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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2008

Open to Public Inspection

\ Fo	rthe 2	2008 ca	lendar vea	r, or tax year beginni	ing 07-01-2008	and ending 06-30-20	09			
		plicable		C Name of organization					D Employer i	dentification number
_	ress cha		Please use IRS	Good Samarıtan Hospi	ital				47-03797	755
_		-	label or print or	Doing Business As					E Telephone	
_	ne char	-	type. See						(308) 865	5-7902
Inıt	ıal retur	'n	Specific Instruc-		r P O box if mail is	not delivered to street addr	ress) Roor	n/suite	,	ipts \$ 201,048,067
Ter	mınatıoı	n	tions.	PO Box 1990					C C C C C C C C C C	pts \$ 201/010/00/
– _{Am}	ended r	eturn		City or town, state or	country, and ZIP +	4	<u> </u>			
- App	lication	pending		Kearney, NE 68848						
			- N		1.0.55		1			
				ne and address of Pri ' Allen President CEC	•		H(a)	Is thi affilia	s a group retu	rn for
				ST 31ST STREET				allilla	tesr	j res j e no
				y,NE 68848 _		_	Н(ь)	Are all	l affiliates inclu	ded?
Ta	x-exem	pt status	✓ 501(c)) (3) ◀ (insert no)	4947(a)(1) or	527		(If"N	o," attach a li	st See instructions)
W	eb site	e: ► ww	w gshs o	RG			H(c)	Grou	p Exemption N	lumber 🟲 0928
							<u> </u>			
(Тур	e of org	anızatıon	Corporat	ion 🗆 trust 🗀 associatio	n other ►		L Yea	ar of Fo	rmation 1924	M State of legal domicile NE
Pa	rt I	Sumi	marv							
				e organization's miss	sion or most sig	nıfıcant actıvıtıes				
v	1			•	-	hcare services designe	ed to mee	et the i	needs of the c	ommunity and
<u>⊇</u>					•	f the poor and underse				,
Ĕ										
soveniance	2	Check t	his box 🦵	ıf the organızatıon dı	scontinued its	operations or disposed	of more	than 2	5% of its asse	ets
	3	Number	of voting r	members of the gove	rnıng body (Par	t VI, line 1a)			3	18
ර ර	4	Number	ofindepen	ndent voting members	s of the governi	ng body (Part VI, line 1	Lb) .		. 4	15
ACIIVIIIes &	5	Total nu	umber of en	nployees (Part V , line	e 2a)				5	1,906
3	6	Total nu	umber of vo	olunteers (estimate if	necessary) .				6	675
ŧ	7a	Total gr	oss unrela	ted business revenue	e from Part VII	I, line 12, column (C)			7a	60,802
				iness taxable income					7b	-1,682
						·		Prio	or Year	Current Year
	8	Contri	butions and	d grants (Part VIII, I	ıne 1h)		. —		1,119,520	5,493,801
9	9			revenue (Part VIII, I					183,939,579	, , , , , , , , , , , , , , , , , , ,
Rayent	10	_				, and 7d)	. —		7,118,033	-3,636,299
\tilde{x}	11			art VIII, column (A)		·		89,523	5,080,796	
	12					art VIII, column (A), lii	ne -		05,323	3,000,730
	12	12)	evenue u	aa iiiics o tiiioagii 11	. (mast equal)	are v 111, coramii (////, iii			192,266,655	194,114,722
	13	Grants	and simila	ar amounts paid (Part	t IX, column (A), lınes 1–3)			2,327,712	181,836
	14	Benefi	ts paid to c	or for members (Part	IX, column (A),	line 4)				0
	15	Saları	es, other co	ompensation, employ	ee benefits (Pa	rt IX, column (A), lines	5-			
Expenses		10)							77,346,326	79,892,824
₹	16a	Profes	sional fund	raising fees (Part IX	, column (A), lır	ne 11e)				0
ਨੌ	ь	(Total f	undraising ex	penses, Part IX, column (D), line 25 <u>0</u>)				
	17	Other	expenses ((Part IX, column (A),	lines 11a-11d	, 11f-24f)			98,081,918	97,284,436
	18	Total	expenses—	-add lines 13–17 (mi	ust equal Part I	X, line 25, column (A))			177,755,956	177,359,096
	19	Reven	ue less exp	oenses Subtract line	18 from line 12	2			14,510,699	16,755,626
<u>8%</u>							В	eginni	ng of Year	End of Year
e in a	20	Totala	assets (Par	rt X, line 16)						256,782,827
net Assets or Fund Balances	21		,	Part X, line 26)					63,679,423	54,773,497
38			•	,		2.0			, ,	
	22			d balances Subtract	: line 21 from lii	ne 20 			204,798,949	202,009,330
Par	t II		ature Blo							
						eturn, including accompanyin er (other than officer) is bas				o the best of my knowledge parer has any knowledge
Plea	se	l k	, ,	,		,		1	-05-05	, ,
Sign		Signa	ature of office	er				Date	00 00	
dere	2	Goer	ge Harms CF	÷0						
			or print nam							
		Dropara	'c h			Date	Check if		Preparer's PTI	N (See Gen Inst)
Paid		Preparer signature					self-			,,
	arer's	E	F	· CATHOLTO USTATE	NITTATE /FO		empolyed	' '		
Jse (ame (or yours nployed),	· • • • • • • • • • • • • • • • • • • •					EIN 🕨	
) 3 0 (-111 y		and ZIP + 4	9780 MT PYRAMID C	COURT					(200) 02: 12:5
				ENGLEWOOD, CO 8	0112				Phone no 🕨	(720) 874-1500
1av t	he IDS	S discus	e this retu	rn with the preparer s	shown above? (See instructions)				Tyes TNo

