	Permanently restricted		1,667,979	69	1,747,979
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74				
	70	Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds			72	
	73	**Total net assets or fund balances** Add lines 67 through 69 **or** lines 70 through 72 (Column (A) **must** equal line 19 and column (B) **must** equal line 21)		340,632,646	73	362,389,109
	74	**Total liabilities and net assets / fund balances** Add lines 66 and 73		502,195,640	74	558,467,621

Part IV-A **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			**a**	336,822,000
b	Amounts included on line **a** but not on Part I, line 12				
1	Net unrealized gains on investments	**b1**			
2	Donated services and use of facilities	**b2**			
3	Recoveries of prior year grants	**b3**			
4	Other (specify)	**b4**	1,448,312		
	Add lines **b1** through **b4**			**b**	1,448,312
c	Subtract line **b** from line **a**			**c**	335,373,688
d	Amounts included on Part I, line 12, but not on line **a**				
1	Investment expenses not included on Part I, line 6b	**d1**			
2	Other (specify)	**d2**	22,716,475		
	Add lines **d1** and **d2**			**d**	1,448,312
e	**Total revenue** (Part I, line 12) Add lines **c** and **d** ▶			**e**	358,090,163

Part IV-B **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

a	Total expenses and losses per audited financial statements			**a**	312,535,000
b	Amounts included on line **a** but not on Part I, line 17				
1	Donated services and use of facilities	**b1**			
2	Prior year adjustments reported on Part I, line 20	**b2**			
3	Losses reported on Part I, line 20	**b3**			
4	Other (specify)	**b4**	1,535,622		
	Add lines **b1** through **b4**			**b**	1,535,622
c	Subtract line **b** from line **a**			**c**	310,999,378
d	Amounts included on Part I, line 17, but not on line **a:**				
1	Investment expenses not included on Part I, line 6b	**d1**			
2	Other (specify)	**d2**			
	Add lines **d1** and **d2**			**d**	
e	**Total expenses** (Part I, line 17) Add lines **c** and **d** ▶			**e**	310,999,378

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	**(B)** Title and average hours per week devoted to position	**(C)** Compensation **(If not paid, enter -0-.)**	**(D)** Contributions to employee benefit plans & deferred compensation plans	**(E)** Expense account and other allowances
See Additional Data Table				

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*		Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 12			
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	**75b**		No
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" ▶	**75c**		No
If "Yes," attach a statement that includes the information described in the instructions			
d Does the organization have a written conflict of interest policy?	**75d**	Yes	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	**(B)** Loans and Advances	**(C)** Compensation (If not paid enter -0-)	**(D)** Contributions to employee benefit plans and deferred compensation plans	**(E)** Expense account and other allowances

Part VI Other Information *(See the instructions.)*		Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	**76**		No
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	**77**		No
78a Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	**78a**	Yes	
b If "Yes," has it filed a tax return on **Form 990-T** for this year?	**78b**	Yes	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	**79**		No
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	**80a**	Yes	
b If "Yes," enter the name of the organization ▶ See Additional Data Table and check whether it is ☐ exempt **or** ☐ nonexempt			
81a Enter direct or indirect political expenditures (See line 81 instructions) **81a**			
b Did the organization file **Form 1120-POL** for this year?	**81b**		

Part VI Other Information *(continued)*

			Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	Yes	
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) **82b**			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	*501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b		
	If "Yes," was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year			
c	Dues assessments, and similar amounts from members **85c**			
d	Section 162(e) lobbying and political expenditures **85d**			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices **85e**			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) **85f**			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	*501(c)(7) orgs.* Enter **a** Initiation fees and capital contributions included on line 12 **86a** 0			
b	Gross receipts, included on line 12, for public use of club facilities **86b** 0			
87	*501(c)(12) orgs.* Enter **a** Gross income from members or shareholders **87a** 0			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) **87b** 0			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88a	Yes	
b	At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI	88b	Yes	
89a	*501(c)(3) organizations* Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0, section 4912 ▶ 0, section 4955 ▶ 0			
b	*501(c)(3) and 501(c)(4) orgs.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		No
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ 0			
e	*All organizations.* At any time during the tax year was the organization a party to a prohibited tax shelter transaction?	89e		No
f	*All organizations.* Did the organization acquire direct or indirect interest in any applicable insurance contract?	89f		No
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		

90a List the states with which a copy of this return is filed ▶ CA,NC

b Number of employees employed in the pay period that includes March 12, 2007 (See instructions) **90b** 2,683

91a The books are in care of ▶ MARK THOMPSON Telephone no ▶ (605) 719-8106

Located at ▶ 353 FAIRMONT RAPID CITY, SD ZIP + 4 ▶ 57701

			Yes	No
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)?	91b		No

If "Yes," enter the name of the foreign country ▶

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**, Report of Foreign Bank and Financial Accounts

Part VI Other Information *(continued)*

			Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		No

If "Yes," enter the name of the foreign country ▶

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* ***Form 1041***—Check here ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92

