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DLN: 93493137042090

OMB No 1545-0047

2008

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

Open to Public Inspection

A Fo	rthe 2	2008 cale	endar yea	, or tax year beginning 07-01-2008	and ending 06-30-200	9		
3 Che	eck if ap	_	Please	C Name of organization Mercy Medical Center			D Employer ider	ntification number
- Add	Iress cha	ange	use IRS abel or	Doing Business As			45-0231183 E Telephone nu	
– Nar	ne char		print or type. See	Doing Business As			·	
_ Init	ıal retur	n S	Specific Instruc-	Number and street (or P O box if mail is	not delivered to street addre	ess) Room/suite	(701) 774-7 G Gross receipts	
– Ter	mınatıoı		tions.	1301 15th Ave W			G Gross receipts	5 \$ 44,427,705
– Am	ended r	eturn		City or town, state or country, and ZIP +	4		1	
– App	lication	pending		Williston, ND 58801				
		<u> </u>	F Nam	ne and address of Principal Officer		H(2) To the		£
			Dennis	Goebel CEO		affilia	s a group return tes?	TYes ▼ No
				s C above n,ND 58801				
Ta	x-exem	pt status		(3) ◀ (insert no)	527	1 ' '	l affiliates include	, ,
\ \A/	ah aita	e: F www i				-	p Exemption Nur	See instructions) nber► 0928
• ••	en site	E. F. WWW	illercy-wi	iistoii org		11(0)	F =	
(Тур	e of org	anization 🔽	Corporat	on		L Year of Fo	rmation 1920 M S	State of legal domicile ND
							-	
Pa	rt I	Summ	arv					
				e organization's mission or most sigr	nificant activities			
ų.	1			nter is a CAH serving a large geogra			des 1)Uncompe	nsated Care, 2)
Ě		Medical E	ducation	& Awareness, 3) Support Services,	and 4) Community Out	reach		
aovemance	_							
5			,	f the organization discontinued its o				
			_	nembers of the governing body (Part				11
ACIIVIIIES Q				dent voting members of the governin		b)	. 4 _	8
	5	Total num	nberofen	ployees (Part V, line 2a)			5 _	532
Ì	6	Total num	nber of vo	lunteers (estimate if necessary) .			6 _	100
t		-		ed business revenue from Part VIII			7a	67,566
	b	Net unrel	ated busi	ness taxable income from Form 990-	-T, line 34		7Ь	-12,552
						Pric	or Year	Current Year
_	8	Contribu	utions and	grants (Part VIII, line 1h)		423,892	341,912	
ПE	9	Program	service	evenue (Part VIII, line 2g)		39,894,277	42,176,738	
Revenue	10	Investm	nent incon	ne (Part VIII, column (A), lines 3, 4,		88,303	-263,735	
<u> </u>	11	Other re	evenue (P	art VIII, column (A), lines 5, 6d, 8c,			1,652,804	
	12		venue—a	ld lines 8 through 11 (must equal Pa	rt VIII, column (A), lır	е	40,406,472	43,907,719
	13	12) Grants a	and simila	r amounts paid (Part IX, column (A),	lines 1 – 3)		23,317	17,980
	14			r for members (Part IX, column (A),			23,317	17,500
	15		•	mpensation, employee benefits (Par	,	5 -		
8		10)	, 01	mpenoution, employee benefits (i ui	27,7 00,4,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		21,211,850	21,544,635
Expenses	16a	Professi	ional fund	raising fees (Part IX, column (A), line	e 11e)			0
ੜ	ь	(Total fun	draising exp	enses, Part IX, column (D), line 25 0)			
_	17	Otherex	xpenses (Part IX, column (A), lines 11a–11d,	11f-24f)		20,499,583	21,509,398
	18	Total ex	penses—	add lines 13–17 (must equal Part IX	(, line 25, column (A))		41,734,750	43,072,013
	19	Revenue	e less exp	enses Subtract line 18 from line 12			-1,328,278	835,706
200 200 200 200 200 200 200 200 200 200						Beginni	ng of Year	End of Year
area See	20	Total as	sets (Par	t X, line 16)			33,168,346	30,228,268
net Assets or Fend Balances	21	Total lıa	ibilities (P	art X, line 26)			11,699,041	9,257,695
5 E	22	Net ass	ets or fun	d balances Subtract line 21 from lin	e 20		21,469,305	20,970,573
Pai	t II	Signa	ture Blo	ock			<u> </u>	
				gury, I declare that I have examined this ret				
		and belief,	, it is true, o	orrect, and complete Declaration of prepare	r (other than officer) is base	ed on all informat I	on of which prepare	r has any knowledge
Plea Sign		Signati	ure of office	r		2010- Date	-05-17	
lere						Date		
			Monson CFO or print nam					
	ı	F	Print Haili		D-1-	Obs. I. C		
		Preparer's signature				Check If self-	Preparer's PTIN (See Gen Inst)
Paid	.	Jigriatai C	<u></u>			empolyed 🕨 🦵		
	arer's	Firm's nam	ne (or yours	CATHOLIC HEALTH INITIATIVES			EIN Þ	
Jse (חון		nd ZIP + 4	9780 MT PYRAMID COURT				
				ENGLEWOOD, CO 80112			Phone no 🕨 (72	20) 874-1500
		C d	thic rotio	n with the preparer shown above? (S			•	

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

4e	Total program service	expenses \$	38,525,599	9 Must equal Part IX,	Line 25, column (B).	
4d	Other program service (Expenses \$		edule O) udıng grants of	[‡] \$) (Revenue \$)
14	Other program corvers	c (Doceribe in Sal	adula O \			
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4b	(Coue) (Exhauses \$		molaumy grants or \$) (Revenue \$)
Al-	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$	
	SEE SCHEDULE O					
4a	others, the total expens					42,176,738)
4	Describe the exempt pu	rpose achievement	s for each of th		largest program services by eport the amount of grants a	
	services? If "Yes," describe these	changes on Schedu	 ıle O			┌ Yes ┌ No
3	Did the organization cea			changes in how it con	ducts any program	
	the prior Form 990 or 99 If "Yes," describe these	90-EZ?				┌ Yes ┌ No
2	Did the organization und	lertake anv significa	ant program se	rvices during the year	which were not listed on	
	Briefly describe the organizatio The organization's mission is to us to emphasize human dignity	nurture the healing mi			nergy and viability in the 21st cen imunities	tury Fidelity to the Gospel urges

Part IV	Chec	klist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Νο
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12		Νο
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Yes	
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
8	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
6	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
7	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	rt V	Statements Regarding Other IRS Filings and Tax Complianc	е				
						Yes	No
1a	Enter	r the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
		S. Information Returns . Enter -0- if not applicable					
			1a	48			
ь	Enter	r the number of Forms W-2G included in line 1a Enter -0- if not applicable					
			1b	0			
c		he organization comply with backup withholding rules for reportable payments to	o ven	dors and reportable			
	_	ng (gambling) winnings to prize winners?			1c	Yes	
2a		r the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> <i>ments</i> filed for the calendar year ending with or within the year covered by this					
	returi		2a	532			
ь	Ifatl	ı least one ıs reported ın 2a, dıd the organızatıon file all required federal employm	nent t	ax returns?			
	Not e	If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this	s retur	rn.	2b	Yes	
3а		he organization have unrelated business gross income of \$1,000 or more during	g the	year covered by this	_	.,	
		n?	• •		3a	Yes	
		es," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Sch</i> e			3b	Yes	
4a		ny time during the calendar year, did the organization have an interest in, or a si · a financial account in a foreign country (such as a bank account, securities acc					
		unt)?		, or other interior	4a		No
b	Tf"Va	es," enter the name of the foreign country					
		the instructions for exceptions and filing requirements for Form TD F 90-22.1, <i>Re</i>	port o	f Foreign Bank and			
	Finan	cial Accounts.		_			
5a	Wast	the organization a party to a prohibited tax shelter transaction at any time durir	ng the	tax year?	5a		No
ь	Dıd a	my taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		No
_	If "Ye	es," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exemp</i> a	t Entit	ty Regarding Prohibited			
·		Thelter Transaction?	•	· · ·	5c		
6a	Did tl	he organization solicit any contributions that were not tax deductible?			6a		No
b	If "Y∈	es," did the organization include with every solicitation an express statement th	nat su	ch contributions or gifts			
		not tax deductible?			6b		
7	Orgar	nizations that may receive deductible contributions under section 170(c).					
а		he organization provide goods or services in exchange for any quid pro quo conf	trıbutı	ion of \$75 or	7a		No
_		?			l	İ	I
		es," did the organization notify the donor of the value of the goods or services pr			7b		
С		he organization sell, exchange, or otherwise dispose of tangible personal propei orm 8282?		-	7c		N o
d		es," indicate the number of Forms 8282 filed during the year	7d				"
u	11 16	es, marcate the number of forms 0202 med during the year	, u				
e	Dıd tl	he organization, during the year, receive any funds, directly or indirectly, to pay	prem	nums on a personal			
		fit contract?			7e		No
f	Did tl	he organization, during the year, pay premiums, directly or indirectly, on a perso	onal b	enefit contract?	7f		No
g	Fora	ll contributions of qualified intellectual property, did the organization file Form 8	3899	as required?	7g	Yes	<u></u>
h		ontributions of cars, boats, airplanes, and other vehicles, did the organization fi	ıle a F	orm 1098-C as			
	•	red?			7h	Yes	
8		on 501(c)(3) and other sponsoring organizations maintaining donor advised funds a orting organizations. Did the supporting organization, or a fund maintained by a s					
	exces	ss business holdings at any time during the	. p 5 115	g organization, nave	8		
		?					
9	Section	on 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
а	Dıd tl	he organization make any taxable distributions under section 4966?			9a		
b	Dıd tl	he organization make a distribution to a donor, donor advisor, or related person	?.		9b		
10	Section	on 501(c)(7) organizations. Enter					
а	Initia	ation fees and capital contributions included on Part VIII, line 12	10a				
b		s receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
	facılıt	ties					
11	Secti	ion 501(c)(12) organizations Enter					
		s income from members or shareholders					
_			11a				
b		s income from other sources (Do not net amounts due or paid to other sources					
	agaın	nst amounts due or received from them)..........[11b				
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	lleud	of Form 1041?	12a		
		es," enter the amount of tax-exempt interest received or accrued during the					
_	year	,g tile	12b				

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Mana	gement

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 11			
Ь	Enter the number of voting members that are independent 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
Ь	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b		No
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website another's website upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Kerry Monson 1301 15th Ave W Williston, ND 58801 (701) 774-7408

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

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

The check this box in the organization and i	(B) Average hours per week	Posit	(C) chec	:k al				(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)		Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

			(i tion that a			II			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
					\vdash					
			-		_					
					\Box					
							Ļ			
1b Total			•		•		<u> </u>	2,729,774	719,874	291,882

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►17

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3		Νο
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		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

(A) Name and business address	(B) Description of services	(C) Compensation
Target Roofing PO Box 615 Devils Lake, ND 58301	Construction	742,781
Dr Ravındra Joshi 101 3rd Ave SW Suite 101 Minot, ND 58701	Orthopedic Surgeon	280,000
Keith Zahn 4972 140th Ave NW Williston, ND 58801	CRNA	239,075
Billings Clinic PO Box 37000 Billings, MT 59107	Physicians	168,845
Merritt Hawkins and Associates PO Box 281943 Atlanta, GA 30384	Recruitment	162,154
2 Total number of independent contractors (including those in 1) we from the organization		13