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

4e	Total program servic	e expenses \$	149,060,04	3 Must equal Part IX,	Line 25, column (B).	
4d	Other program servio (Expenses \$		hedule O) :luding grants o	f\$) (Revenue \$)
4 c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
	SEE SCHEDULE O					
4a	(Code) (Expenses \$	149,060,043	ıncludıng grants of \$	181,836) (Revenue \$	187,220,728)
4	Section 501(c)(3) and	d (4) organizations a	nd 4947(a)(1)		largest program services by ex eport the amount of grants and d	
	services? If "Yes," describe thes		 dule O			Yes 🔽 No
3		ease conducting or		t changes in how it con	ducts any program	
2	the prior Form 990 or	990-EZ?		· · · · · · ·		Yes 🔽 No
See A	dditional Data Table	ndertake any signifi	cant program se	ervices during the year	which were not listed on	
1	Briefly describe the organ	nızatıon's mıssıon				

Part IV	Checklist 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		No
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		No
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		Νο
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νο
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		No
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? <i>If "Yes," complete Schedule F, Part II</i>	15		No
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? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		N o
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		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
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		N o
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		Νο
b	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		N o
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		Νο
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		Νο

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	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		Νο
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
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		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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
33	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
34	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	
35	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	
36	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		Νο
37	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

Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a 0			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	4.	V	
_	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
_	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	- 55		
С	Tax Shelter Transaction?	5с		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		Νo
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N o
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7: 7g	Yes	110
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	79	165	
	required?	7h	Yes	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the	8		
	year?			l
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section $501(c)(7)$ organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 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 B	ody and Management	

			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 1a 18							
Ь	Enter the number of voting members that are independent 15							
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		Νo				
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?							
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization's assets?							
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							
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		Νο				
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 the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Νο				

Section B. Policies

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	
Does the organization have a written whistleblower policy?	13	Yes	
Does the organization have a written document retention and destruction policy?	14	Yes	
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			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b		Νο
Describe the process in Schedule O			
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	Yes	
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		N o
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13 . Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

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

George Harms CFO 10 East 31st Street Kearney, NE 68848 (308) 865-7902

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		Posit	(C) chec	:k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Key employee Officei		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
							-			

Part VII Continued

		(C) Position (check all that apply)							(E)	(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)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
			-								
			-	\vdash			1				
			+				\vdash				
			-								
1b Total				<u></u>			-	2,986,807	1,665,984	497,652	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►38

			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

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
Sorenson Group Inc 1400 West 22 St Kearney, NE 68845	Construction	1,574,260
Rodgers Helicopter Services 4965 Airport Rd Kearney, NE 68847	Air Ambulance	1,486,172
Aureus Medical CA Industries 13609 California St Omaha, NE 68154	Cardiology Services	743,101
Sentinel Health Care 2605 2nd Ave Kearney, NE 68847	РНО	643,119
Healthcare Support SVCS LLC PO Box 9804 Kearney, NE 68802	Laundry	584,708
2 Total number of independent contractors (including those in 1 from the organization		35