Part VII Analysis of Income-Producing Activities ***(See the instructions.)***

Note: *Enter gross amounts unless otherwise indicated.*

		Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93	Program service revenue					
a	See Additional Data Table					
b						
c						
d						
e						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agencies					
94	Membership dues and assessments					
95	Interest on savings and temporary cash investments			14	6,262,468	
96	Dividends and interest from securities			14	1,297,105	
97	Net rental income or (loss) from real estate					
a	debt-financed property					
b	non debt-financed property			16	806	
98	Net rental income or (loss) from personal property					
99	Other investment income			14	437,217	
100	Gain or (loss) from sales of assets other than inventory			18	7,529,655	
101	Net income or (loss) from special events			02	241,999	
102	Gross profit or (loss) from sales of inventory			18	106,630	
103	Other revenue a See Additional Data Table					
b						
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E))		2,330,780		27,131,331	324,743,714
105	**Total** (add line 104, columns (B), (D), and (E)) ▶					354,205,825

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes ***(See the instructions.)***

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93	OUTPATIENT AND INPATIENT REVENUES FROM PROVIDING ACUTE

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities ***(See the instructions.)***

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
BLACK HILLS MEDICAL BUILDING 353 FAIRMONT BLVD RAPID CITY, SC57701 41-1992146	6793 %	MEDICAL OFFICE BUILDING	-110,690	2,963,903
MEDICAL AND DENTAL BUILDING 2805 S 5TH STREET RAPID CITY, SD57701 46-0339629	6118 7 %	MEDICAL OFFICE BUILDING	31,752	982,615
WESTERN PROVIDERS PHO 529 KANSAS CITY STREET RAPID CITY, SD57701 41-1889163	5000 %	PHYSICIAN HOSPITAL ORG	281,916	184,855
THE IMAGING CENTER LLC PO BOX 8130 RAPID CITY, SD57709 30-0357026	5000 %	IMAGING CENTER	946,403	3,459,815

Part X Information Regarding Transfers Associated with Personal Benefit Contracts ***(See the instructions.)***

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☑ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☑ No

NOTE: *If "Yes" to* ***(b),*** *file Form 8870* ***and*** *Form 4720 (see instructions).*

Part XI **Information Regarding Transfers To and From Controlled Entities** *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	REGIONAL HEALTH INC 353 FAIRMONT BLVD RAPID CITY, SD 57701	201487506	PAYMENTS FOR SERVICES	13,211
	Totals			13,211

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	REGIONAL HEALTH NETWORK INC 353 FAIRMONT BLVD RAPID CITY, SD 57701	460360899	PAYMENTS FOR SERVICES	11,939,541
b	REGIONAL HEALTH PHYSICIANS INC 353 FAIRMONT BLVD RAPID CITY, SD 57701	460372454	PAYMENTS FOR SERVICES	25,969,556
c	WESTERN HEALTH INC PO BOX 6000 RAPID CITY, SD 57709	460372456	PAYMENTS FOR SERVICES	902,718
d	WESTERN SERVICES HMO INC 353 FAIRMONT BLVD RAPID CITY, SD 57701	411899566	PAYMENTS FOR SERVICES	110,912
	Totals			38,922,727

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?		No

Please Sign Here

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

Signature of officer — Date: 2010-08-13

Mark A Thompson Vice President of Finance
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen Inst W)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ERNST & YOUNG US LLP 190 CARONDELET PLAZA SUITE 1300 CLAYTON, MO 63105			EIN ▶ Phone no ▶ (314) 290-1000

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93490225000500

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2007

Name of the organization
Rapid City Regional Hospital

Employer identification number
46-0319070

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
HARRY W HAMLYN MD 353 FAIRMONT BLVD RAPID CITY,SD 57701	PHYSICIAN 42 0	293,179	32,062	0
GREGORY L SMITH MD 353 FAIRMONT BLVD RAPID CITY,SD 57701	PHYSICIAN 44 0	244,610	29,626	0
MARC N ALDRICH MD 353 FAIRMONT BLVD RAPID CITY,SD 57701	PHYSICIAN 40 0	205,119	106,558	0
DOUGLAS A BRIGHT MD 353 FAIRMONT BLVD RAPID CITY,SD 57701	PHYSICIAN 41 0	204,092	39,962	0
GERALD J HEPNAR MD 353 FAIRMONT BLVD RAPID CITY,SD 57701	PHYSICIAN 41 0	201,521	68,301	0
Total number of other employees paid over $50,000 ▶	817			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
CARDIOLOGY ASSOCIATES 4150 FIFTH STREET RAPID CITY,SD 57701	CATH/EP LAB	12,226,653
RAPID CITY EMERGENCY SERVICES 353 FAIRMONT BLVD RAPID CITY,SD 57701	EMERGENCY ROOM COVER	6,879,736
ONCOLOGY ASSOCIATES INC PO BOX 2722 RAPID CITY,SD 57709	CANCER CARE SERVICES	2,016,056
GEIB ELSTON FROST PROFESSIONAL PO BOX 238 RAPID CITY,SD 57709	PATHOLOGY SERVICES	272,822
MARK GARRY 1141 CREEKSIDE VIEW LANE RAPID CITY,SD 57701	PSYCHIATRIC SERVICES	191,748
Total number of others receiving over $50,000 for professional services ▶ 10		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
THE SLEEP HEALTH CENTER 353 FAIRMONT BLVD RAPID CITY,SD 57701	SLEEP STUDIES	1,361,068
ADVANTAGE RN LLC 4184 RELIABLE PARKWAY CHICAGO,IL 60686	CONTRACT LABOR	588,980
MIDLAND PROFESSIONAL SERVICES PO BOX 902 TOPEKA,KS 66601	PATIENT BILLING SVCS	502,464
MIDWEST STONE MANAGEMENT LLC 1885 COUNTY ROAD C WEST ROSEVILLE,MN 55113	LASER STONE REMOVAL	397,500
X-PRESS TRANSCRIPTION INC ONE COLUMBUS CENTER SUITE 600 VIRGINIA BEACH,VA 23462	TRANSCRIPTION SVCS	373,770
Total number of other contractors receiving over $50,000 for other services ▶ 46		