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated camp	aıgns 1a					
ants Ints	ь	Membership due	es					
gifts, grants ilar amounts	С	Fundraising eve	1b nts					
ifts, rai		Dalahad awas was	1c	329,263				
s, gi nila	d e	Related organiza						
ion: r si i	f	_	ns, gifts, grants, and	12,649				
Contributions, gifts, grants and other similar amounts		sımılar amounts not	included above					
ntri ndo	g		outions included in					
S. ar	h	lines 1a-1f \$ Total (Add lines	9,325 (1a-1f)		341,912			
				Business Code				
an	2a	Net patient services	;	900,099	42,137,545	42,137,545		
Program Service Revenue	ь	Rehab Services Rev		621,400		39,193		
±24	c				·	· ·		
Š	d							
33	e							
jran	f	All other progra	m service revenue					
Ρłος	g	Total. Add lines ► \$ 42,176,738	2a-2f					
	3		ome (including divi	dends, interest				
		other similar am	ounts)		255,950		73	255,877
	4	Income from invest	ment of tax-exempt bo	ond proceeds	0			
	5	Royalties			0			
			(ı) Real	(II) Personal				
	6a	Gross Rents Less rental						
	ь	expenses						
	С	Rental income or (loss)						
	d	Net rental incom	ne or (loss)	· · · · · ·				
		Gross amount	(ı) Securities	(II) O ther 300				
	7a	from sales of assets other		300				
		than inventory Less cost or	400.282	29,603				
	ь	other basis and sales expenses	490,383	29,603				
	с	Gain or (loss)	-490,383	-29,303				
	d	Net gain or (loss		*	-519,685			-519,685
	8a	Gross income fr		-				
ψ		\$						
'nњ		of contributions 1c) See Part IV						
şev.		Attach Schedule	G if total exceeds					
er F	ь	. ,	ensesb					
Other Revenue	С	•	oss) from fundraisi	ng events	o			
-	9a	Gross income fr		<u> </u>				
		activities See p Complete Schedu						
		exceeds \$15,000						
	ь	Less direct exp	ensesb					
	c		oss) from gaming a	activities	0			
	10a	Gross sales of I	nventory less	•				
		returns and allow	wances .					
	ь	less sombof	a ode sold b					
	c		ods sold b oss) from sales of	ınventory	o			
		Miscellaneous		Business Code				
	11a	Laboratory Serv	ıces	621,500	·			642,043
	ь	Rental Income		900,099				314,065
	С	Cafeteria		722,100				111,150
	d	All other revenu			585,546		67,493	518,053
	e	Total. Add lines	11a-11d	 \$ 1,652,804				
	12		Add lines 1h, 2g, 3		43,907,719	42,176,738	67,566	1,321,503
		8c, 9c, 10c, and 11	e	. •				
	-			'				Form 990 (2008)

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete column (A) but are not re	anizations mu equired to com	ıst complete plete columns	all columns. (B), (C), and (D)).
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	17,980	17,980		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	,		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	698,234	155,651	542,583	0
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	17,065,981	16,524,980		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	950,097	893,091	57,006	
9	Other employee benefits	1,649,996	1,550,223	99,773	
10	Payroll taxes	1,180,327	1,109,507	70,820	
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	6,011		6,011	
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	6,314,221	5,456,667	857,554	
12	Advertising and promotion	0			
13	Office expenses	6,817,010	6,659,035	157,975	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	831,308	812,112	19,196	
17	Travel	189,415	156,057	33,358	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	0			
20	Interest	356,551	356,551		
21	Payments to affiliates	1,016,004		1,016,004	
22	Depreciation, depletion, and amortization	1,729,421	1,557,673	171,748	
23	Insurance	517,265	107,527	409,738	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Bad debts	2,439,935	2,439,935		
ь	Dues & subscriptions	40,473	7,104	33,369	-
c	Income/sales/property taxes	49,544	48,096	1,448	
d	Recruitment and relocation	489,929		489,929	
e	Repairs and maintenance	296,478	296,478		
f	All other expenses	415,833	376,932	38,901	
25	Total functional expenses. Add lines 1 through 24f	43,072,013	38,525,599	4,546,414	0
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X	Balance	Shoot
	Balance	Sneer

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				1	3,480
	2	Savings and temporary cash investments		332,538	2	227	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			7,094,808	4	6,420,772
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L				5	39,812
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of	ection	4958(f)(1)) and		6	
	7	Notes and loans receivable, net			175,918	7	786,400
	8	Inventories for sale or use			977,831	8	960,096
20	9	Prepaid expenses and deferred charges			37,019	9	39,744
ssets	10a	Land, buildings, and equipment cost basis					
ď		zuna, pananigo, ana equipment coot paolo	10a	44,945,270			
	b	Less accumulated depreciation Complete Part VI of	104	31,585,920	14,369,627	10-	13,359,350
	44	Schedule D	10b	31,363,920	14,309,027		13,339,330
	11 12	Investments—publicly traded securities	• •	· ·	9,183,747	11	7,723,469
		Schedule D			3,103,747	12	7,723,403
	13	Investments—program-related See Part IV, line 11 $\it Complete Part Section 11 (a) = 11 (b)$	1		13		
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	996,858	15	894,918		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			33,168,346	16	30,228,268
	17	Accounts payable and accrued expenses .	5,968,256	17	5,059,438		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
<u>ŏ</u>	21	Escrow account liability Complete Part IV of Schedule D				21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Ë		persons Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable			5,730,785	24	4,198,257
	25	Other liabilities Complete Part X of Schedule D		25			
	26	Total liabilities. Add lines 17 through 25			11,699,041	26	9,257,695
s e e		Organizations that follow SFAS 117, check here ► $\sqrt{}$ and comp through 29, and lines 33 and 34.	lete li	nes 27			
Balance	27	Unrestricted net assets			20,832,447	27	20,435,428
<u>က</u> ထ	28	Temporarily restricted net assets			636,858	28	535,145
<u> </u>	29	Permanently restricted net assets			29		
r Fund		Organizations that do not follow SFAS 117, check here ► an lines 30 through 34.	plete				
S Of	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
Ass	32	Retained earnings, endowment, accumulated income, or other fu				32	
Net	33	Total net assets or fund balances			21,469,305	33	20,970,573
Z	34	Total liabilities and net assets/fund balances			33,168,346		30,228,268
	! 						<u> </u>
Pa	rt XI	Financial Statements and Reporting					

ParitXI	Financial	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?			
c	If "Yes" to lines 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?	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νo
b	If "Yes," did the organization undergo the required audit or audits?	3b		

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DLN: 93493137042090

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

	me of the organization cy Medical Center Employer identification number											
метсу	Medical	Center						45	-023118:	3		
Pa	rt I	Reason	for Public C	harity Status (to be con	mpleted	by all or	ganızatıo					
The	organız			ation because it is (Please						,		
1	Γ	A church, c	onvention of ch	nurches, or association of ch	urches de	scribed in	Section 1	L70(b)(1)	(A)(i).			
2	Γ	A school de	escribed in Sec l	t ion 170(b)(1)(A)(ii). (Attac	ch Schedu	ıle E)						
3	굣	A hospital	or a cooperativ	e hospital service organizati	on descril	bed in Sec	tion 170(l	o)(1)(A)(i	ii). (Attac	h Schedul	le H)	
4	Γ	A medical i	research organı	zation operated in conjuncti	on with a l	hospital d	escribed i	n Section	170(b)(1)	(A)(iii). E	nter the	
		hospital's r	name, city, and	state								
5	Γ	An organiza	atıon operated f	or the benefit of a college or	universit	y owned o	r operated	by a gove	ernmental	unıt desc	rıbed ın	
		Section 170	D(b)(1)(A)(iv).	(Complete Part II)								
6	Γ	A federal, s	state, or local g	overnment or governmental	unıt descr	ıbed ın Se	ection 170	(b)(1)(A)	(v).			
7	Γ	An organiza	ation that norm	ally receives a substantial p	art of its s	support fro	om a gove	rnmental ι	ınıt or fron	n the gene	ral public	
		described i	n Section 170(l))(1)(A)(vi) (Complete Par	tII)							
8	Γ	A communi	ity trust describ	oed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)					
9	Γ	An organiza	ation that norm	ally receives (1) more than	331/3% o	fits supp	ort from c	ontribution	ıs, membe	rship fees	, and gro	5 S
		receipts fro	om activities re	lated to its exempt functions	—subject	to certair	n exceptio	ns, and (2) no more	than 331/	'3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	income (l	ess section	on 511 tax	k) from bu	sınesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complet	e Part III)			
10		An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509	(a)(4). (Se	ee instruc	tions)	
11	Г	_	=	and operated exclusively fo					•	•		
		one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h										
		_	ype I b				nally Integ		'' d	Гтуре	III - Oth	ner
e	Γ	By checkin	g this box, I ce	rtify that the organization is	not contro	olled direc	tly or ındı	rectly by o	one or mor	e disquali	fied perso	ons
				agers and other than one or	more publ	licly suppo	orted orga	nızatıons	described	ın sectior	1 509(a)(:	L) or
_		section 50		d - westen determination from	+b a TDC	. +6-+ .+	5 Tuno I	Tuna II a	. Tuna III			
f		check this		d a written determination fro	im the IRS	S that it is	a Type I,	Type II o	r Type III	Supportin	ig organiz	
g				as the organization accepted	d any gift	or contrib	utıon from	any of the	!			,
		following pe			_							
			·	r indirectly controls, either a		_	th persons	describe	d in (ii)	<u> </u>	Yes	No
				ng body of the the supported	_	tion				11g		
		• • • •	•	erson described in (i) above						11g(
				ty of a person described in (11g(iii) Yes	
h		Provide the	tollowing infori	mation about the organizatio	ns the org	janization	supports					
	(i) No	ıme of	(ii) EIN	(iii) Type of organization	/iv/\ ī	c the	(v) Did v	ou notify	/vi\ ī	c the	(vii) Am	ount of
		orted	(11) LIN	(described on lines 1-9		s the ation in		inization	(VI) I organiz	ation in	supp	
		ızatıon		`above or IRC section	_	listed in		i) of your		rganızed	''	
				(See Instructions))	your go	_	supp	ort?	ın the	US?		
	document?						1					
					Yes	No	Yes	No	Yes	No		
											-	
							-	-			-	
											-	

Total

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, Check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	monutation of Dublic Compant Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)					
	Facts and Circumstances Test					

Schedule A (Form 990 or 990-EZ) 2008

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

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- ◆ 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," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- ◆ 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

ne of the organization			Employer iden	itification numb	er
y Medical Center			45-0231183		
art I-A To be completed by all organizations exempt under section 501(c) and section organizations. (See the instructions for Schedule C for details.)				527	
			ivities in Part IV		
Political expenditures				\$	
Volunteer hours					
		t under section	n 501(c)(3). (See the	instructions	
Enter the amount of any excise	e tax incurred by the organization	under section 4955	;	\$	
Enter the amount of any excise tax incurred by organization managers under section 4955					
If the organization incurred in a	a section 4955 tax, did it file Form	n 4720 for this year	-7	☐ Yes	☐ No
Was a correction made?				☐ Yes	┌ No
(See the instructions	for Schedule C for details.)			tion 501(c)(3).
				\$	
-	rganızatıon's ınternal funds contrı	buted to other orga	nizations for section	\$	
	mpt function expenditures Add III	nes 1 and 2 and ent	er here and on Form	\$	
Did the filing organization file F	Form 1120-POL for this year?			☐ Yes	┌ No
were made Enter the amount p political contributions received	aid and indicate if the amount was I and promptly and directly delivei	paid from the filing ed to a separate po	g organization's own interna olitical organization, such a	l funds or were s a separate	ments
(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0-	contributions and promp directly deliv separate p organization	receive tly and ered to olitical If none
		i	i	1	
	I-A To be completed be organizations. (Secondarizations.) Provide a description of the organizations of the organization of th	I-A To be completed by all organizations exemporganizations. (See the instructions for Schedule Provide a description of the organization's direct and indirect pole Political expenditures Volunteer hours I-B To be completed by all organizations exemptor Schedule C for details.) Enter the amount of any excise tax incurred by the organization man of the organization incurred in a section 4955 tax, did it file Form Was a correction made? If "Yes," describe in Part IV I-C To be completed by all organizations exempto (See the instructions for Schedule C for details.) Enter the amount directly expended by the filing organization for Enter the amount of the filing organization's internal funds contributed to the filing organization for Enter the amount of the filing organization's internal funds contributed to the filing organization for Enter the amount of the filing organization's internal funds contributed the filing organization for Enter the amount of the filing organization's internal funds contributed the filing organization file Form 1120-POL for this year? State the names, addresses and Employer Identification Number were made Enter the amount paid and indicate if the amount was political contributions received and promptly and directly deliver segregated fund or a political action committee (PAC) If addition	I-A To be completed by all organizations exempt under section organizations. (See the instructions for Schedule C for details.) Provide a description of the organization's direct and indirect political campaign act Political expenditures Volunteer hours I-B To be completed by all organizations exempt under section for Schedule C for details.) Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section If the organization incurred in a section 4955 tax, did it file Form 4720 for this year Was a correction made? If "Yes," describe in Part IV I-C To be completed by all organizations exempt under section (See the instructions for Schedule C for details.) Enter the amount directly expended by the filing organization for section 527 exempt enter the amount of the filing organization's internal funds contributed to other orga 527 exempt funtion activities Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and entil 120-POL, line 17b Did the filing organization file Form 1120-POL for this year? State the names, addresses and Employer Identification Number (EIN) of all section were made. Enter the amount paid and indicate if the amount was paid from the filing political contributions received and promptly and directly delivered to a separate posegregated fund or a political action committee (PAC). If additional space is needed.	I-A To be completed by all organizations exempt under section 501(c) and section organizations. (See the instructions for Schedule C for details.) Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours I-P To be completed by all organizations exempt under section 501(c)(3). (See the for Schedule C for details.) Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? Was a correction made? If "Yes," describe in Part IV I-C To be completed by all organizations exempt under section 501(c), except section (See the instructions for Schedule C for details.) Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt function activities Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? State the names, addresses and Employer Identification Number (EIN) of all section 527 political organization were made. Enter the amount paid and indicate if the amount was paid from the filing organization's own interna political contributions received and promptly and directly delivered to a separate political organization, such a segregated fund or a political action committee (PAC). If additional space is needed, provide information in Pa internal funds. If none, inter	I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.) Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours See the instructions for Schedule C for details.) Enter the amount of any excise tax incurred by the organization under section 501(c)(3). (See the instructions for Schedule C for details.) Enter the amount of any excise tax incurred by organization managers under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? Yes Vas a correction made? If "Yes," describe in Part IV The Completed by all organizations exempt under section 501(c), except section 501(c)((See the instructions for Schedule C for details.) Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt function activities Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt function activities State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which pays were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and 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 and prompt funds if frome, internal funds I frome, internal funds if frome, internal funds if frome, internal funds if frome, internal fu