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 campaigns 1	a				
## #	ь	Membership dues					
亞吉		11					
Contributions, gifts, grants and other similar amounts	С	Fundraising events 1	c				
# <u>#</u> ##	d	Related organizations					
% <u>`</u> ≣	e	Government grants (contributions)	98,396				
r Sign	f	All other contributions, gifts, grants, and	275,923	i			
돌		sımılar amounts not ıncluded above					
를 습 당	g	Noncash contributions included in					
୍ଦ କ		lines 1a-1f \$		5 400 004			
	h	Total (Add lines 1a-1f)		5,493,801			
-			Business Code				
Ĭ.	2a	Patient Services	900,099	185,795,203	185,795,203		
e. e.	ь	Equity changes of unconsolidated orgs	900,099	1,298,381	1,342,685	-44,304	
<u>.</u>	С	Medical Services	900,099	39,040	39,040		
7	d	Program Service Revenue	900,099	27,154	27,154		
38	e	Emergency Medical Services	621,910	10,144	10,144		
<u> </u>	f	All other program service revenue	e	6,502	6,502		
Program Service Revenue	g	Total. Add lines 2a-2f					
	3	► \$ 187,176,424	udanda interese	-			
		Investment income (including divother similar amounts)	·	3,123,656		952	3,122,704
	_	Income from investment of tax-exempt	•	0			
	4	income from investment of tax-exempt	bond proceeds				
	5	Royalties		0			
	_	(ı) Real	(II) Personal				
	6a b	Gross Rents Less rental					
		expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)					
		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	40,918				
		assets other than inventory					
	ь	Less cost or 6,385,816	415,058				
		other basis and sales expenses					
	С	Gain or (loss) -6,385,816	-374,140				
	d	Net gain or (loss)	. ▶	-6,759,955			-6,759,955
	8a	Gross income from fundraising events (not including					
ds		\$					
ňu		of contributions reported on line 1c) See Part IV, line 18					
эле		Attach Schedule G if total exceeds					
č		\$15,000	•				
Other Revenue	ь	Less direct expenses					
ŏ	С	Net income or (loss) from fundrais	sing events .	0			
	9a	Gross income from gaming activities See part IV, line 19					
		Complete Schedule G ıf total					
		exceeds \$15,000	,				
	ь	Less direct expenses					
	С	Net income or (loss) from gaming		0			
	10-	Construction of the second of	<u>•</u>				
	10a	Gross sales of inventory, less returns and allowances .					
		a	183,912				
	b	Less cost of goods sold					
	С	Net income or (loss) from sales o		51,441			51,441
	11-	Miscellaneous Revenue	Business Code 900,099	1,450,861		9,593	1,441,268
	11a	Services Sold	900,099			9,593	1,255,097
	Ь	Rental Income	722,100	, ,		1,367	
	С	Cafeteria	722,100	1,435,145		93,194	
	d	All other revenue		1,433,145		93,194	1,341,931
	е	Total. Add lines 11a-11d	 \$ 5,029,355				
	12	Total Revenue. Add lines 1h, 2g,		194,114,722	187,220,728	60,802	1,339,391
		8c, 9c,10c,and 11e	▶				
	ı	50, 100, and 110	• •				Form 990 (2008)

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) org Il other organizations must complete column (A) but are not r	anizations mu equired to com	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	181,836	181,836		
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	3,500,655	2,196,183	1,304,472	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	56,520,856	48,876,416		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,320,352	2,805,377	514,975	
9	Other employee benefits	12,282,470	10,390,351	1,892,119	
10	Payroll taxes	4,268,491	3,602,634	665,857	
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	92,646		92,646	
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	20,655,801	13,333,683	7,322,118	
12	Advertising and promotion	0			
13	Office expenses	39,831,757	39,151,508	680,250	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	2,424,116	1,999,804	424,312	
17	Travel	812,240	635,660	176,580	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	81,169	11,791	69,378	
20	Interest	2,305,046	2,305,046		
21	Payments to affiliates	3,599,736		3,599,736	
22	Depreciation, depletion, and amortization	12,594,343	11,031,003	1,563,340	
23	Insurance	801,692	681,226	120,466	
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	Unrelated Business Taxes	224		224	
ь	Bad debts	8,978,649	8,978,649		
c	Dues & subscriptions	346,835	144,187	202,649	_
d	Income/sales/property taxes	337,872		337,872	
e	Education	169,934	85,241	84,693	
	All other expenses	4,252,376	2,649,448	1,602,927	
25	Total functional expenses. Add lines 1 through 24f	177,359,096	149,060,043	28,299,054	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	2,257,550	,		