Part III Statements About Activities (See page 2 of the instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶$ 20,272 (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)	1	Yes	
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)*			
a	Sale, exchange, or leasing property?	2a		No
b	Lending of money or other extension of credit?	2b	Yes	
c	Furnishing of goods, services, or facilities?	2c	Yes	
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d	Yes	
e	Transfer of any part of its income or assets?	2e	Yes	
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a		No
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	Yes	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3c		No
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		No
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		No
b	Did the organization make any taxable distributions under section 4966?	4b		No
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		No
d	Enter the total number of donor advised funds owned at the end of the tax year ▶			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶0			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶0			

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 ☑ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 ☐ A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶ _____

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)

11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

12 ☐ An organization that normally receives **(1) more than 331/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions—subject to certain exceptions, and **(2) no more than 331/3%** 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) (Also complete the **Support Schedule** in Part IV-A)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

☐ Type I ☐ Type II ☐ Type III - Functionally Integrated ☐ Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents? Yes	(d) No	(e) Amount of support?
Total				▶	

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) ***Use cash method of accounting.***

Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					

26 **Organizations described on lines 10 or 11:** **a** Enter 2% of amount in column (e), line 24 ▶ **26a**

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a **Do not file this list with your return.** Enter the total of all these excess amounts ▶ **26b**

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ **26c**

d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____ ▶ **26d**

e Public support (line 26c minus line 26d total) ▶ **26e**

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ **26f**

27 **Organizations described on line 12:** **a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " **Do not file this list with your return.** Enter the sum of such amounts for each year

(2006) _____ (2005) _____ (2004) _____ (2003) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year

(2006) _____ (2005) _____ (2004) _____ (2003) _____

c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶ **27c**

d Add Line 27a total _____ and line 27b total _____ ▶ **27d**

e Public support (line 27c total minus line 27d total) ▶ **27e**

f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ▶ **27f**

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ **27g**

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ **27h**

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant **Do not file this list with your return.** Do not include these grants in line 15

Part V **Private School Questionnaire** (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check ▶ **a** ☐ if the organization belongs to an affiliated group Check ▶ **b** ☐ if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	**36**		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	**37**		
38 Total lobbying expenditures (add lines 36 and 37)	**38**		
39 Other exempt purpose expenditures	**39**		
40 Total exempt purpose expenditures (add lines 38 and 39)	**40**		
41 Lobbying nontaxable amount Enter the amount from the following table—			
If the amount on line 40 is— / **The lobbying nontaxable amount is—**			
Not over $500,000 — 20% of the amount on line 40			
Over $500,000 but not over $1,000,000 — $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 — $175,000 plus 10% of the excess over $1,000,000	**41**		
Over $1,500,000 but not over $17,000,000 — $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 — $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	**42**		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	**43**		0
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	**44**		0

Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 11 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	**(a)** 2007	**(b)** 2006	**(c)** 2005	**(d)** 2004	**(e)** Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers		No	
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**)		No	
c Media advertisements		No	
d Mailings to members, legislators, or the public		No	
e Publications, or published or broadcast statements		No	
f Grants to other organizations for lobbying purposes	Yes		20,272
g Direct contact with legislators, their staffs, government officials, or a legislative body		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		No	
i Total lobbying expenditures (Add lines **c** through **h.**)			20,272

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	**51a(i)**		No
(ii) Other assets	**a(ii)**		No
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	**b(i)**		No
(ii) Purchases of assets from a noncharitable exempt organization	**b(ii)**		No
(iii) Rental of facilities, equipment, or other assets	**b(iii)**		No
(iv) Reimbursement arrangements	**b(iv)**		No
(v) Loans or loan guarantees	**b(v)**		No
(vi) Performance of services or membership or fundraising solicitations	**b(vi)**	Yes	
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	**c**		No

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
51b(vi)	269,225	SDAHO	MEMBERSHIP DUES

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ **Yes** ☑ **No**

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Additional Data

Software ID:
Software Version:
EIN: 46-0319070
Name: Rapid City Regional Hospital

Form 990, Part III - Program Service Accomplishments:

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501 (c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c) (3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
SURGICAL SERVICES (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	18,726,834
Rapid City Regional Hospital, Inc (RCRH) is a tertiary hospital serving western South Dakota The nearest larger hospital is in Sioux Falls, SD, more than 350 miles away As such the services provided by RCRH are truly a healthcare safety net for western South Dakota The surgery, pharmacy, laboratory and pharmacy departments provide services to everyone in the region, regardless of their ability to pay The information system department supports the clinical efforts of the hospital and maintains the vital communication systems necessary to the hospital Rapid City Regional Hospital provides important services to the community including surgery, cancer care, cardiac care, behavioral health, diagnostic imaging, endocrinology, dialysis services, adult intensive care, obstetrics, neonatal intensive care, pediatric care, rehabilitation services, emergency services, pain management, home health care and hospice, and sleep disorder services Rapid City Regional Hospital prides itself on providing high quality, accessible, and cost-effective care throughout our region THE HOSPITAL PROVIDES QUALITY MEDICAL HEALTH CARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE, OR ABILITY TO PAY DURING THE YEAR, THE HOSPITAL HAD 49,440 EMERGENCY VISITS, SERVICED 14,996 INPATIENTS, PERFORMED 186,603 OUTPATIENT SERVICES AND HAD 79,438 PATIENT DAYS (Grants and allocations $ 867,901) If this amount includes foreign grants, check here ▶ ☐	155,244,698
PHARMACY (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	13,424,980
INFORMATION SERVICES (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	10,560,555
NURSING SERVICE - PCU (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	9,061,465

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
CHARLES E HART MD 353 FAIRMONT BLVD PO BOX 6000 RAPID CITY,SD 57701	PRESIDENT AND CEO 60 0	609,113	97,383	0
TIMOTHY H SUGHRUE 353 FAIRMONT BLVD PO BOX 6000 RAPID CITY,SD 57701	CEO 60 0	457,735	75,513	0
JAMES M KEEGAN MD 353 FAIRMONT BLVD PO BOX 6000 RAPID CITY,SD 57701	VP CLINICAL QUALITY 63 0	306,299	42,095	0
ROBERT G ALLEN JR MD 353 FAIRMONT BLVD PO BOX 6000 RAPID CITY,SD 57701	VP MEDICAL AFFAIRS 55 0	258,289	58,100	0
MARY E MASTEN 353 FAIRMONT BLVD PO BOX 6000 RAPID CITY,SD 57701	VP LEGAL SERVICES 55 0	246,116	51,842	0
ROBERT O MCGLONE 353 FAIRMONT BLVD PO BOX 6000 RAPID CITY,SD 57701	VP HUMAN RESOURCES 55 0	244,475	75,479	0
RITA K HAXTON 353 FAIRMONT BLVD PO BOX 6000 RAPID CITY,SD 57701	VP PATIENT CARE 55 0	239,961	70,395	0
RICHARD S LATUCHIE 353 FAIRMONT BLVD PO BOX 6000 RAPID CITY,SD 57701	VP INFORMATION TECHNOLOGY 55 0	230,726	72,213	0
ROBERT O BAXTER 353 FAIRMONT BLVD PO BOX 6000 RAPID CITY,SD 57701	VP OPERATIONS 55 0	225,426	51,935	0
MARK A THOMPSON 353 FAIRMONT BLVD PO BOX 6000 RAPID CITY,SD 57701	VP FINANCE 55 0	218,486	59,292	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
JOSEPH C SLUKA JR 353 FAIRMONT BLVD PO BOX 6000 RAPID CITY,SD 57701	CHIEF ADMINISTRATIVE OFFICER 55 0	196,828	34,500	0
SHAWN Y DEGROOT 353 FAIRMONT BLVD PO BOX 6000 RAPID CITY,SD 57701	VP CORP RESPONSIBILITY 55 0	191,178	49,728	0
MICHAEL GIBBS 353 FAIRMONT BLVD PO BOX 6000 RAPID CITY,SD 57701	VP PROFESSIONAL SERVICES 55 0	180,354	37,815	0
LORI A STRONG MD 353 FAIRMONT BLVD PO BOX 6000 RAPID CITY,SD 57701	BOARD OF DIRECTORS CHAIRMAN 1 0	0	0	0
H EDWARD YELICK 353 FAIRMONT BLVD PO BOX 6000 RAPID CITY,SD 57701	BOARD OF DIRECTORS VICE CHAIR 0 8	0	0	0
SHARON I LEE 353 FAIRMONT BLVD PO BOX 6000 RAPID CITY,SD 57701	BOARD OF DIRECTORS SECRETARY 1 4	0	0	0
JIM SORENSEN 353 FAIRMONT BLVD PO BOX 6000 RAPID CITY,SD 57701	BOARD OF DIRECTORS 1 8	0	0	0
STEPHEN KOVARIK MD 353 FAIRMONT BLVD PO BOX 6000 RAPID CITY,SD 57701	BOARD OF DIRECTORS 1 7	0	0	0
CYNTHIA WEAVER MD 353 FAIRMONT BLVD PO BOX 6000 RAPID CITY,SD 57701	BOARD OF DIRECTORS 0 7	0	0	0
STEPHEN DICK MD 353 FAIRMONT BLVD PO BOX 6000 RAPID CITY,SD 57701	BOARD OF DIRECTORS 1 1	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
RAYMOND G BURNETT MD 353 FAIRMONT BLVD PO BOX 6000 RAPID CITY,SD 57701	BOARD OF DIRECTORS/TREASURER 1 2	0	0	0
STEVE MCCARTHY 353 FAIRMONT BLVD PO BOX 6000 RAPID CITY,SD 57701	BOARD OF DICRECTORS 1 1	0	0	0
THOMAS SHORTBULL 353 FAIRMONT BLVD PO BOX 6000 RAPID CITY,SD 57701	BOARD OF DIRECTORS 0 8	0	0	0
MIKE STATZ MD 353 FAIRMONT BLVD PO BOX 6000 RAPID CITY,SD 57701	BOARD OF DIRECTORS 0 5	0	0	0
GARY BOCHINA MD 353 FAIRMONT BLVD PO BOX 6000 RAPID CITY,SD 57701	BOARD OF DIRECTORS 0 7	0	0	0
DALE BACHWICH MD 353 FAIRMONT BLVD PO BOX 6000 RAPID CITY,SD 57701	BOARD OF DIRECTORS 1 6	0	0	0
TAMARA RIDDLE-SCHUMACKER 353 FAIRMONT BLVD PO BOX 6000 RAPID CITY,SD 57701	BOARD OF DIRECTORS 2 1	0	0	0
TOM MORRISON 353 FAIRMONT BLVD PO BOX 6000 RAPID CITY,SD 57701	BOARD OF DIRECTORS 2 1	0	0	0

Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:

Name of the Organization	Exempt	Nonexempt
REGIONAL HEALTH INC	X	
REGIONAL HEALTH NETWORK INC	X	
REGIONAL HEALTH PHYSICIANS INC	X	
WESTERN HEALTH INC		X
WESTERN SERVICES HEALTH MAINTENANC ORGANIZATION		X

Form 990, Part VII, Line 93 - Program service revenue:

Note: *Enter gross amounts unless otherwise indicated.*	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
a NET PATIENT REVENUE					292,528,718
b PROG SVC-RENTAL INCOME					864,587
c DIETARY REVENUE			03	1,139,061	
d PROG SVC-PHARMACY			03	1,295,652	
e PROG SVC-CHILD CARE			03	1,234,353	
f SAME DAY SURGERY CENTER LLC					1,279,922
g INTERCOMPANY REVENUE					30,070,487

Form 990, Part VII, Line 103 - Other revenue:

Note: *Enter gross amounts unless otherwise indicated.*	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
a LAUNDRY	812300	2,046			
b PRINT SHOP	561439	285			
c BILLING FEES	561000	622,690			
d BIOMED SERVICES	811000	60,648			
e PREMIER PURCH PTNR	561000	4,476			
f LABORATORY	621500	1,640,635			
g OTHER MISC REVENUE			03	7,586,385	

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TY 2007 Cash Grants Paid Schedule

Name: Rapid City Regional Hospital

EIN: 46-0319070

Class of Activity	Recipient's name	Address	Amount	Relationship
	NIH NATIONAL CANCER INSTITUTE	PO BOX 6021 ROCKVILLE, MD 20852	867,901	NONE

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TY 2007 General Explanation Attachment

Name: Rapid City Regional Hospital

EIN: 46-0319070

Identifier	Return Reference	Explanation
SALE OF ASSETS OTHER THAN INVENTORY	FORM 990, PART 1, LINE 8	CAPITAL GAINS FROM INVESTMENTS $7,529,655 ==========

Identifier	Return Reference	Explanation
FIXED ASSETS AND DEPRECIATION	FORM 990, PART II, LINE 42 AND PART IV, LINE 57	DECRIPTION OF ASSET COST AT BEG OF YEAR COST AT END OF YEAR ---------- ---- ---------- ------- ---------- LAND 941,929 941,929 LAND IMPROVEMENTS 5,976,897 6,46 0,676 BUILDINGS 133,014,073 146,934,032 MAJOR MOVEABLE EQUIPMENT 136,695,357 159,455,043 A UTOMOTIVE 1,375,189 - ---------- ---------- TOTAL 278,003,445 313,791,681 ACCUMULATED DEPRECIATION 211,189,407 ---------- ENDING NET BOOK VALUE 102,602,274 ========== DEPR ECIATION EXPENSE - ---------- LAND IMPROVEMENTS 189,046 BUILDINGS 5,244,717 MAJOR MOVEABLE EQUIP 10,306,866 AUTOMOTIVE - ---------- TOTAL LINE 42 15,740,629 ========== D EPRECIATION EXPENSE WAS CALCULATED USING THE STRAIGHT-LINE METHOD OVER THE EXTIMATED USEFU L LIVES OF THE ASSETS PART II, LINE 42 OF THE FORM 990 ALSO INCLUDES AMORTIZATION EXPENSE OF $186,851