	(election under sec	organizations exempt under section 501(tion 501(h)). (See the instructions for Schedul belongs to an affiliated group		768
	<u> </u>	checked box A and "limited control" provisions apply		
	Limits on Lo	bbying Expenditures— s" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) A ffiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		
c	Total lobbying expenditures (add line	es 1a and 1b)		
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures	(add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter to columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000	The lobbying nontaxable amount is: 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (ente	r 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -	0 - If line g is more than line a		
i	Subtract line 1f from line 1c Enter -	0- ıf lıne f ıs more than lıne c		
j 	If there is an amount other than zero section 4911 tax for this year?	on either line 1h or line 1i, did the organization file Form	m 4720 reporting	┌ Yes ┌ No

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 1a through 1f of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total	
2a	Lobbying non-taxable amount						
b	Lobbying ceiling amount (150% of line 2a, column(e))						
С	Total lobbying expenditures						
d	Grassroots non-taxable amount						
e	Grassroots ceiling amount (150% of line d, column (e))						
f	Grassroots lobbying expenditures						

	onn 550 or 550 EL/2000		rage
Part II-B	To be completed by organizations exempt under section 501(c)(3) that I	nave NOT file	ed Form
	5768 (election under section 501(h)). (See the instructions for Schedule C fo	r details.)	
		(a)	(b)

		(8	a)	(b)
		Yes	No	A mount
1	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			
а	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		Νo	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?	Yes		1,912
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i	Other activities If "Yes," describe in Part IV		Νo	
j	Total lines 1c through			1,912
2a	1: Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		l No l	
2a b	If "Yes" enter the amount of any tax incurred under section 4912		INO	
	·		-	
с	If "Yes" enter the amount of any tax incurred by organization managers under section 4912		, <u>,</u> , }	
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	
Par	t III-A To be completed by all organizations exempt under section 501(c)(4)), section	501(c)(5), or

P section 501(c)(6). (See the instructions for Schedule C for details.)

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

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

1	Dues, assessments and similar amounts from members	1 \$	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current Year	2a \$	
b	Carryover from last year	2b \$	
c	Total	2c \$	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$	
4	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?	4 \$	
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
990 Sch C Supplemental	Lobbying Activities Explanation	Line 1(F) Dues paid to ND Hospital Association = \$15,069 - Portion of dues used for Lobbying = \$874 Dues paid to AHA = \$2,625 - Portion of dues used for Lobbying = \$686 Dues paid to CHA = \$7,753 - Portion of dues used for Lobbying = \$352

Part IV Supplemental I	nformation	
Ident if ier	Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2008

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As Filed Data -

DLN: 93493137042090

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

terna	I Revenue Service	answered res, tore	5111 990, Part 14, line 0, 7, 8, 9, 10, 11, 01 1		Inspection
	me of the organicy Medical Center	ization		Employer identific	ation number
ric	reg redical center			45-0231183	
Pa			dvised Funds or Other Similar Fu	ınds or Account	s. Complete ıf tl
	organia	zation answered "Yes" to Form 99	(a) Donor advised funds	(b) Funds and	other accounts
	Total number a	it end of year			
	Aggregate Con	itributions to (during year)			
	Aggregate Gra	nts from (during year)			
	Aggregate valu	ue at end of year			
		zation inform all donors and donor advi organization's property, subject to the	sors in writing that the assets held in dono organization's exclusive legal control?	or advised	┌ Yes ┌ N
	used only for c		donor advisors in writing that grant funds efit of the donor or donor advisor or other	may be	┌Yes ┌N
a	rt III Conse	rvation Easements. Complete	<u>if the organization answered "Yes" to</u>	Form 990, Part I	V, line 7.
	Protection Preservat Complete lines	ion of land for public use (e g , recreating of natural habitat ion of open space s 2a–2d if the organization held a quali of the tax year		historically importai rtified historic struct of a conservation ea	ure
	,	,		Held a	t the End of the Ye
•	Total number	of conservation easements		2a	
•	Total acreage	e restricted by conservation easement	s	2b	
	Number of co	nservation easements on a certified hi	storic structure included in (a)	2c	
I	Number of co	nservation easements included in (c) a	acquired after 8/17/06	2d	
	Number of con	servation easements modified, transfe	rred, released, extinguished, or terminate	d by the organizatior	n during
	the taxable ye	ar ►			
	Number of stat	tes where property subject to conserva	ation easement is located ►		
	_	nization have a written policy regarding f the conservation easements it holds?	g the periodic monitoring, inspection, viola	tions, and	┌ Yes ┌ N
	Staff or volunte	eer hours devoted to monitoring, inspe	cting and enforcing easements during the	year ►	
	A mount of exp	enses incurred in monitoring, inspectii	ng, and enforcing easements during the ye	ar ► \$	
		nservation easement reported on line 2) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion	┌Yes ┌N
	balance sheet,		onservation easements in its revenue and the footnote to the organization's financial nents		
1	Compl	ete if the organization answered '	ns of Art, Historical Treasures, ('Yes" to Form 990, Part IV, line 8.		
	art, historical t	treasures, or other sımılar assets held	116, not to report in its revenue stateme for public exhibition, education or researc ancial statements that describes these it	h in furtherance of p	
•	historical treas	, · · ·	116, to report in its revenue statement a public exhibition, education, or research ir		•
	(i) Revenues i	ncluded in Form 990, Part VIII, line 1		► \$	
	(ii) Assets Inc	luded in Form 990, Part X		F \$	
		tion received or held works of art, historints required to be reported under SFA	orical treasures, or other similar assets fo S 116 relating to these items	r fınancıal gaın, prov	ıde the
3	Revenues inclu	uded in Form 990, Part VIII, line 1		► \$	
b	Assets include	ed in Form 990, Part X		► \$	

Par	Organizations Maintaining Collections of A	Art, His	tori	<u>cal Treası</u>	ires, or Othe	<u>r Similar Ass</u>	ets (c	ontınued)
3	Using the organization's accession and other records, check items (check all that apply)	any of th	ne fol	owing that ar	e a significant u	se of its collecti	on	
а	Public exhibition	d	Γ	Loan or exc	hange programs			
b	Scholarly research	e	Γ	Other				
С	Preservation for future generations							
4	Provide a description of the organization's collections and ex Part XIV	oplain ho	w the	y further the	organization's ex	empt purpose in		
5	During the year, did the organization solicit or receive donat assets to be sold to raise funds rather than to be maintained		,			nilar F	Yes	┌ No
Par	Trust, Escrow and Custodial Arrangement Part IV, line 9, or reported an amount on Form				anızatıon answ	ered "Yes" to	Form 9	90,
1a	Is the organization an agent, trustee, custodian or other inte included on Form 990, Part X?	rmediary	for c	ontributions	or other assets I		Yes	┌ No
b	If "Yes," explain why in Part XIV and complete the following $% \left(1\right) =\left(1\right) \left(1\right)$	table						
						A mo	unt	
С.	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f	_		
2a	Did the organization include an amount on Form 990, Part X,	line 21?				Г	Yes	No
	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Complete if the organiza	_						
_	(a)Current Year	(D	Prior `	rear (c)	o Years Back (d)	Three Years Back	e)Four Y	ears back
1a	Beginning of year balance							
b	Contributions							
С	Investment earnings or losses							
d	Grants or scholarships							
e	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year end balance he	eld as						
а	Board designated or quasi-endowment 🕨							
b	Permanent endowment 🕨							
c	Term endowment ▶							
3a	Are there endowment funds not in the possession of the orga	ınızatıon	thata	are held and a	admınıstered for	the		
	organization by						Yes	No
	(i) unrelated organizations		•			3a(i		
L	(ii) related organizations					3a(ii	<u> </u>	
ь 4	If "Yes" to 3a(II), are the related organizations listed as requ Describe in Part XIV the intended uses of the organization's					Зь		<u> </u>
	t VI Investments—Land, Buildings, and Equip				art V line 10			
FŒ	The stillents—Land, buildings, and Equipi	iiieiit. 3			•			
	Description of investment			Cost or other (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ook value
1a	Land				328,028	l		328,028
	Buildings				22,097,251	18,076,227		9,021,024
	Leasehold improvements				384,131	362,153		21,978
	Equipment	• •			17,135,860	13,147,540		3,988,320
	Other				17,133,000	13,147,340		اعد,٥٥٥,٥٤٥
	I. Add lines 1a-1e (Column (d) should equal Form 990, Part X, c	aluman /B	\			<u> </u>		
I OT P	I. Add lines I a- Le (Collimn La Ls nollia eallaí Form 991). Part Y a) jine	10(c))				13,359,350

(a) Description of security or cateory		.c. (c) Method of valuation	
(including name of security)	(b) Book value	Cost or end-of-year market value	
Financial derivatives and other financial products			
Closely-held equity interests			
Other CHI Operating Inv Program, LP	7,723,469		F
	, ,		
Table (California (b) abouted a supel Forms (COO, Dark V, and (D) bene 12.)	7 722 460		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	7,723,469		
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation	
(a) Description of investment type	(b) book value	Cost or end-of-year market value	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III	 ne 15		
(a) Descri		(b) Book value	
Total. (Column (b) should equal Form 990, Part X, col.(B) line:			
Part X Other Liabilities. See Form 990, Part)		T	
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
		-	
		1	
		1	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)		1	
	I .	1	

Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	43,818,330
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	42,982,624
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	835,706
4	Net unrealized gains (losses) on investments	4	-1,192,142
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-142,294
9	Total adjustments (net) Add lines 4 - 8	9	-1,334,436
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-498,730
Par	XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per l	Return
1	Total expenses and losses per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	4	
b	Prior year adjustments	1	
С	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)	1	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	4	
b	Other (Describe in Part XIV)	4	
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
	t XIV Supplemental Information		
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa : V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	art XIV,	lines 1b and 2b,
	,		

Ident if ier	Return Reference	Explanation
SCH D, PART XI, LN 8		IINE 8 OTHER CAPITAL RESOURCE POOL - (\$77,004) RETURNED GRANT - (\$104,787) INTEREST IN FOUNDATION - (\$101,940) CHI CONNECT DEPRECIATION - \$141,437