Dart V	Balance	Shoot
Part X	Balance	Sheet

						(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				89,022	1	8,666
	2	Savings and temporary cash investments		9,496,348		15,675,956		
	3	Pledges and grants receivable, net		-,,	3	, ,		
	4	Accounts receivable, net		•		28,926,809	4	36,375,496
	5	Receivables from current and former officers, directors, trustee other related parties Complete Part II of Schedule L			oyees or		5	33,2,3,,33
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of	ection	n 495			6	
	7	Notes and loans receivable, net			• •	462,023		134,343
	8	Inventories for sale or use			•	8,007,138	8	7,749,734
ø	9	Prepaid expenses and deferred charges				748,686	9	451,092
ssets	10a							
AS		Land, buildings, and equipment cost basis	10a		201,252,667			
	Ь	Less accumulated depreciation Complete Part VI of Schedule D	10ь		110,770,873	89,109,633	10c	90,481,794
	11	Investments—publicly traded securities				9,435		9,736
	12	Investments—other securities See Part IV, line 11 Complete F Schedule D	Part VI.	I of	•	119,323,025	12	100,307,429
	13	Investments—program-related See Part IV, line 11 Complete of Schedule D.			13			
	14	Intangible assets			14			
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule				12,306,253		5,588,581
		D		15				
	16	Total assets. Add lines 1 through 15 (must equal line 34)				268,478,372	16	256,782,827
	17	Accounts payable and accrued expenses .		18,631,728	17	14,576,611		
	18	Grants payable			18			
	19	Deferred revenue					19	
φ.	20	Tax-exempt bond liabilities	•				20	
ġ	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						
		persons Complete Part II of Schedule L			22			
	23	Secured mortgages and notes payable to unrelated third parties		239,170	23	138,947		
	24	Unsecured notes and loans payable		44,808,525	24	40,057,939		
	25	Other liabilities Complete Part X of Schedule D		25				
	26	Total liabilities. Add lines 17 through 25				63,679,423	26	54,773,497
S D O		Organizations that follow SFAS 117, check here ► ✓ and complete through 29, and lines 33 and 34.	plete l	lines 2	27			
Balance	27	Unrestricted net assets				204,798,949	27	202,009,330
<u>8</u>	28	Temporarily restricted net assets					28	
¥	29	Permanently restricted net assets			29			
or Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ at lines 30 through 34.	2					
	30	Capital stock or trust principal, or current funds					30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31			
Ą	32	Retained earnings, endowment, accumulated income, or other for			32			
Net	33	Total net assets or fund balances				204,798,949	33	202,009,330
_	34	Total liabilities and net assets/fund balances				268,478,372	34	256,782,827
Da	rt XI	Financial Statements and Reporting						
Гđ	Lf YT	i manciai statements and kepulting						

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	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	b Were the organization's financial statements audited by an independent accountant?			Νο
С	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		No
b	If "Yes," did the organization undergo the required audit or audits?	3b		