Identifier	Return Reference	Explanation
TAX EXEMPT BOND LIABILITIES	FORM 990, PART IV, LINE 64A	DESCRIPTION 2003 SERIES SD HEALTH AND ED PURPOSE OF ISSUE MEDICAL BUILDING AND EQUIPMENT A MOUNT OUTSTANDING $60,000,000 UNEXPENDED BOND PROCEEDS NONE PRIVATE USE 3 79% BEGINNING BA LANCE DUE $60,000,000 ENDING BALANCE DUE $60,000,000 DESCRIPTION 2001 SERIES SD HEALTH A ND ED PURPOSE OF ISSUE MEDICAL BUILDING AND EQUIPMENT AMOUNT OUTSTANDING $34,590,000 UNEXP ENDED BOND PROCEEDS NONE PRIVATE USE 0 00% BEGINNING BALANCE DUE $34,590,000 ENDING BALAN CE DUE $34,590,000 DESCRIPTION 1999 SERIES SD HEALTH AND ED PURPOSE OF ISSUE MEDICAL BUIL DING AND EQUIPMENT AMOUNT OUTSTANDING $5,145,000 UNEXPENDED BOND PROCEEDS NONE PRIVATE USE 1 46% BEGINNING BALANCE DUE $6,460,000 ENDING BALANCE DUE $5,145,000 DESCRIPTION 1998 S ERIES SD HEALTH AND ED PURPOSE OF ISSUE MEDICAL BUILDING AND EQUIPMENT AMOUNT OUTSTANDING $40,470,000 UNEXPENDED BOND PROCEEDS NONE PRIVATE USE 1 46% BEGINNING BALANCE DUE $44,780 ,000 ENDING BALANCE DUE $40,470,000 2001 DEFEASED HELD IN ESCROW $ 5,160,000 LESS CURRENT MATURITIES (BEGINNING) (5,360,065) IESS CURRENT MATURITIES (ENDING) (5,553,625) TOTAL TAX EXEMPT BOND LIAB (BEG) $145,629,935 TOTAL TAX EXEMPT BOND LIAB (END) $139,811,375

Identifier	Return Reference	Explanation
OTHER LIABILITIES	FORM 990, PART IV, LINE 65	ENDING DESCRIPTION BOOK VALUE ---------- ---------- CURRENT LONG TERM DEBT 5,775,000 ACCRUED INTEREST 1,422,483 ACCRUED SALARIES 4,316,499 ACCRUED COMPENSATION BALAN CES 8,014,246 DUE TO THIRD PARTIES -1,322,956 EMPLOYEE HEALTH INSURANCE 2,853,424 INTEREST RATE SWAP PAYABLE 4,512,196 OTHER ACCRUED EXPENSES 1,842,694 ACCRUED PENSION LIABILITY 5, 321,582 OTHER LIABILITIES 9,874,402 ---------- TOTALS 42,609,570 ==========

Identifier	Return Reference	Explanation
OFFICERS, DIRECTORS & KEY EMPLOYEES	PART V-A	THE HOURS DEVOTED TO POSITIONS REPORTED ON THE ATTACHMENT TO PART V-A REFLECT THE AGGREGAT E TOTAL HOURS THESE INDIVIDUALS DEVOTE TO THEIR POSITIONS FOR RAPID CITY REGIONAL HOSPITAL , INC , REGIONAL HEALTH, INC , REGIONAL HEALTH PHYSICIANS, INC AND REGIONAL HEALTH, INC BOARD MEMBERS DO NOT RECEIVE ANY COMPENSATION IN THEIR CAPACITY AS BOARD MEMBERS REPORTED COMPENSATION IS FOR SERVICES PERFORMED IN ANOTHER CAPACITY

Identifier	Return Reference	Explanation
REASON FOR AMENDED RETURN	FORM 990, PART I, LINE 1 AND 11	On this amended return, changes have been made to the following Part I, Line 1 & Line 11 and Part VII, Line 103 Contributions for the fiscal year ended June 30, 2008 were inadvertently overstated on the 2007 and 2008 Forms 990

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TY 2007 Mortgages and Notes Payable Schedule

Name: Rapid City Regional Hospital
EIN: 46-0319070
Total Mortgage Amount: 3000000

Item No.	1
Lender's Name	WELLS FARGO BANK NA
Lender's Title	
Relationship to Insider	
Original Amount of Loan	10000000
Balance Due	3000000
Date of Note	2008-06
Maturity Date	2008-09
Repayment Terms	ONE PAYMENT OF PRINCIPAL PLUS ALL ACCRUED INTEREST
Interest Rate	4.5
Security Provided by Borrower	REG HEALTH INVEST ACCOUNTS HELD BY WELLS FARGO
Purpose of Loan	GENERAL WORKING CAPITAL
Description of Lender Consideration	
Consideration FMV	

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TY 2007 Other Assets Schedule