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DLN: 93493137042090

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

Hospitals

Name of the organization Mercy Medical Center

Employer identification number

								-0231183			
Pa	rt I Charity Care and	l Certain O	ther Com	munity Ben	efits a	t Cost (Opi	tional for	2008)		1	
4	Door the organization have a	charity cars	nalicus TEUR	lo " akın +a	action 6 -					Yes	No
	Does the organization have a								1a 1b		
		If "Yes," is it a written policy?									
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals										
	Applied uniformly to all ho	ospitals		□ Applied	uniformly	to most hos	pitals				
	Generally tailored to indiv	ıdual hospita	ls								
3	Answer the following based o organization's patients	n the charity	care eligibili	ty criteria thai	t applies	to the larges	t number	of the			
а	Does the organization use Fe income individuals? If "Yes,"								3a		
	Γ _{100%} Γ _{150%}	Γ2	00%	Cother_		%					
ь	Does the organization use FP	G to determin	ne eligibility	for providing a	discounte	d care to low	ıncome ın	dıvıduals? If			
	"Yes," indicate which of the f	ollowing is the	family inco	me limit for eli	igibility fo	r discounted	lcare .		ЗЬ		
	Г 200% Г 250%	Г 300	% Г	- 350%	T 400	% Г	O ther	%			
c	If the organization does not u determining eligibility for free test or other threshold, regar	or discounte	d care Inclu	ude in the desc	cription w	hether the o	ganızatıo				
4	Does the organization's polic	y provide free	or discount	ed care to the	"medica	lly indigent"?			4		
5a	Does the organization budget								5a		
b	If "Yes," did the organization	's charity car	e expenses	exceed the bu	dgeted aı	mount?			5b		
c	If "Yes" to line 5b, as a resul care to a patient who was elig								5c		
6a	Does the organization prepar	e an annual c	ommunity be	enefit report?					6a		
6b	If "Yes," does the organization	on make it ava	ulable to the	public? .					6b		
	Complete the following table worksheets with the Schedule		ksheets prov	vided in the Sc	hedule H	instructions	Do not s	ubmit these			
7	Charity Care and Certain C	ther Commu	nity Benefits	at Cost							
	Charity Care and Means-Tested Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total com benefit exp		(d) Direct o	_	(e) Net community be expense	enefit	(f) Pero total ex	
а	Charity care at cost (from worksheets 1 and 2)										
b	Unreimbursed Medicaid (from worksheet 3, column a)										
С	Unreimbursed costs—other										
	means-tested government programs (from worksheet 3,										
а	column b)										
u	Means-Tested Programs .										
e	Other Benefits Community health improvement services and community benefit operations (from (worksheet 4)										
f	Health professions education (from worksheet 5)										
g	Subsidized health services (from worksheet 6)										
h	Research (from worksheet 7)										
i	Cash and in-kind contributions to community groups (from worksheet 8)										
i 1	Intal Other Benefits								T		

k Total (line 7d and 7j) . . .

	Community Building Activities (Complete this table if the activities) (Optional for 2008) (a) Number of activities or programs (optional) (b) Persons served (optional) (c) Total community building expense		-	Direct offse revenue		(e) Net commur building expens	nity	(f) Percentotal expe			
1	Physical improvements and housing										
2	Economic development										
3	Community support										
4	· · · · · · · · · · · · · · · · · · ·										
5	Leadership development and training for community members										
- 6	Coalition building Community health improvement										
	advocacy										
8	Workforce development										
9	Other Total							+			
	rt IIII Bad Debt, Medicar	e. & Colle	ction Prac	l tices (Ontional :	or 2008)						
		<u> </u>		() p	<u>,</u>						
Sect	ion A. Bad Debt Expense									Yes	No
1	Does the organization report by Statement No. 15?			dance with Heathca	re Financia	ıl Manaç	emer	nt Association	1		
2	Enter the amount of the organ			e (at cost)		2	•				
3	Enter the estimated amount o	_			•	3					
_	attributable to patients eligible								1		
4	Provide in Part VI the text of t In addition, describe the costi for including other bad debt ar	ng methodolo	ogy used in d	etermining the amo				•			
Sect	ion B. Medicare					1					
5	Enter total revenue received f					. 5			1		
6	Enter Medicare allowable cost					. 6			1		
7 8	Enter line 5 less line 6—surp Describe in Part VI the extent the costing methodology or so following methods was used	to which any	shortfall rep	orted on line 7 sho	uld be trea				-		
	Cost accounting system	Γc	ost to charge	e ratio	C O ther						
Sect	ion C. Collection Practices										
9a	Does the organization have a	written debt o	collection pol	ıcy?					9a		
9b Pa	If "Yes," does the organization patients who are known to quart IV Management Com	lify for charit	y care or fina	ncial assistance? I	Describe in	Part V I			9b		_
	(a) Name of entity	(b) Description activity of		profit ^c	anizatio % or sto ership %	ck	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	profit	Physiciar : % or sto iership %	oc k
1											
2							\top				
							+				
4											
5							+				
							_				
6											
7											
8											
9											
10											
11							\dashv				
12		+					+				
13							+				
14							+				
		İ									

Part V Facility Information (Required for 2008)								
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Ortical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Mercy Medical Center 1301 15th Ave W Williston, ND 58801	x	Х			х		Х		OP Clinics (Pysch, Family Practice, Gen Surgery, Ortho)
Mercy Medical Center- Home Health 1301 15th Ave W Williston, ND 58801									Home Health Agency Licensed in ND

P	art VI S	Supplemental Information (Optional for 2008)
Со	mplete this	part to provide the following information
1	Provide th	e description required for Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b
_		
_		
_		
_		
_		
_		
2	Needs Ass	essment. Describe how the organization assesses the health care needs of the communities it serves
_		
_		
3		lucation of Eligibility for Assistance. Describe how the organization informs and educates patients and persons who may be atient care about their eligibility for assistance under federal, state, or local government programs or under the organization's re policy
_		
4		y Information. Describe the community the organization serves, taking into account the geographic area and demographic its it serves
_		
5		y Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health munities the organization serves
6		y other information important to describing how the organization's hospitals or other health care facilities further its exempt y promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
_		
_		
7		nization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in the health of the communites served
_		
8	Ifapplicab	le, identify all states with which the organization, or a related organization, files a community benefit report

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DLN: 93493137042090

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Mercy Medical Center

Schedule I

(Form 990)

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Open to Public Inspect ion

Employer identification number

						45-0231183	
General Infor	mation on Gra	nts and Assistance)			·	
selection criteria use	ed to award the gran	nts or assistance?			ıbılıty for the grants or as	ssistance, and	✓ Yes
Grants and Ot Form 990, Part Part IV and Sch	ther Assistance IV, line 21 for an nedule I-1 if addi	e to Governments any recipient that receptional space is	and Organizations eved more than \$5,0	in the United Stat 00. Check this box			
ame and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ter total number of sec	ction 501(c)(3) and	l government			•		
	ter total number of set total number of other number of other total number of other number of other number of	ter total number of section 501(c)(3) and parizations.	es the organization maintain records to substantiate the amount is selection criteria used to award the grants or assistance?	ter total number of section 501(c)(3) and government selection number of section 501(c)(3) and government selection number of section 501(c)(3) and government seter total number of other organizations.	es the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eliginal selection criteria used to award the grants or assistance? Scribe in Part IV the organization's procedures for monitoring the use of grant funds in the United State Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box Part IV and Schedule I-1 if additional space is needed. The part IV and Schedule II is needed. The part IV and Schedule II is needed. The part I	es the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or as selection criteria used to award the grants or assistance? Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organizations procedures for montoning the use of grant funds in the United States. Complete if the organization of the part IV and Schedule I-1 if additional space is needed. The part IV and Schedule I-1 if additional space is needed. The part IV and address of organization or grant in the United States. Complete if the organization or grant IV and address of organization or grant IV and address of organization or grant in the United States. Complete if the organization or grant IV and Schedule I-1 if additional space is needed. The part IV and Schedule I-1 if additional space is needed. The part IV and address of organization or grant IV and address of organization organi	Seneral Information on Grants and Assistance so the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and is selection criteria used to award the grants or assistance assistance. Some in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answerse form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,100 part IV and Schedule I-1 if additional space is needed. The part IV and Schedule I-1 if additional space is needed. The part

art III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, F	Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
		Grants/Donations are given as needed to organizations in the local area. The amounts given are reviewed by the Foundation Director. A record of all grants/donations is kept and monitored year to year.

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DLN: 93493137042090

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

2008

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization Mercy Medical Center		Employer identification	n nun	nber	
		45-0231183			
Pa	rt I Questions Regarding Compensation				
				Yes	Νo
а	Check the appropriate box(es) if the organization provided any of the following to or for a person 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regards				

	,	,			
	First class or charter travel	lousing allowance or residence for personal use			
	Travel for companions	ayments for business use of personal residence			
	Tax idemnification and gross-up payments	lealth or social club dues or initiation fees			
	Discretionary spending account	ersonal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written polic				
	provision of all the expenses described above? If "No," compl	·	1b		
2	Did the organization require substantiation prior to reimbursin officers, directors, trustees, and the CEO/Executive Director,		2		
3	Indicate which, if any, of the following the organization uses to organization's CEO/Executive Director Check all that apply	establish the compensation of the			
	Compensation committee W	Vritten employment contract			
	·	Compensation survey or study			
	Form 990 of other organizations	pproval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, S	Section A, line 1a			
а	Receive a severance payment or change of control payment?	3	4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqu	alified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based comp	pensation arrangement?	4с		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the a	applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lin	ies 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, di compensation contingent on the revenues of	d the organization pay or accrue any			
а	The organization?		5a		Νo
ь	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III	3			
6	For persons listed in form 990, Part VII, Section A, line 1a, di compensation contingent on the net earnings of	d the organization pay or accrue any			
а	The organization?		6a		Νo
ь	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in form 990, Part VII, Section A, line 1a, di payments not described in lines 5 and 6? If "Yes," describe in		7	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or acc subject to the initial contract exception described in Regs sec in Part III	·			N a

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation (ii) Bonus & (iii) Other			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form	
		(i) Base compensation	incentive compensation	(iii) Other compensation		20.10.100	ν-χ., ν-,	990 or Form 990-EZ	
Dennis Goebel	(1) (11)	170,752	28,705	28,045		34,537	262,039	107,368	
Jeff Drop	(1) (11)	321,416	76,800	94,156		41,962	534,334	240,658	
Kerry Monson	(1) (11)	109,850	19,085	2,000		19,185	150,120	56,618	
Robert Kemp	(I) (II)	98,310	158,124	12,124		23,927	292,485	114,784	
Mıchael Boulter	(I) (II)	553,060	17,701	12,000		31,051	613,812	308,614	
Brett Vıbeto	(I) (II)	399,009		21,684		28,135	448,828	214,654	
David Skurdal	(I) (II)	364,339	3,951	16,500		26,973	411,763	196,096	
Henry David	(I) (II)	350,002		20,000		19,418	389,420	185,250	
Cory Miller	(I) (II)	94,745	252,616	6,861		26,353	380,575	150,157	
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanat ion
Sch J Part I Q 4A	Severence PaymentS	During the 2008 Calendar Year, CHI (A related 501 (c)(3) organization) participated in post termination payment arrangements and maintained supplemental non qualified deferred compensation arrangements for its employees. Post termination payments are addressed in executive employment agreements for CHI employees at the level of Vice President and above. These employment agreements require that in order for the executive to receive post termination payments, these individuals must execute a general release and settlement agreement. Post termination payment agreements are periodically reviewed for overall reasonableness in light of the executives overall compensation package. Severance pay may be offered by Mercy Medical Center to regular full-time and part-time employees based on years of service and scheduled hours. If an employee's anniversary date falls within 30 days of his or her separation date, the incomplete year will be rounded up. To be eligible for severance pay, an employee must stay with the organization through the end of the announced separation date and not accept another position within the organization. An employee will not be eligible for severance pay if he or she separates from the organization due to performance issues prior to the job elimination date. Severance pay will be calculated using base pay and offered as follows. I Non-exempt employees two-weeks base severance plus one-week of pay per year of service, up to a maximum of four weeks. 2 Exempt employees four-weeks base severance plus two weeks of pay per year of service, up to a maximum of 12 weeks. 3 Executive Level and above the memployees four-weeks base severance plus two weeks of pay per year of service, up to a maximum of 12 weeks. 3 Executive Level and above the decided weeks base pay For the calendar year 2008, Janice Arnson, former former VP of Phylician/Ancilliary Services, received a severance payment of \$93,086. The severance payment was included in the individuals' reportable compensation for Sch. J
sCH j, pART ı, q 4b	NON QUALIFIED DEFERRED COMPENSATION	DURING THE 2008 CALENDAR YEAR, CHI MAINTAINED A SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION PLAN FOR VICE PRESIDENTS AND ABOVE THE FOLLOWING REPORTABLE INDIVIDUALS WERE ELIGIBLE TO PARTICIPATE AND RECEIVED THE FOLLOWING PAYMENTS Jeff Drop \$61,809 Dennis Goebel \$8,699 THE PAYMENTS FROM THE SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION PLAN WERE INCLUDED IN THE INDIVIDUALS' REPORTABLE COMPENSATION FOR SCHEDULE J NO CONTRIBUTIONS WERE MADE TO THE NON-QUALIFIED PLAN FOR THE 2008 CALENDAR YEAR
Sch J Part I Q 3	METHODS USED TO ESTABLISH TOP MANAGEMENT'S COMPENSATION	Compensation for the top management official was established and paid by Catholic Health Initiatives, a related organization. The following methods were used to establish the top management official's compensation. (1) Compensation committee, (2) independent compensation consultant, (3) written employment contracts, (4) compensation survey or study, (5) approval by the board or compensation committee.
Sch J Part I Q 7	NON-FIXED PAYMENTS	Mercy Medical Center maintains a variable pay plan for employees at the level of Manager and above (except for physicians) that puts a certain amount of compensation at risk. Awards of incentive compensation under the variable pay plan are made based upon achievement of organizational objectives including performance in relation to budget, and achievement of individual goals. All compensation, including any incentive compensation, is capped to ensure that compensation remains at Fair Market Value. Physician incentive compensation is based on RVUs. The value of a wRVU, is determined with reference to 2007 MGMA data, and is derived by averging wRVU values at the 75 percentile for Family Practice w/o Obstetrics, Family Practice w/Obstetrics, and Internal Medicine (hereafter "Value per wRVU") Physicians shall be compensated at 50% of the value per wRVU for all wRVUs up to 4000 wRVUs.
	1	