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DLN: 93493127010130

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

		ne organizat i tan Hospital	on					Em	ployer ide	nt if icat io	n nur	mber	
Good	Jamani	tan nospitai						47	-037975	5			
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	bv all or	ganizatio						
				ation because it is (Please									
1	Γ			nurches, or association of ch					(A)(i).				
2	Γ	A school de	escribed in Sec	tion 170(b)(1)(A)(ii). (Attac	ch Schedu	ıle E)							
3	굣	A hospital	or a cooperativ	e hospital service organizati	ıon descrı	bed in Sec	tion 170(l	b)(1)(A)(i	ii). (Attac	h Schedu	le H))	
4	Γ	A medical i	research organi	zation operated in conjuncti	on with a	hospital d	escribed i	n Sect ion	170(b)(1)	(A)(iii). E	nter	the	
		hospital's r	name, city, and	state									
5	Γ	An organiza	ation operated 1	for the benefit of a college or	r universit	y owned o	r operated	l by a gove	rnmental	unıt desc	rıbed	ın	
		Section 170(b)(1)(A)(iv). (Complete Part II)											
6	Γ	A federal, s	tate, or local g	overnment or governmental	unıt desci	rıbed ın S e	ection 170	(b)(1)(A)	(v).				
7	\sqcap	An organiza	ation that norm	ally receives a substantial p	art of its	support fro	om a gove	rnmental ı	ınıt or fron	n the gene	eralp	ublic	
		described i	n Section 170(l	o)(1)(A)(vi) (Complete Par	tII)								
8	Γ	A communi	ty 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	3 3 1/3% 0	of its supp	ort from c	ontributior	ıs, membe	rship fees	s, and	d gros	3 S
		receipts fro	m activities re	lated to its exempt functions	s — s ub je c t	to certaii	n exceptio	ns, and (2) no more	than 331/	/3% c	of	
		ıts support	from gross inv	estment income and unrelate	ed busines	ss taxable	ıncome (l	ess section	on 511 ta:	x) from bu	sines	sses	
	_		•	on after June 30, 1975 See			•		•				
10				and operated exclusively to									
11		_	=	and operated exclusively fo					•	•			
				orted organizations describe type of supporting organiza						Section 5	09(a)(3).	Спеск
		a					nally Integ	-	d	Гтуре	III ·	- Oth	ıer
e	Γ	By checkin	g this box, I ce	rtıfy that the organızatıon ıs	not contr	olled dired	tly or indi	rectly by o	ne or moi	re disqual	ıfıed	perso	ns
				agers and other than one or	more pub	licly supp	orted orga	nızatıons (described	ın sectior	า 509	a)(1	L) or
f		section 50		d a written determination fro	om the IRS	Sthatitic	a Tyne I	Type II o	r Tyna III	sunnortu	a ora	דוחבר	ation
•		check this		a a writter determination no	Jili tile 11tt	o that it is	a Type I,	Type II o	г турс 111	заррони	ig org	gannz	
g				as the organization accepte	d any gıft	or contrib	utıon from	any of the	!				
		following pe		r indirectly controls, oither	alana arta	aathar w	th narcan	docombo	d in /ii)		Г	I	
			•	r indirectly controls, either a ing body of the the supported		-	tii persons	describe	u III (II)	110	-	Yes	No
		• •	, -	erson described in (i) above	-	LIOII				11g 11g(<u> </u>
			•	ty of a person described in (hove?				11g(<u> </u>
h				mation about the organizatio			sunnorts			119(,		
		1101140 1110	. Tollowing illion	mation about the organization		gamzanon	очрроно						
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) A m	ount of
	Supp	orted		(described on lines 1 - 9	organiz	ation in	the orga	nızatıon	organız	ation in		supp	
	Organ	nization		above or IRC section		listed in		i) of your oort?		rganized US?			
				(See Instructions))		verning ment?	Supp	ייייייייייייייייייייייייייייייייייייייי	in the	057			
					Yes	No	Yes	No	Yes	No	1		
						1		<u> </u>		<u> </u>			
										İ			
		_											

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, 160, 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						
c	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						▶ □
	manufaction of Dublic Compact 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

OMB No 1545-0047

Political Campaign and Lobbying Activities

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

	e organization answered "Ye ection 501(c)(4), (5), or (6) organi	s," to Form 990, Part IV, Line 5 (P	roxy Tax)		·	
N a	ame of the organization od Samaritan Hospital				ntıfıcatıon number	
Par		by all organizations exempt the the instructions for Schedule		47-0379755 n 501(c) and section		
1	Provide a description of the or	ganızatıon's dırect and ındırect polit	ical campaign act	tivities in Part IV		
2	Political expenditures				\$	
3	V olunteer hours					
Pai	To be completed b for Schedule C for d	oy all organizations exempt etails.)	under sectio	n 501(c)(3). (See the	instructions	_
1	Enter the amount of any excise	e tax incurred by the organization ur	nder section 4955	5	\$	
2	Enter the amount of any excise	e tax incurred by organization mana	gers under sectio	n 4955	\$	
3	If the organization incurred in	a section 4955 tax, did it file Form 4	4720 for this year	r?	┌ Yes ┌ No	
4a	Was a correction made?				┌ Yes ┌ No	
ь	If "Yes," describe in Part IV					
Pai		by all organizations exempt for Schedule C for details.)	under sectio	n 501(c), except sec	tion 501(c)(3).	
1	Enter the amount directly expe	ended by the filing organization for s	ection 527 exem	pt function activities	\$	
2	Enter the amount of the filing of 527 exempt funtion activities	organization's internal funds contribu	uted to other orga	nizations for section	\$	
3	Total of direct and indirect exe 1120-POL, line 17b	empt function expenditures Add line	s 1 and 2 and en	ter here and on Form	\$	
4	Did the filing organization file $oldsymbol{I}$	Form 1120-POL for this year?			┌ Yes ┌ No	
5	were made Enter the amount p political contributions received	nd Employer Identification Number (paid and indicate if the amount was p d and promptly and directly delivere action committee (PAC) If additions	oaid from the filing d to a separate po	g organization's own interna olitical organization, such a	al funds or were as a separate	
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-	d
						_
						_
			1			_

	(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							

Part II-B	To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form
	5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