Name: Rapid City Regional Hospital

EIN: 46-0319070

Description	Beginning of Year Amount	End of Year Amount
CURRENT TRUST RECEIVABLES	6,533,104	6,608,820
FUNDS IN INDENTURE AGREEMENT	24,878,957	5,396,000
BOARD DESIGNATED DEPRECIATION	230,096,004	206,447,772
CONSTRUCTION IN PROGRESS	12,857,045	18,042,944
BOND ISSUE COST	3,460,697	3,217,301
INVESTMENT IN AFFILIATES	57,607,429	57,612,063
SPECIFIC PURPOSE CONTRIBUTIONS	6,064,560	10,481,628
INTERCOMPANY RECEIVABLES	0	66,152,740

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TY 2007 Other Changes in Net Assets Schedule

Name: Rapid City Regional Hospital

EIN: 46-0319070

Description	Amount
TEMP ASSETS RELEASED FOR PP&E	3,815,280
INTEREST RATE SWAP	130,000
OTHER CHANGES IN TEMP REST NET ASSETS	104,994
TEMP ASSETS RELEASED FROM RESTRICTION	5,764,055
NET AUXILIARY AND GIFT SHOP INCOME	158,316
NET UNREALIZED LOSS	17,654,450
CHANGE IN VALUE OF INTEREST RATE SWAP	3,398,917
NET INCREASE PENSION LIABILITY	2,408,858

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TY 2007 Other Expenses Included Schedule

Name: Rapid City Regional Hospital

EIN: 46-0319070

Description	Amount
REGIONAL HEALTH, INC.	824,539
BLACKHILLS COLLECT. SVCS.	526,634
RECLASS OF SPECIAL EVENT EXP.	174,934
RECLASS OF RENTAL EXPENSES	8,094
ADJUSTMENT DUE TO AFS ROUNDING	1,421

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490225000500

TY 2007 Other Investment Income Schedule

Name: Rapid City Regional Hospital

EIN: 46-0319070

Description	Amount
PARTNERSHIP INCOME	437,217

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490225000500

TY 2007 Other Liabilities Schedule

Name: Rapid City Regional Hospital

EIN: 46-0319070

Description	Beginning of Year Amount	End of Year Amount
SEE GENERAL EXPLANATION ATTACHMENT	8,916,522	42,609,570

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490225000500

TY 2007 Other Notes/Loans Receivable Short Schedule

Name: Rapid City Regional Hospital

EIN: 46-0319070

Category/Name	Amount
INTERCOMPANY RECEIVABLES	3,386,006

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490225000500

TY 2007 Other Revenues Included Schedule

Name: Rapid City Regional Hospital

EIN: 46-0319070

Description	Amount
REGIONAL HEALTH, INC.	824,539
BLACKHILLS COLLECT. SVCS.	440,065
RENTAL EXPENSES NETTED TO INC	8,094
SPECIAL EVENT EXPENSES NETTED	174,934
ADJUSTMENT DUE TO AFS ROUNDING	680

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490225000500

TY 2007 Other Revenues Not Included Schedule

Name: Rapid City Regional Hospital

EIN: 46-0319070

Description	Amount
GIFT SHOP NET INCOME	106,631
AUXILIARY NET INCOME	51,685
CHANGE IN PERM REST ASSETS	4,823,709
CHANGE IN TEMP REST ASSETS	80,000
UNREALIZED LOSS ON INVESTMENTS	17,654,450

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TY 2007 Sales Of Inventory Schedule

Name: Rapid City Regional Hospital

EIN: 46-0319070

Category	Gross Sales	Cost of Goods Sold	Net (Gross Sales Minus Cost of Goods Sold)
GIFT SHOP SALES	295,116	188,486	106,630

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490225000500

TY 2007 Special Events Schedule

Name: Rapid City Regional Hospital

EIN: 46-0319070

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
CHILDREN'S MIRACLE NETWORK					
GREAT BLACK HILLS DUCK RACE	97,867		97,867	64,965	32,902
BOWLING LEAGUE	3,052		3,052	508	2,544
CANDLES	8,580		8,580	5,555	3,025
CUTE BABY	5,155		5,155	758	4,397

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490225000500

TY 2007 Tax-Exempt Bond Liabilities Schedule

Name: Rapid City Regional Hospital

EIN: 46-0319070

Item No.	1
Name of Issue	
Purpose	SEE GENERAL EXPLANATION ATTACHMENT
Amount Outstanding	139811375
Unexpeded Bond Proceeds	
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490225000500

TY 2007 Non Electing Public Charities Statement

Name: Rapid City Regional Hospital

EIN: 46-0319070

Statement: DURING THE CURRENT YEAR, THE REPORTING ORGANIZATION MADE PAYMENTS TO THE SOUTH DAKOTA ASSOCIATION OF HEALTHCARE ORGANIZATIONS (SDAHO). TOTAL MEMBER DUES PAID TO SDAHO WERE $269,225. OF THIS AMOUNT, 5.64% OR $15,184 WAS REPORTEDLY USED FOR LOBBYING PURPOSES. ALSO DURING THE YEAR, $5,088 WAS PAID DIRECTLY FOR LOBBYIST RECEPTIONS.