Software ID: Software Version:

EIN: 45-0231183

Name: Mercy Medical Center

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

Torin 550, Schedule 3, Fa	<u></u>	TI Officers, Dire	storb/ Trabteeb/ K	27 Employees/ une	1 mgnest compen	ibutou biiipio / ccs		
(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
Dennis Goebel	(I) (II))) 170,752	2 28,705	28,045		34,537	262,039	107,368
Jeff Drop	(I) (II)	5	76,800	94,156		41,962	534,334	240,658
Kerry Monson	(I) (II)	<u>, </u>	19,085	2,000		19,185	150,120	56,618
Robert Kemp	(I) (II)		158,124	12,124		23,927	292,485	114,784
Michael Boulter	(I) (II)	\	17,701	12,000		31,051	613,812	308,614
Brett Vıbeto	(I) (II)			21,684		28,135	448,828	214,654
David Skurdal	(I) (II)		3,951	16,500		26,973	411,763	196,096
Henry David	(I) (II)			20,000		19,418	389,420	185,250
Cory Miller	(I) (II)		252,616	6,861		26,353	380,575	150,157

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OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ. ▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Name of the organization **Employer identification number** Mercy Medical Center Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person (b) Description of transaction Yes 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 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 To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) (b) Loan to or (e) In Approved (g)Written from the (a) Name of interested person and (c)Original principal default? by board or agreement? (d)Balance due organization? purpose amount committee? Τо From Yes No Yes No Yes No Dr Brett Vibeto Х 70,268 39,812 Nο Yes Yes 39,812 Total **Grants or Assistance Benefitting Interested Persons** To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27. (b)Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization **Business Transactions Involving Interested Persons**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No

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SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

DLN: 93493137042090

2008

Open to Public Inspection

Name of the organization Mercy Medical Center Employer identification number

45-0231183

ldentifier	Return Reference	Explanation
Form 990, Part VI, Q 12c	Procedures for monitoring and enforcing the COI policy	It is the Policy of Mercy Medical Center (the Corporation) that Each of the Corporations directors (For purposes of this Policy, the term director shall also include members of any Board Committee which do not serve on the Board of Directors of the Corporation) and officers act at all times in a manner that furthers the Corporation provided of the Corporation of officers exceeds to the determinent of the Corporations community benefit purposes, and Each of the Corporations directors and officers exceeds conflicts on interest and otherwise fully discloses to the Corporation are actual conflicts of interest if such conflicts cannot not such conflicts are dealt with in the best interests of the Corporation Conflicts cannot be avoided so that such conflicts are dealt with in the best interests of the Corporation. This Policy (1) covers all directors and officers who hold the title vice president and above, (2) applies to all Affiliates of the Corporation, and (3) is intended to supplement, but not replace, any applicable state laws governing conflicts of interest applicable to nonprofit corporations. Affiliate includes any entity directly or indirectly or indirectly controlling, controlled by, or under common control with the Corporation where the respect to the Corporation and/or any of as Affiliates, such director or officer is deemed to also have a potential or actual conflict with the Corporation and/or any of as Affiliates, such director or officer is deemed to also have a potential or actual conflict with respect to the Corporation and all of its Affiliates. In Disclosure must be made to the Corporations President and CEO shall annually send to the case of an officer, disclosure must be made to the Corporations President and CEO shall annually send to the case of a not flore, disclosure which we have a simple send of the disclosure will be made as oas to permit an imparitial and objective determination. A written record of the disclosure will be made as oas to permit an imparitial and objective determination.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Q 10	Process, if any, the organization uses to review Form 990	The CFO reviews and signs the Form 990 after it has been prepared by CHI's tax team. The 2007 Form 990 is the first Form 990 to be presented to the Board. The 2008 Form 990 will be distributed to each member of the board via e-mail prior to filing. Subsequent to review by the board and Chief Financial Officer, the tax department files the return with the appropriate federal and state agencies, making any non-substantive changes necessary to effect e-filing. Any such changes are not re-submitted to the board.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Q 19	Governing documents - COI Policy - Financial Statements available	THE ORGANIZATIONS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AREN'T PUBICLY AVAILABLE THE ORGANIZATIONS FINANCIAL STATEMENTS ARE INCLUDED IN CATHOLIC HEALTH INITIATIVES CONSOLIDATED AUDITED FINACIAL STATEMENTS THAT ARE AVAILABLE AT WWW CATHOLICHEALTHINIT ORG OR AT WWW DACBOND ORG

ldentifier	Return Reference	Explanation
Form 990 Part VI Line 6	Members or Stockholders	ACCORDING TO THE BY LAWS OF MERCY MEDICAL CENTER, THE ENTITY'S SOLE CORPORATE MEMBER IS CATHOLIC HEALTH INITIATIVES, A COLORADO NONPROFIT CORPORATION

Identifier	Return Reference	Explanation
Form 990 Part VI Line 7A	Selection of members of Governing Body	ACCORDING TO THE ORGANIZATIONS ARTICLES AND BY LAWS, DIRECTORS OF THE CORPORATION SHALL BE APPOINTED BY THE CORPORATE MEMBER NO LATER THAN JUNE 30 OF EACH YEAR THE NAMES AND QUALIFICATIONS OF EACH INDIVIDUAL ACCEPTED BY THE BOARD OF DIRECTORS SHALL BE SUBMITTED TO THE CORPORATE MEMBER, WHO SHALL APPOINT OR REFUSE EACH NOMINEE IN ACCORDANCE WITH THE CORPORATE MEMBERS BY LAWS AND WITH ENDORSEMENT OF THE SENIOR VICE PRESIDENT OF OPERATIONS THE CORPORATE MEMBER MAY UNILATERALLY APPOINT ONE OR MORE INDIVIDUALS TO THE BOARD OF DIRECTORS SHOULD THE BOARD FAIL TO FURNISH THE CORPORATE MEMBER WITH A LIST OF INDIVIDUALS QUALIFIED TO SERVE ON THE BOARD OF DIRECTORS OF THE CORPORATION

ldentifier	Return Reference	Explanation
Form 990 Part VI Line 7b	Decisions of the Board Subject to Approval	Mercy Medical Centers (MMC) corporate member is Catholic Health Initiatives (CHI) Pursuant to Section 5 4 of MMCs bylaws, the Corporate Member shall have the specific rights set forth in the governance matrix. Pursuant to the governance matrix the following rights are reserved to the CHI Board directly or through powers delegated to the CHI Chief Executive Officer. Substantial change in the mission or philosophy of MMC Amendment of the corporate documents of MMC Approve members of the MMC board Removal of a member of the governing body of MMC Approval of issuance of debt by MMC Approval of participation of MMC in a joint venture Approval of formation of a new corporation by MMC Approval of a merger involving MMC Approval of the sale of all or substantially all of the assets of MMC To require the transfer of assets by MMC to CHI to accomplish CHIs goals and objectives, and to satisfy CHI debts. Adoption of long range and strategic plans for MMC in addition, pursuant to Section 5.5.2 of the organizations bylaws, CHI may, in exercise of its approval powers, grant or withhold approval in whole or in part, or may, in its complete discretion, after consultation with the Board and the President and Chief Executive Officer of the organization, recommend such other or different actions as it deems appropriate.

ldentifier	Return Reference	Explanation
Form 990 Part VI Line 15A	Process for Determining Compensation FOR CEO	THE ORGANIZATIONS CEO IS COMPENSATED BY CATHOLIC HEALTH INITIATIVES (CHI) THE HAY GROUP HAS SERVED AS THE INDEPENDENT COMPENSATION CONSULTANT TO CHI AND ITS BOARD OF STEWARDSHIP TRUSTEES (BOST) HAY REVIEWED ALL MBO CEO COMPENSATION LEVELS WITH THE HR COMMITTEE OF THE CHI BOST IN SEPTEMBER, 2009 AND PROVIDED A REPORT TO THE FULL CHI BOARD AT THEIR DECEMBER MEETING, CONFIRMING THE REASONABLENESS OF MBO CEO TOTAL COMPENSATION AND CHIS COMPENSATION PHILOSOPHY

ldentifier	Return Reference	Explanation
Form 990 Part VII	Estimate of Hours Devoted to Related Organizations	COMPENSATION REPORTED ON FORM 990, PART VII WAS PAID TO THESE INDIVIDUALS BY RELATED ORGANIZATIONS IN EXCHANGE FOR THE FULFILLMENT OF THEIR DUTIES AS FULL-TIME, 60 HOUR-PER-WEEK EMPLOYEES

ldentifier	Return Reference	Explanation
Form 990 Part XI Q2C	FINANCIAL STATEMENTS COMPILED OR REVIEWED	The Form 990 instructions require that an organization whose financial statements are included in a consolidated audited financial statement respond No to Question 2. The No response is misleading. Mercy Medical Centers financial statements where audited by an independent accountant and are included in the consolidated audited financial statements of the system parent, Catholic Health Initiatives. Catholic Health Initiative's audit and finance committees assume responsibility for the oversight of the audit of its financial statements and the selection of an independent accountant.

ldentifier	Return Reference	Explanation
Form 990, Part VI, 1a	Executive Committee	THE EXECUTIVE COMMITTEE SHALL CONSIST OF ONLY DIRECTORS OF THE CORPORATION AND SHALL BE COMPOSED OF THE CHAIRPERSON, VICE CHAIRPERSON, AND THE PRESIDENT AND CEO, EACH OF WHOM SHALL SERVE AS AN EX OFFICIO VOTING MEMBER OF THE EXECUTIVE COMMITTEE eACH INDIVIDUAL APPOINTED SHALL SERVE FOR A TERM OF ONE YEAR EXCEPT AS PROVIDED BY LAW, THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE SUCH POWERS AS MAY BE DELEGATED TO IT BY THE BOARD OF DIRECTORS aDDITIONALLY, THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE SUCH POWERS TO TRANSACT ROUTINE BUSINESS OF THE CORPORATION IN THE INTERIM PERIOD BETWEEN REGULARLY SHCEDULED MEETINGS OF THE BOARD OF DIRECTORS, PROVIDED THAT SUCH ACTIONS TAKEN SHALL BE CONSISTENT WITH AND NOT CONFLICT WITH ANY ACTIONS OR POLICIES OF THE BOARD OF DIRECTORS OR OF THE CORPORATE MEMBER, WITH THESE BYLAWS, OR WITH APPLICABLE LAWS

ldentifier	Return Reference	Explanation
Form 990 Part VI Line 15B	Process for Determining Compensation FOR OFFICERS OR KEY EMPLOYEES	The Chief Financial Officer reports to a division Chief Financial Officer who reviews and adjusts the compensation. All other salaries for key employees and officers are internally reviewed. A market comparison is done annually.