		(8	a)	(b)	
		Yes	No	A mount	
L	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)?	Yes			
c	Media advertisements?		No		
d	Mailings to members, legislators, or the public?		Νo		
e	Publications, or published or broadcast statements?	Yes		400	
f	Grants to other organizations for lobbying purposes?	Yes		8,689	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		4,900	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo		
i	Other activities If "Yes," describe in Part IV		Νo		
j	Total lines 1c through			13,989	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
ь	If "Yes" enter the amount of any tax incurred under section 4912				
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912		Ī		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		l No		
	To be completed by all approximations around under costing FO4(a)(4)		F04/-		

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or 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
Schedule C, Part II-B		Lines 1(b), (e) & (g) Staff members work to educate elected officials on healthcare issues. Some staff travel to DC and Lincoln to meet with elected officials and their staff. Line 1(f) Portion of dues related to lobbying. Catholic Hospital Association- \$1,279 American Hospital Association- \$2,492 Nebraska Hospital Association- \$4,918

Part IV Supplemental I	Part IV Supplemental Information						
Ident if ier	Return Reference	Explanation					

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

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 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Employer identification number Name of the organization Good Samarıtan Hospital 47-0379755 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨

- - Number of states where property subject to conservation easement is located
 - Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?
 - Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨
- 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?
- In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Intructions for Form 990

(ii) Assets included in Form 990, Part X

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1 **►** \$
- Assets included in Form 990, Part X

Cat No 52283D

<u>Par</u>	Organizations Maintaining Collections of Art, Hi	stor	<u>ical Treas</u>	ures, or Othe	<u>r Similar Asse</u>	ets (co	ntınued)
3	Using the organization's accession and other records, check any of items (check all that apply)	the fo	llowing that a	re a sıgnıfıcant u:	se of its collectio	n	
а	Public exhibition d	\vdash	Loan or exc	change programs			
b	Scholarly research e		Other				
c	Preservation for future generations						
4	Provide a description of the organization's collections and explain he Part XIV	ow the	ey further the	organization's ex	empt purpose in		
5	During the year, did the organization solicit or receive donations of a assets to be sold to raise funds rather than to be maintained as part					Yes	┌ No
Pai	Trust, Escrow and Custodial Arrangements. Cor Part IV, line 9, or reported an amount on Form 990, F			anızatıon answ	ered "Yes" to F	orm 9	90,
1a	Is the organization an agent, trustee, custodian or other intermedian included on Form 990, Part X?	y for	contributions	or other assets r		Yes	┌ No
b	If "Yes," explain why in Part XIV and complete the following table						
					A mou	unt	
С	Beginning balance			1 c			
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
b	If "Yes," explain the arrangement in Part XIV						
Pa	rt V Endowment Funds. Complete if the organization ar						
_		b) Prior	Year (c)T	wo Years Back (d)	Three Years Back (e	Four Ye	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 held as						
а	Board designated or quasi-endowment						
ь	Permanent endowment 🏲						
c	Term endowment -						
3a	Are there endowment funds not in the possession of the organization	n that	are held and	administered for	the		
	organization by					Yes	No
	(i) unrelated organizations				3a(i)		
	(ii) related organizations				3a(ii)		
	If "Yes" to 3a(II), are the related organizations listed as required on				3b		
4	Describe in Part XIV the intended uses of the organization's endowr			No. 1 No. 1 apr 40			
20	t VI Investments—Land, Buildings, and Equipment.				T		
	Description of investment) Cost or other is (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Boo	ok value
1a	_and			8,024,169	<u> </u>	i	8,024,169
	Buildings			68,873,287	30,368,207	3	8,505,079
c	_easehold improvements			8,858,601	4,597,304		4,261,297
d	Equipment			113,783,394	75,805,362	3	7,978,032
е	Other			1,713,217	0		1,713,217

Part VII Investments—Other Securities. See	e Form 990, Part X, line 1	2.
(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other CHI OPERATING INVESTMENT PROG	100,307,429	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	100,307,429	
		I
Part VIII Investments—Program Related. Se		
(a) Description of investment type	(b) Book value	(c) Method of valuation 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, I		1
(a) Descr	ription	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)	
Part X Other Liabilities. See Form 990, Part		,
(a) Description of Liability	(b) A mount	
Federal Income Taxes		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	<u> </u>	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	194,114,72
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	177,359,096
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	16,755,626
4	Net unrealized gains (losses) on investments	4	-15,514,569
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-4,030,676
9	Total adjustments (net) Add lines 4 - 8	9	-19,545,24!
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-2,789,619
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue	er Retu	rn
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 Expense	s per Re	turn
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	_	
b	Prior year adjustments	4	
С	Losses reported on Form 990, Part IX, line 25	4	
d	Other (Describe in Part XIV)	4	
e	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)	_	
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	