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490225000500

TY 2007 Self Dealing Statement

Name: Rapid City Regional Hospital

EIN: 46-0319070

Line Number	Explanation
2b	CERTAIN OFFICERS, DIRECTORS, TRUSTEES OR KEY EMPLOYEES MAY OWN TAX EXEMPT BONDS PURCHASED IN THE SECONDARY MARKETS ISSUED BY THE REPORTING ENTITY.
2c	BOARD MEMBER DALE BACHWICH: SHAREHOLDER IN THE ENDOSCOPY CENTER (TEC); PARTNER IN RAPID CITY MEDICAL CENTER; RCRH PROVIDED CRNA SERVICES BY CONTRACT TO TEC; MADE DONATION TO REGIONAL FOUNDATION. BOARD MEMBER DR. GARY BOCHNA: PARTNER/OWNER/SHAREHOLDER IN THE ENDOSCOPY CENTER (TEC); PARTNER IN RAPID CITY MEDICAL CENTER; PHYSICIAN AT RAPID CITY MEDICAL CENTER. BOARD MEMBER AND TREASURER DR. RAYMOND BURNETT: PHYSICIANS SHARE IN SAME DAY SURGERY CENTER. 1/3 OWNER OF BLACK HILLS MEDICAL BUILDING; RECEIVES COMPENSATION FROM SAME DAY SURGERY CENTER AND THE BLACK HILLS MEDICAL BUILDING; SHARE OWNER IN DAKOTACARE; PROVIDES COMPETITIVE SERVICES AT SAME DAY SURGERY CENTER. BOARD MEMBER DR. STEPHEN DICK: CONTRACT PHYSICIAN WITH RCRH EMERGENCY DEPRATMENT; RECEIVED COMPENSATION FOR VICE CHIEF OF STAFF DUTIES; HAS EXCLUSIVE CONTRACT FOR EMERGENCY MEDICAL CARE AT RCRH. PRESIDENT DR. CHARLES HART: MEMBER OF PREMIER QUALITY COMMITTEE; MEMBER PUBLIC HOSPITAL PHARMACY COALITION TRANSITION COMMITTEE; MEMBER OF SOUTH DAKOTA HEALTH CARE COMMISSION; BOARD MEMBER OF SOUTH DAKOTA FOUNDATION FOR MEDICARE CARE; BOARD MEMBER OF RAPID CITY CHAMBER OF COMMERCE; BOARD MEMBER OF FIRST WESTERN BANK SYSTEMS; BOARD MEMBER OF FIRST INTERSTATE BANK; BOARD MEMBER OF BLACK HILLS VISION; SHAREHOLDER OF DAKOTACARE; SHAREHOLDER OF UNITED HEALTH CARE; VICE PRESIDENT OF SOUTH DAKOTA MEDICAL ASSOCIATION; BOARD MEMBER OF SAME DAY SURGERY CENTER; BOARD MEMBER OF WESTERN PROVIDERS, INC.; BOARD MEMBER OF WESTERN SERVICES HEALTH MAINTENANCE ORGANIZATION, INC.; BONDHOLDER OF RCRH BONDS; ON AFFILIATE MEDICAL STAFF OF RCRH; CEO/PRESIDENT/BOARD MEMBER OF RCRH; BOARD MEMBER OF REGIONAL HEALTH PHYSICIANS; BOARD MEMBER OF REGIONAL HEALTH NETWORK; FINANCE COMMITTEE MEMBER OF RAPID CITY COMMUNITY HEALTH CENTER; SHAREHOLDER OF MEDICAL FACILITY CORPORATION. BOARD MEMBER DR. STEPHEN KOVARIK: RECEIVED COMPENSATION FOR CHIEF OF STAFF DUTIES; PARTNER IN BLACK HILLS PEDIATRICS & NEONATOLOGY; BOARD MEMBER OF WESTERN PROVIDERS; BOARD MEMBER OF RCRH FOUNDATION. BOARD SECRETARY SHARON LEE: BOARD MEMBER OF RCRH FOUNDATION. BOARD MEMBER STEVE MCCARTHY: OWNER/OPERATING MANAGER OF MCCARTHY PROPERTIES; LESSOR TO SKYLINE ENGINEERING WHICH IS ENGAGED IN A DIRECT CONTRACT WITH RCRH; PARTNER WITH THE LAW FIRM IN A REAL ESTATE VENTURE; PARTNER IN A LLC WITH LAW FIRM OF JOHNSON EIESLAND IN A REAL ESTATE VENTURE. BOARD MEMBER TAMARA RIDDLE-SCHUMACHER: FAMILY OWNS K-BAR-S LODGE WHERE BOARD RETREATS ARE HELD. BOARD MEMBER DR. CYNTHIA WEAVER: PARTNER IN RAPID CITY MEDICAL CENTER (RCMC); PROVIDES RCRH MEDICAL STAFF SERVICES AND RECEIVED COMPENSATION FOR VICE CHIEF OF STAFF DUTIES.
2d	SEE FORM 990, PART V-A
2e	REPORTING ENTITY RECEIVED CONTRIBUTIONS FROM CERTAIN TAXABLE ORGANIZATIONS WHICH THE OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES AND THEIR FAMILY MEMBERS ARE AFFILIATED AS OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES AS REPORTED ON SCHEDULE B.