Identifier	Return Reference	Explanation
Form 990, Part III- (I)	Statement of Program Service Accomplishments	ORGANIZATIONS MISSION, VISION AND TAX-EXEMPT PURPOSE Mercy Medical Center (MWC), Williston, ND, is a sole community hospital, which transformed to a Critical Access Hospital (CAH) effective September 20, 2005. The roots of MMC organized in Dublin, releand, where Catherine McAuley established the Sisters of Mercy in 1831. Catherines' mission was to give back to the community by providing for the needs of the poor in order to triping heathcare to we stern North Disckot, the Saters of Mercy founded Mercy Hospital in 1920. Since their, MMC has continued the eigacy of giving back to the community by the Mercy Hospital in 1920. Since their, MMC has continued the eigacy of giving back to the community of the Mercy Hospital in 1920. Since them, MMC has continued the eigacy of giving back to the communities it serves and carrying on the mission of providing for those in ended in 1934. Mercy Hospital in 1940 to 8 to 8 composed of 13 general acute care servees, including a distinct inspettal Elebarytral Health unit. 2) three provider-based clinics, including Craven-Hagan Clinic (Family Practice), Mercy Health Partners Specialty Group (general, orthor and EMT surgery), and outpatent Behavioral Health Services, 3) a vive variety of outpatent services including, the Leonard P. Nelson Family Cancier Treatment Center, and Chemical Dependency Unit MMC provides healthcare for a region with a population of approximately 50,000 and provides employment for nearly 450 people in 1980 MMC and all of its service lines became a part of the Catholc Health Intellitytes (CHI) system MMC and CHI is to nutrute the healting ministry of the church by bringing in new life, energy, and vability in the Catholc Health Intellitytes (CHI) system MMC and CHI is to nutrute the health given the value of the Singh American Child system of the Catholc Health Intellity to the Cospelurges us to emphase a human dignity and social justice as via review of the communities of the Catholc Living of the Catholc Living of the Catholc Living of the Catholc Living

ldentifier	Return Reference	Explanation
Form 990, Part III- (II)	Statement of Program Service Accomplishments	Uncompensated Care for the Poor During the fiscal year ending June 30, 2009, MMC provided benefits to the poor and broader community of \$3,504,000 as indicated above. Approximately 50,000 people benefited from these services As a non-profit healthcare facility, Mercy provides healthcare services to all those in need, regardless of their ability to pay. MMC recognizes the variance between its cost and reimbursement for services provided when quantitying its chargity care benefit. For fiscal year 2009, MMC provided \$842,000 in discounts to the uninsured and undernisured in addition, 40% of the patients who receive services at MMC are either Medicard or Medicare receipents. Although, as a Critical Access Hospital MMC is now reimbursed at cost plus 19% from Medicare and at cost from Medicard for most service. Some services are still reimbursed under the perspective payment system and fee for service which may fall short of the cost to provide such services. But professional services, Home Health, Hospice, and Durable Medical Equipment (DME) Therefore, unpaid costs have been recorded as benefits to the low income for Medicard patients and benefits for the broader community for Medicare patients. QUALITATIVE DESCRIPTION OF COMMUNITY BENEFIT Community Outreach for the Poor Mercy Rider Program The Mercy Rider Program began operations in 1990 as a programto assist women and children with transportation to doctor's appointments. Since them, it has grown into a programthat assists those with very low income, which includes adults and children, disabled, and the elderly. This program provides much needed transportation assistance in the community for individuals who would otherwise have significant challenges relating to essential transportation individuals must qualify for the program pays 36.50 per ticket to Basin Cab Individuals with received the tickets are asked to donate \$10.0-\$2.00 per ticket, depending upon their ability to pay, this money is used to offset operating costs Additional funding for the program pays 36

Identifier	Return Reference	Explanation
Form 990, Part III- (III)	Statement of Program Service Accomplishments	MMC provides a trained sexual assault nurse examiner. This person is on call and available to provide assistance in cases of sexual assault. MMCs active in local disaster training and post-911 preparedness activities. MMC Cancer repatients who are in need of assistance. MMC employees conduct food and toy drives, especially during the holiday season. During the 4th of July celebrations organized by the Hometown Williston Committee, MMC sponsored a free feed for over 1700 people. All food and labor was donated by MMC for this event. The purpose of this event is to show case Williston for former and current residents. This event allowed MMC to show our commitment to the community and our desire to participate in local events. Collaborative Efforts to Improve Community Health MMC understands its role in providing support in local events. Collaborative Efforts to Improve Community Health MMC understands its role in providing support everview in an effort to build a healther community. MMC coordinates support groups for patients and families we serve. This past year MMC sponsored several support programs such as Diabetes Support Group. Gref Support Group, and the Cancer Support Group. These groups have provided a community benefit to well over 400 people. MMC's hospice program provides service to a large geographical area, and although it is a subsidized program nurrerous donations are received, through memorials, in appreciation of the excellent care family members received. A unique event, sponsored by the Hospice program Many Pended. Hospice makes presentations to the community on the benefits and services of the hospice program MnC provides to offer the services should be provided through for the services should be provided through our hospital cafeters. This camp helps greving children cope with their devastating loss and gain support from others with similar needs. Hospice makes presentations to the community of the benefits and services of the hospice program. MnC provides to offer these valuable services to t

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DLN: 93493137042090

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2008

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Name of the organization **Employer identification number** Mercy Medical Center 45-0231183 **Identification of Disregarded Entities** Part I (D) (B) (C) Name, address, and EIN of disregarded entity Legal domicile (state End-of-year assets Direct controlling Total income Primary activity or foreign country) entity See Additional Data Table Part II **Identification of Related Tax-Exempt Organizations** (B) Name, address, and EIN of related organization Legal domicile (state Public charity status Direct controlling Primary activity Exempt Code section or foreign country) (if section 501(c)(3)) entity See Additional Data Table

Cat No 50135Y

(A) Name, address, and EIN of related organization	Prim	(B) Pary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	Pred Incom Inve	(E) ominant e(related, estment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	I) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	aging
										Yes	No		Yes	No
See Additional Data Table														
see Hantonal Bata Table														
Part IV Identification of Ro	elated	Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organiz		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro entity	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of i-of-yea assets	(H) Percentage r ownership		
See Additional Data Table														

Part V	Transactions with Related Organizations	
·		

Part V Transactions with Related Organizations					
Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
During the tax year, did the orgranization engage in any of the following transaction	ns with one or more related organizations listed in Parts II-	-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled ent	aty		1a	Yes	
b Gift, grant, or capital contribution to other organization(s)			1b		No
c Gift, grant, or capital contribution from other organization(s)			1 c	Yes	
d Loans or loan guarantees to or for other organization(s)			1d		No
e Loans or loan guarantees by other organization(s)			1e		No
f Sale of assets to other organization(s)			1f		No
g Purchase of assets from other organization(s)			1 g		No
h Exchange of assets			1h		No
i Lease of facilities, equipment, or other assets to other organization(s)			1i		No
			4:	V	
j Lease of facilities, equipment, or other assets from other organization(s)			1j 1k	Yes	
k Performance of services or membership or fundraising solicitations for other org					
l Performance of services or membership or fundraising solicitations by other orga	anization(s)		11	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets			1m		No
n Sharing of paid employees			1n		No
Reimbursement paid to other organization for expenses			1o	Yes	
p Reimbursement paid by other organization for expenses			1р	Yes	
q Other transfer of cash or property to other organization(s)			1q	Yes	
r Other transfer of cash or property from other organization(s)			1r		No
! If the answer to any of the above is "Yes," see the instructions for information of	n who must complete this line, including covered relations	hips and transaction thresholds			
(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved			
1)					
ee dditional					
ata					

(A) Name of other organization(s)	Transaction type(a-r)	(C) Amount Involved
(1)		
See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		
		C D F 000\ 2000

Part VI Unrelated Organizations Taxable as a Partnership

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

									_			
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	organizations		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No		
			•			•	•	Sabadula	D / Form	000) 2000		

Additional Data

Memorial Health Partners 6028 Shallowford Road

Chattanooga, TN 37421

Chattanooga, TN 37404

Pathway Hospice LLC 1050 SW 3rd Ave Suite 1600

Ontario, OR 97914 93-1310235 LincCare 8055 O Street

Lincoln, NE 68510 47-0697010

1111 6th Avenue

1111 6th Avenue

1111 6th Avenue

42-1521367

83-0397103

20-1703871

42-0680448

Des Moines, IA 50314

Des Moines, IA 50314

Mercy North ASC LLC

Des Moines, IA 50314

Mercy Pet Scanner LLC 1111 6th Avenue

Des Moines, IA 50314

St Joseph Community Health Services

St Joseph Community Health Foundation

300 Central SW Suite 300

300 Central SW Suite 300

St Joseph Healthcare System

St Elizabeth Health Services Inc

St Elizabeth Health Care Foundation

Flaget Memorial Hospital Foundation Inc

Flaget Healthcare DBA Flaget Memorial

4305 New Shepherdsville Road

4305 New Shepherdsville Road

500 Copper NW Suite 102

Albuquerque, NM87102

3325 Pocahontas Road

3325 Pocahontas Road

Baker City, OR97814

Bardstown, KY40004 56-2351341

Bardstown, KY40004 61-1345363

Lakewood Health Center

600 Main Avenue South

Breckenridge, MN56520

2400 St Francis Drive

2400 St Francis Drive

2400 St Francis Drive

Breckenridge, MN56520

Carrington Health Center

Saint Clare's Community Care

Saint Clare's Foundation Inc

Good Samaritan College of Nursing & Heal

800 North 4th Street

Carrington, ND58421

Breckenridge, MN56520

St Francis Medical Center

Breckenridge, MN56520

Healthcare and Wellness Foundation

Baudette, MN56623 41-0758434 Appletree Court

601 Oak Street

41-1850500

76-0761782 St Francis Home

41-0729978

41-0695598

45-0227311

66 Ford Road

66 Ford Road

Denville, NJ07834 22-2876836

Denville, NJ07834 22-2502997

375 Dixmyth Ave

31-1778403 Total Healthcare

PO Box 7021

84-0927232

62-0532345

62-1839548

03-0417049

23-7419853

31-1206047

66 Ford Road

Cincinnati, OH45220

Colorado Springs, CO80933

2525 De Sales Avenue

Chattanooga, TN37404

2525 De Sales Avenue

Chattanooga, TN37404

6028 Shallowford Road

Chattanooga, TN37421

Cincinnati, OH45206

Cincinnati, OH45206

Cincinnati, OH45206 31-0537486

Saint Clare's Hospital

Denville, NJ07834 22-3319886

19 Pocono Road

Denville, NJ07834 22-2536017

Cincinnati, OH45206

31-1074519

84-0902211

84-1183335

Denver, CO80202 47-0617373

Denver, CO80202 20-8473567

Memorial Health Care System Inc

Memorial Health Care System Foundation

Memorial Health Partners Foundation Inc

The Community Limited Care Dialysis Cent

Good Samaritan Foundation of Cincinnati

The Good Samaritan Hospital of Cincinnat

619 Oak Street Accounting-3 West

619 Oak Street Accounting-3 West

619 Oak Street Accounting-3 West

St Francis Life Care Corporation

Universal Health Corporation

961 East Colorado Avenue

Colorado Springs, CO80903

SET of Colorado Springs Inc

Colorado Springs, CO80903

Catholic Health Initiatives

1999 Broadway Suite 4000

1999 Broadway Suite 4000

Catholic Health Care Federation

825 E Pikes Peak Avenue Bldg 29

619 Oak Street Accounting-3 West

Catholic Health Initiatives Colorado Fou

Baker City, OR97814

Albuquerque, NM87102

Albuquerque, NM87102

71-0897107

85-0253087

85-0201285

93-0412495

94-3164869

Perinatal Center of Iowa LLC

Mercy Therapeutic Radiology Associates L

(A)

Name, address, and EIN of related organization

Memorial Hospital Auxiliary 2525 de Sales Avenue

62-1784262

62-1839548

Name, address, and EIN of disregarded entity

(B)

Primary Activity

Hospice Care

Support MHCSF

Hospice Care

Hospice Care

Physician

Physician

A mbulatory

Physician

(B)

Primary Activity

Community

Foundation

Healthcare

Hospital

Foundation

Fundraising

Hospital

LTerm Care

Senior Homes

Foundation

LTerm Care

Healthcare

Healthcare

Healthcare

Fundraising

Education

Healthcare

Hospital

Foundation

Healthcare

Dialysis

Foundation

Hospital

Hospital

Elderly Care

Physicians

Foundation

LTerm Care

Healthcare

Jurdic Person

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

Software ID:	
Software Version:	
EIN:	45-0231183
Name:	Mercy Medical Center

(C)

Legal Domicile

(State

or Foreign

Country)

TN

 $\mathsf{T}\mathsf{N}$

O R

ΝE

IΑ

IΑ

IΑ

IΑ

(C)

Legal Domicile

(State

or Foreign Country)

NM

NΜ

ΝM

O R

OR

ΚY

ΚY

MN

ΜN

MN

MN

ΜN

ND

ΝJ

ΝJ

ΚY

CO

TN

TN

TN

ОН

ОН

ОН

ΝJ

NJ

ОН

СО

CO

СО

СО

(D)