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Ident if ier	Ret urn Reference	Explanat ion
Schedule D Part XI Q8	RECONCILIATION OF CHANGES IN NET ASSETS	Capital Resource Pool Contributions - (\$2,379,000) CHI Connect Depreciation - \$485,169 Transfer Gift Shop to Good Samriatan Hospital Foundation - (\$79,281) Recapitalization Good Samritan Outreach Services - (\$2,057,564)
Schedule D Part XIV	FOOTNOTE RE UNCERTAIN TAX POSITIONS	CHI follows Financial Accounting Standards Board (FASB) interpretation No 48, accounting for uncertainty in income taxes an interpretation of FASB statement No 109 (FIN 48), which prescribes criteria for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return FIN 48 also provides guidance on derecognition, classification, interest and penalties, accounting in interim periods, disclosure and transition Management annually reviews its tax positions and has determined that there are no material uncertain tax positions that require recognition in the consolidated financials statements

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OMB No 1545-0047

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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 Good Samarıtan Hospital

Employer identification number

Pa	ITE Charity Care and	l Certain O	ther Com	munity Benefits a		-0379755 r 2008)			
					C C C C C C C C C C C C C C C C C C C	2000)		Yes	No
1a	Does the organization have a	charity care	policy? If "N	lo," skip to question 6	a		1a		-
b	If "Yes," is it a written policy	?					1b		
2	If the organization has multip care policy to the various ho		ındıcate whic	ch of the following best	describes application	of the charity			
	Applied uniformly to all he Generally tailored to indiv	ospitals /idual hospita	ls	Applied uniforml	y to most hospitals				
3	Answer the following based o organization's patients	n the charity	care eligibili	ty criteria that applies	to the largest number	of the			
а	Does the organization use Fe income individuals? If "Yes,"						3a		
	Γ _{100%} Γ _{150%}	Г	00%	C O ther	%				
b	Does the organization use FP "Yes," indicate which of the f						3ь		
	Г 200% Г 250%	Г 300	% Г	350% Г 400	0%	%			
С	If the organization does not u determining eligibility for free test or other threshold, regar	or discounte	d care Inclu	ide in the description v	whether the organizatio				
4	Does the organization's polic	y provide free	ordiscount	ed care to the "medica	illy indigent"?		4		
5a	Does the organization budget	t amounts for	free or disco	unted care provided ui	nder its charity care po	olicy?	5a		
b	If "Yes," did the organization	's charity car	e expenses	exceed the budgeted a	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	ailable to the	public?			6b		
	Complete the following table worksheets with the Schedule		ksheets prov	rided in the Schedule H	l instructions Do not s	submit these			
7	Charity Care and Certain C	ther Commu	nıty Benefits	at Cost					
	Charity Care and Means-Tested Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community b expense	enefit	(f) Pero total ex	
а	Charity care at cost (from worksheets 1 and 2)								
b	Unreimbursed Medicaid (from worksheet 3, column a)								
c	Unreimbursed costs—other means-tested government programs (from worksheet 3, column b)								
d	Total Charity Care and Means-Tested Programs								
e	Other Benefits Community health improvement services and community benefit operations (from (worksheet 4)								
	Health professions education (from worksheet 5)								
g	Subsidized health services (from worksheet 6)								
h	Research (from worksheet 7)								
	Cash and in-kind contributions to community groups (from worksheet 8)								
-	Total Other Benefits								
k '	Total (line 7d and 7j)								

	rt II Community Building activities) (Optional		(b) Persons served (optional)	(c) Total communit	-	Direct offse revenue		(e) Net commur building expens	nity	(f) Percer total expe	nt of
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	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Good Samaritan Hospital 10 East 31st Street Kearney,NE 68848	X	х							A cute care hospital
Richard Young Hospital 1755 Prairie View Place Kearney, NE 68847	x								Psychiatric hospital
Good Samaritan Hospital LTC 10 East 31st Street Kearney, NE 68848	х								Long Term Care
					l				<u> </u>

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

OMB No 1545-0047

DLN: 93493127010130

Open to Public

Schedule I

(Form 990)

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

Name of the organization						Employer identi	fication number
Good Samaritan Hospital						47-0379755	
Part I General Inform 1 Does the organization ma		nts and Assistance ubstantiate the amount		nce, the grantees' elig	ibility for the grants or as	ssistance, and	
the selection criteria use Describe in Part IV the o	d to award the grar	nts or assistance?					▽ Yes ▽
	IV, line 21 for ar edule I-1 if addit	ny recipient that rece cional space is			es. Complete if the of fino one recipient rec		
1(a) Name 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
City of RavennaPO Box 107 Ravenna, NE 68869	47-6006337	City of Ravenna	50,000				PROGRAM SUPPORT
Buffalo County Community Partnership1755 Prairie View Place Kearney, NE 68848	20-5852415	Buffalo County	40,000				PRO GRAM SUPPPORT
Saint Elizabeth Regional Medical Center555 South 70th Street Lincoln, NE 68510	47-0379836	501(c)(3)		18,629	Book	Equipment	Transfer of Assets
2 Enter total number of sec							
organizations				.	-		

Enter total number of other organizations.