Total income

(\$)

162,658

67,355

7,138,989

-343,811

-10,993

(D)

Exempt Code

section

501(c)(3)

501(c)(2)

501(c)(3)

501(c)(3)

501(c)(3)

501(c)(3)

501(c)(3)

501(c)(3)

501(c)(3)

501(c)(3)

501(c)(3)

(E)

End-of-year assets

(\$)

Return to Form

(F)

Direct Controlling

Entity

N/A

CHI

St EHS

CHI-IA Corp

CHI-IA Corp

CHI-IA Corp

CHI-IA Corp

CHI

SJCHS

CHI

CHI

SEHS

CHI

CHI

SFH

SFMC

CHI

CHI

CHI

SCHS

SCHS

GHS

CHI

MHCS

MHCS

GSH

GSH

CHI

SCHS

GSH

CHI Colorado

CHI Colorado

СНІ

СНІ

TRI-HEALTH

CHI Colorado

(F)

Direct Controlling

Entity

142,597

1,266,816

26,159,105

1,342,382

1,712,012

(E)

Public charity

status

(If 501(c)(3))

11a

11a

3

11a

3

3

9

11a

9

3

3

11b

3

3

none

11a

3

3

9

11a

11a

MHCSFound

Form 990, Schedule R, Part II - Identification of Related T	ax-Exempt Organiza		<u> </u>]	
(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 501(c)(3))	(F) Direct Controlling Entity
Global Health Initiatives 1999 Broadway Suite 4000 Denver, C080202 20-1536108 Health SET	Ministries	со	501(c)(3)	11a	СНІ
4200 West Conejos Place 436 Denver, C080204 84-1102943 Bishop Drumm Retirement Center	Low Inc Care	со	501(c)(3)	7	CHI Colorado
1111 6th Avenue Des Moines, IA50314 42-0725196	LTerm Care	IA	501(c)(3)	9	CHI-IA Corp
Mercy Medical Center - Des Moines AKA 1111 6th Avenue Des Moines, IA 50314 42-0680448	Hospital	IA	501(c)(3)	3	CHI-IA Corp
House of Mercy 1111 6th Avenue Des Moines, IA 50314 42-1323808 Mercy Auxiliary of Central Iowa	Shelter	IA	501(c)(3)	7	CHI-IA Corp
1111 6th Avenue Des Moines, IA50314 42-6076069 Mercy Clinics Inc	A uxiliary	IA	501(c)(3)	11a	CHI-IA Corp
1111 6th Avenue Des Moines, IA 50314 42-1193699	Physician	IA	501(c)(3)	9	CHI-IA Corp
Mercy College of Health Sciences 1111 6th Avenue Des Moines, IA 50 31 4 42-1511682	Education	IA	501(c)(3)	2	CHI-IA Corp
Mercy Foundation of Des Moines IA 1111 6th Avenue Des Moines, IA 50314 23-7358794 Mercy Medical Center - Centerville FKA	Foundation	IA	501(c)(3)	7	CHI-IA Corp
1 St Josephs Drive Centerville, IA 52 54 4 42 - 06 8 0 3 0 8 Mercy Professional Practice Associates	Hospital	IA	501(c)(3)	3	CHI-IA Corp
1111 6th Avenue Des Moines, IA50314 42-1470935	Physician	IA	501(c)(3)	9	CHI-IA Corp
Mercy Hospital of Devils Lake 1031 East Seventh Street Devils Lake, ND58301 45-0227012	Healthcare	ND	501(c)(3)	3	СНІ
St Joseph's Lifecare Foundation 30 West 7th Street Dickinson, ND58601 36-3418207	Foundation	ND	501(c)(3)	11a	SJHHC
St Joseph's Hospital and Health Center 30 West 7th Street Dickinson, ND58601 45-0226429	Healthcare	ND	501(c)(3)	3	СНІ
Mercy Regional Medical Center of Durango 1010 Three Springs Blvd Durango, C081301 84-0405515	Hospital	СО	501(c)(3)	3	СНІ
CHI Kentucky Inc 3900 Olympic Blvd Suite 400 Erlanger, KY41018 20-2741651	Healthcare	КҮ	501(c)(3)	11a	СНІ
Villa Nazareth Inc 801 Page Drive Fargo, ND58103 45-0226714	LT Care	ND	501(c)(3)	9	СНІ
St Catherine Hospital 401 East Spruce Street Garden City, KS67846 48-0543721	Hospital	KS	501(c)(3)	3	СНІ
St Catherine Hospital Development Found 401 East Spruce Street Garden City, KS67846 20-0598702	Foundation	KS	501(c)(3)	11a	sсн
Saint Francis Medical Center Foundation PO Box 9804 Grand Island, NE68802 47-0630267	Foundation	NE	501(c)(3)	7	SFMC
Saint Francis Medical Center PO Box 9804 Grand Island, NE68802 47-0376601	HealthCare	NE	501(c)(3)	3	CHI Nebraska
Central Kansas Medical Center 3515 Broadway Great Bend, KS67530 48-0543724	Hospital	KS	501(c)(3)	3	СНІ
Central Kansas Medical Center Foundation 3515 Broadway Great Bend, KS67530 48-6120330 Ct least Memorial Heavital	Fundraising	KS	501(c)(3)	11c	N/A
St Joseph Memorial Hospital 923 Carroll Ave Larned, KS67550 48-1253246 MNMCH Inc	Hospital	KS	501(c)(3)	3	CKMC
	Hospital	KS	501(c)(3)	3	SJRMC
2727 McClelland Blvd Joplin, MO 64804 43-1305163	Property Mgmt	МО	501(c)(3)	11a	SJRMC
St John's Medical Group 2727 McClelland Blvd Joplin, MO 64804 43-1882377	Phys Practice	МО	501(c)(3)	9	SJRMC
St John's Mercy Regional Foundation 2727 McClelland Blvd Joplin, MO 64804 43-1308084	Foundation	мо	501(c)(3)	7	SJRMC
St John's Regional Medical Center 2727 McClelland Blvd Joplin, MO 64804 44-0545809	Hospital	мо	501(c)(3)	3	СНІ
Good Samaritan Health Systems Inc PO Box 1990 Kearney, NE68848 47-0659441	Community	NE	501(c)(3)	11a	CHI Nebraska

Form 990, Schedule R, Part II - Identification of Related T	ax-Exempt Organiza				
(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 501(c)(3))	(F) Direct Controlling Entity
Kearney, NE68848 47-0379755	H e a l t h C a r e	NE	501(c)(3)	3	CHI Nebraska
Kearney, NE68848 47-0659443	Foundation	NE	501(c)(3)	7	GSН
Bachmann Realty Corporation 2135 Noll Drive Suite C Lancaster, PA17603 23-3019013	Real estate	DE	501(c)(3)	11a	SJHM
Lancaster, PA 17603 23-2342997	Health	PA	501(c)(3)	11a	SJHM
Lancaster, PA 17603 23-2605579	Fundraising	РА	501(c)(3)	11a	SJHM
St Joseph Health Services Inc 2135 Noll Drive Suite C Lancaster, PA17603 20-1425375	Dental care	PA	501(c)(3)	11a	SJHM
Lexington, KY40509 61-1400619	LTACH	КҮ	501(c)(3)	3	SJHS
Saint Joseph Berea Hospital Foundation 305 Estill Street Berea, KY40403 26-0152877	Foundation	КҮ	501(c)(3)	7	SJHS
Lexington, KY40509 61-1334601	Hospital	КҮ	501(c)(3)	3	СНІ
Lexington, KY40504 61-1159649	Foundation	КҮ	501(c)(3)	11a	SJHS
Lexington, KY40504 31-1539059	Phy Practices	KY	501(c)(3)	3	SJHS
Sparta, NJ07871 22-1768334	Home Health	ΝJ	501(c)(3)	9	schs
Lincoln, NE68510 47-0625523	Foundation	NE	501(c)(3)	7	SERMC
Lincoln, NE68510 36-3233120	Healthcare	NE	501(c)(3)	3	SERMC
Lincoln, NE68510 36-3233121	Healthcare	NE	501(c)(3)	11a	СНІ
Lincoln, NE68510 47-0379836	Healthcare	NE	501(c)(3)	3	CHI Nebraska
Lincoln, NE68510 47-0780857	Healthcare	NE	501(c)(3)	11a	CHI Nebraska
Lisbon Area Health Services 905 Main Street Lisbon, ND58054 82-0558836	H e a l th c a r e	ND	501(c)(3)	3	СНІ
Little Falls, MN 56345 41-1351177	Lterm Care	MN	501(c)(3)	9	СНІ
Little Falls, MN56345 41-0721642	Healthcare	MN	501(c)(3)	3	СНІ
Morrilton, AR72110 71-0245507	Healthcare	AR	501(c)(3)	3	SVIMC
Little Rock, AR72205 71-0236917	Healthcare	AR	501(c)(3)	3	СНІ
Little Rock, AR72205 71-0830696	Healthcare	AR	501(c)(3)	9	SVIMC
Dayton, OH45416 31-0935118	Healthcare	ОН	501(c)(3)	9	SHP
Marymount Medical Center Foundation 310 East Ninth Street London, KY40741 26-0438748	Foundation	KY	501(c)(3)	11a	SJHS
Samaritan Behavioral Health 601 S Edwin C Moses Blvd Dayton, OH45408 02-0633634	Hospital	он	501(c)(3)	3	SHP
Nampa, ID83686 82-0200896	Hospital	ID	501(c)(3)	3	СНІ
Nampa, ID83686 26-1737256	Foundation	ID	501(c)(3)	11a	Mercy Med Ct
Mercy Physician Group Inc 1512 12th Avenue Road Nampa, ID83686 20-8192593	Phys Group	ID	501(c)(3)	9	Mercy Med Ct
St Mary's Hospital 1314 3rd Avenue Nebraska City, NE68410 47-0443636	Hospital	N E	501(c)(3)	3	CHI Nebraska

Form 990, Schedule R, Part II - Identification of Related T	ax-Exempt Organiza		l		
(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 501(c)(3))	(F) Direct Controlling Entity
Nebraska City, NE68410 47-0707604	Foundation	NE	501(c)(3)	7	sмн
Oakes, ND58474 45-0231675	Hospital	ND	501(c)(3)	3	СНІ
Oakes, ND58474 71-0966606	Foundation	N D	501(c)(3)	11a	осн
Ontario, OR97914 93-0433692	Hospital	OR	501(c)(3)	3	СНІ
Ontario, OR97914 20-2683560	Foundation	OR	501(c)(3)	11a	HRMC
Park Rapids, MN56470 41-0695603	Hospital	MN	501(c)(3)	3	СНІ
Pendleton, OR97801 93-0391614	Hospital	OR	501(c)(3)	3	СНІ
St Anthony Hospital Foundation 1601 SE Court Avenue Pendleton, OR97801 93-0992727	Foundation	OR	501(c)(3)	11a	SA Hospital
Gettysburg, SD57442 46-0234354	Hospital	SD	501(c)(3)	3	sмнс
Pierre, SD57501 46-0230199	Healthcare	SD	501(c)(3)	3	СНІ
Mt St Joseph Inc 3060 SE Stark Street Portland, 0R97214 93-0386870	Nursing Care	OR	501(c)(3)	9	СНІ
Pueblo, CO81004 84-1234295	Community	со	501(c)(3)	7	СНІ
Reading, PA 19603 23-2187242	Healthcare	PA	501(c)(3)	11a	СНІ
Reading, PA19603 23-2649362	Foundation	PA	501(c)(3)	11a	SJRHN
Reading, PA19603 20-8544021	Healthcare	PA	501(c)(3)	9	внс
Reading, PA19603 23-1352211	Healthcare	PA	501(c)(3)	3	СНІ
Roseburg, OR97470 93-0821381	Senior Living	OR	501(c)(3)	9	ммс
Roseburg, OR97470 93-6088946	Foundation	O R	501(c)(3)	7	ммс
Roseburg, OR97470 93-0386868	Hospital	O R	501(c)(3)	3	СНІ
Franciscan Villa of South Milwaukee Inc 3601 South Chicago Avenue South Milwaukee, WI53172 39-1093829	Healthcare	WI	501(c)(3)	9	СНІ
Enumclaw, WA 98022 91-0715805	Hospital	WA	501(c)(3)	3	FHS
Tacoma, WA 98405 91-1145592	Fundraising	WA	501(c)(3)	9	FHS
Tacoma, WA 98405 91-0564491	Healthcare	WA	501(c)(3)	3	СНІ
Tacoma, WA 98405 91-1939739	Healthcare	WA	501(c)(3)	9	FHS
Towson, MD21204 52-1681044	Fundraising	MD	501(c)(3)	7	SJMC
Towson, MD21204 52-0591461	Hospital	MD	501(c)(3)	3	СНІ
Towson, MD21204 52-1311775	Physicians	MD	501(c)(3)	11a	СНІ
Dayton, OH45406 23-7296923	Foundation	он	501(c)(3)	7	SHP
Valley City, ND58072 45-0226553	Hospital	ND	501(c)(3)	3	СНІ
Mercy Medical Center 1301 15th Avenue West Williston, ND58801 45-0231183	Healthcare	N D	501(c)(3)	3	СНІ

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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 501(c)(3))	(F) Direct Controlling Entity
Mercy Medical Foundation					ммс
1301 15th Avenue West Williston, ND58801 45-0381803	Foundation	N D	501(c)(3)	11a	
Samarıtan Health Partners					
2222 Philadelphia Drive Dayton, OH45406 31-1107411	H ealthcare	он	501(c)(3)	11a	СНІ
St Vincent Foundation					
Two St Vincent Circle Little Rock, AR72205 51-0169537	Fundraising	AR	501(c)(3)	11a	SVIMC
Auxiliary of Holy Rosary Hospital Inc					
351 SW 9th Street Ontario, OR97914 94-3059469	Hospital	O R	501(c)(3)	9	HRMC
The Mercy Hospital of Devils Lake Fdn					
1031 East Seventh Street Devils Lake, ND58301 35-2367360	Foundation	ND	501(c)(3)	11a	MHDL
Alegent Health - Bergan Mercy Health Sys					
7500 Mercy Road Omaha, NE68124 47-0484764	Hospital	NE	501(c)(3)	3	СНІ
Alegent Health - Mercy Hospital Corning					
PO Box 368 Corning, IA 50841 42-0782518	Hospital	IA	501(c)(3)	3	AHBMHS
Mercy Health Care Foundation					
PO Box 368 Corning, IA 50841 42-1461064	Foundation	NE	501(c)(3)	11a	АНМН
Mercy Hospital Foundation Council Bluff					
800 Mercy Drive Council Bluffs, IA51503 42-1178204	Foundation	IA	501(c)(3)	11a	N/A

For

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	Controlling Entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income (\$)	Share of as
Superior Medical Imaging LLC						

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OP Diagnostics

Physical Therapy

Ambulatory Surg

Real Estate

Medical Imaging

Cancer Center

Real Estate

Ortho Hospital

Surgery Center

Laundry

Diagnostic

Day Surgery

Ambul Surg Ctr

Investments

5000 North 26th Street

Central Nebraska Rehab

Mercy West Endoscopy LLC

1601 NW 114th St Suite 244

Audubon Land Company LLC

5390 N Academy Blvd Suite

Colorado Springs, CO80918

Breckenridge Medical Clinic

Breckenridge, CO80424

1390 Kelly Johnson Blvd

St Anthony Regional Mtn

St Francis Land Company

5390 N Academy Blvd Suite

Colorado Springs, CO80918

11650 West 2nd Place

Mercy Outpatient Surgery

1512 12th Avenue Road Nampa, ID83686 84-1380439

Tacoma, WA 98405 87-0808610

PO Box 9804

72-1546196

Center

310

LLC

Program LP

47-0727942

Peninsula Radiation Oncology

Healthcare Support Services

Grand Island, NE688029804

Bluegrass Regional Imaging

1218 South Broadway Suite

Ambulatory Surgery Cntr Rsbg

North River Surgery Center

CHI Operating Investment

9780 Mt Pyramid Court 3rd

Englewood, CO80112

2209 Wildwood Avenue Sherwood, AR72120 71-0799771

Lexington, KY40504 61-1386736

2750 W Harvard Roseburg, OR97471 93-1293442

314 Martin Luther King Jr Way Healthcare Srvc

Lakewood, CO80255 37-1577105

4231 W 16th Avenue Denver, CO80112 37-1568013

Colorado Springs, CO80920

555 South Park Avenue Plaza Medical Clinic

3004 W Faidley Ave Grand Island, NE68802

Lincoln, NE68521 26-2884555

Services

81-0653461

Clive, IA50325 90-0129077

84-1513085

65-1295958 Penrad Imaging

84-1072619

Cancer Center

26-3134100 OrthoColorado LLC

Center LLC

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2,091,929

4,183,006

2,016,353

9,259,533

9,836,292

546,966

15,439,923

2,821,680

1,129,360

2,387,702

3,912,695

4,317,057

2,092,370

1,650,592

4,069,968

15,827,712

1,690,849

314,771

-242,741

-66,738

-484,585

282,899

73,817

260,714

190,224

-42,795

58,022

(\$)

(1) General or Managing Partner?

Yes No

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Yes

Yes

-88,608

Yes

orm 990, Schedule R, P	art III - Identific	ation of	Related Org	anizations Ta	xable as a Partnei	ship		
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign	(D) Direct Controlling Entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income (\$)		(H) Disproprtionate allocations?	(I) Code V-UBI amount on Box 20 of Schedule K-1 (Form 1065) (\$)

(A) Name, address, and EIN of	(B) Primary activity	(C) Legal Domicile (State	(D) Direct Controlling	(E) Predominant	(F) Share of total income	Snare of end-of-year	(H) Disproprtionate allocations?	(I) Code V-UBI amo on
related organization	Filliary activity	(State or	Controlling Entity	ıncome(related, ınvestment,	(\$)	assets (\$)	anocations	Box 20 of Sched

Related

Investment

SJ HospitalLex Related

Mercy Medical

SVIMC

CHI

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (A) (G) (D) (H) (B) (C) Name, address, and EIN of related Primary activity Legal Domicile Direct Controlling Type of entity Share of total income Share of Percentage organization (C corp, S corp, end-of-year (State or Entity (\$) ownership Foreign or trust) assets Country) (\$) Mercy Health Services Corporation 2727 McClelland Blvd St John's RMC DME МΟ C Corp -17,953 2,093,683 100 % Joplin, MO 64804 43-1457881 Mountain Management Services Inc MHCS 6028D Shallowford Road TNC Corp 383,380 11,783,040 100 % mgmt svc org Chattanooga, TN37422 62-1570739 MedQ uest 1301 15th Avenue West MHof Williston ND C Corp Sale of DME 38,645 921,119 100 % Williston, ND58801 45-0392137 St Anthony Development Company 1415 Southgate St Anthony H Athletic Club OR C Corp 17,998 3,142,823 100 % Pendleton, OR97801 93-1216943 Healthcare Management Inc NΑ 555 South 70th Street Billing Services ΝE C Corp Lincoln, NE68510 47-0662703 GOOD SAMARITAN OUTREACH SERVICES MEDICAL GSHS PO BOX 1990 ΝE 100 % C Corp KEARNEY, NE68848 CLINIC 47-0659440 HEALTH SYSTEMS ENTERPRISES INC PO BOX 1990 MANAGEMENT GSHS NΕ C Corp 17,676 1,769,891 100 % KEARNEY, NE68848 47-0664558 Mercy Park Apartments Ltd 1111 6th Avenue CHI-IA Corp IΑ C Corp 23,229 1,878,898 100 % Housing Des Moines, IA 50314 42-1202422 Des Moines Medical Center Inc 1111 6th Avenue CHI-IA Corp ΙΑ C Corp -56,189 1,093,386 91 13 % Real Estate Des Moines, IA50314 42-0837382 Comcare Services CHIC 4231 W 16th Avenue C Corp Inactive CO 100 % Denver, CO80204 84-0904813 Mednow Inc 1512 12th Avenue Road Outpat Mercy Med Ctr ΙD C Corp 4,534,408 5,348,476 100 % Nampa, ID83686 Pharmacy 82-0389927 Saint Clare's Primary Care Inc 66 Ford Road sccc Billing Services ΝJ C Corp -483,820 2,590,487 100 % Denville, NJ07834 22-2441202 Healthcare Mgmt Services Org Inc FHS 1149 Market St Health Org WA C Corp 100 % Tacoma, WA98402 91-1865474 Physician Health System Network 1149 Market St FHS Health Org WA C Corp 100 % Tacoma, WA98402 91-1746721 Saint Clare's Health Care Solutions Inc schcs 66 Ford Road ΝJ C Corp -81,617 100 % Nursing Denville, NJ07834 20-4969477 Mercy Services Corp 2700 Stewart Parkway Mercy Medical Retail Sales OR C Corp -276,939 1,649,984 100 % Roseburg, OR97470 93-0824308 Caduceus Medical Associates Inc 6028 Shallowford Road Suite D MHCS 1,008 Healthcare TNC Corp 100 % Chattanooga, TN37422 62-1570736 CENTRAL KANSAS HEALTH SERVICES ASSOCIATI MEDICAL CKMCC Corp 3515 Broadway KS 100 100 % -309,321 EQUIPMENT Great Bend, KS67530 48-1042853 St Vincent Community Health Services In Two St Vincent Circle SVIMC ΑR C Corp 1,018,000 10,399,000 100 % Healthcare Little Rock, AR72205 71-0710785 Alternative Insurance Management Service 3900 Olympic Boulevard Suite 400 Management CO N/A C Corp 4,445,439 100 % Erlanger, KY41018 Servic 84-1112049 Nazareth Assurance Company 76 St Paul Street Suite 500 CHI Insurance VΤ C Corp 262 5,695 100 % Burlington, VT05401 03-0304831 Franciscan Services Inc 9780 Mt Pyramid Ct CHI C Corp 7,815,631 Healthcare СО -252,887 100 % Englewood, CO80112 23-2487967 SJH Services Corporation 9780 Mt Pyramid Ct FSI 106,864 Healthcare CO C Corp 3,481,247 100 % Englewood, CO80112 23-2307408 St Joseph Development Company Inc 1717 South J Street FSI 1,153,946 Rental WA C Corp 11,984,725 100 % Tacoma, WA98405 91-1480569 Towson Management Inc FSI 7601 Osler Drive Management ΜD C Corp 74,937 474,456 100 % Towson, MD21204 Servic 52-1710750

Form 990	, Schedule R,	Part V -	Transactions w	ith Related (Organizations
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Mercy Medical Foundation

(9)

	(A) Name of other organization	(B) Transaction type(a-r)	(C) A mount Involved (\$)
(1)	Mercy Medical Foundation	a	10,260
(2)	MedQ uest	a	64,125
(3)	Mercy Medical Foundation	k	30,084
(4)	MedQ uest	k	52,236
(5)	MedQ uest	р	388,817
(6)	Catholic Health Initiatives	I	5,822,201
(7)	Catholic Health Initiatives	0	839,120
(8)	Catholic Health Initiatives	g	1.799.690

1,799,690

С

329,263

Additional Data

Software ID: Software Version:

EIN: 45-0231183

Name: Mercy Medical Center

Form 990, Part VII - Section Aaa

		(C) Position (check all that apply)								(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
Dennis Goebel , CEO	40 0	Х		Х					227,502	34,537	
Jeff Drop , BOARD MEMBER	1 0	Х							492,372	41,962	
Robert Kemp , BOARD MEMBER	40 0	X						268,558		23,927	
Patrick O Sogard , BOARD CHAIR	1 0	X									
Laurie Furuseth , BOARD VICE CHAIR	1 0	Х									
Judy Barbot , BOARD MEMBER	1 0	Х									
Sr Marie Micheletto , BO ARD MEMBER	1 0	Х									
David A Brendsel , BOARD MEMBER	1 0	Х									
Steve Oyloe , BOARD MEMBER	1 0	Х									
Craig Oksol , BOARD MEMBER	1 0	Х									
Nancy Hoffelt , BOARD MEMBER	1 0	Х									
Kerry Monson , CFO	40 0			Х				130,935		19,185	
Tamı Solberg , VP OF PATIENT CARE	40 0			Х				113,778		22,178	
Janice Arnson , VP PHYSICIAN SVCS	400			Х				104,035		18,163	
Michael Boulter , PHYSICIAN	400					Х		582,761		31,051	
Brett Vıbeto , PHYSICIAN	400					Х		420,693		28,135	
David Skurdal , ANESTHESIOLOGIST	40 0					Х		384,790		26,973	
Henry David , ANESTHESIOLOGIST	40 0					Х		370,002		19,418	
Cory Miller , PHYSICIAN	40 0					Х		354,222		26,353	