	·
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, 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
-	organization's procedures for monitoring the use of graNTS	In the case of a related party a Restricted Fund Agreement is in place and, in other cases a Pledge Agreement may be in place Donations are also made as solicited by various exempt organizations and Good Samritan Hospital relies on those organizations to use the grants in accordance with each organization's exempt purpose

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As Filed Data -

DLN: 93493127010130

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008

Open to Public Inspection

Name of the organization
Good Samarıtan Hospital

47-0379755

Pa	rt I Questions Regarding Compensation					
					Yes	Νo
1a	Check the appropiate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III t					
	First class or charter travel	Γ	Housing allowance or residence for personal use			
	▼ Travel for companions	Γ	Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a writ provision of all the expenses described above? If "No		, , ,	1b	Yes	
2	Did the organization require substantiation prior to re officers, directors, trustees, and the CEO/Executive I			2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that					
	Compensation committee	Γ	Written employment contract			
	Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations	Γ	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, P	art V I	I, Section A, line 1a			
а	Receive a severance payment or change of control pa	ymen	t?	4a		No
b	Participate in, or receive payment from, a supplement	al nor	nqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-bas	sed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro-	vide tl	he applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must com	plete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, li compensation contingent on the revenues of	ne 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, li compensation contingent on the net earnings of	ne 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, li payments not described in lines 5 and 6? If "Yes," de			7		No
8	Were any amounts reported in Form 990, Part VII, pa subject to the initial contract exception described in in Part III			8		No

Cat No 50053T

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)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	J	(B) Breakdown of	fW-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
GARY CAMPBELL	(ı) (ıı)	297,821	121,777	63,685		26,238	509,522	335,598
LEIGH BERTHOLF	(ı) (ıı)		16,128	38,611		39,883	3 241,079	81,800
JOHN ALLEN	(ı) (ıı)	340,025	68,103	54,333		30,471	1 492,933	3 212,420
GEORGE HARMS	(ı) (ıı)		20,555	15,324		34,456	251,866	100,536
STEVE LOVELESS	(ı) (ıı)	153,971	20,549	18,838		35,089	228,447	87,302
FISHEL LIBERMAN	(ı) (ıı)	522,008	15,056	2,251		36,625	575,940	283,613
HUGO GONZALEZ	(ı) (ıı)	256,194		309		36,496	5 292,998	132,502
ROBERT LANIK	(ı) (ıı)	480,092	115,391	124,755	1,298	42,038	763,574	326,208
TIMOTHY RANNEY	(ı) (ıı)		32,913	7,957		36,625	369,731	. 156,174
STEVEN SCHULZ	(ı) (ıı)	318,149		463		41,049	359,660	142,713
CAROL WAHL	(ı) (ıı)		20,477	16,796		31,840	256,607	98,980
Robert Cunningham	(ı) (ıı)	144,365	16,013	13,428		29,310	203,116	82,094
RO GER ALBIN	(ı) (ıı)			12,698		41,969	304,541	. 132,80!
ROBERT CRANDALL	(ı) (ıı)			272		34,265	288,004	129,477
	(i) (ii)	<u> </u>				 -,		1

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 1a	BENEFITS PROVIDED TO REPORTABLE INDIVIDUALS	Good Samaritan Hospital provides for companion travel for its board members when deemed appropriate. The amounts paid to board members by the organization for companion travel are grossed up and included as income on the board member's Form 1099 or W-2 as applicable
4b	SUPPLEMENTAL NONQUALIFIED 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 John Allen, Gary Campbell and Robert Lanik CHI made no contributions to the deferred compensation plan for the 2008 calendar year. The following PAYMENTS FROM THE SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION PLAN WERE INCLUDED IN THE INDIVIDUALS' REPORTABLE COMPENSATION FOR SCHEDULE J John Allen 28,078 Gary Campbell 53,113 Robert Lanik 73,517 DURING THE 2008 CALENDAR YEAR, GOOD SAMARITAN HOSPITAL MAINTAINED A SUPPLEMENTAL EMPLOYEE RETIREMENT PLAN FOR VICE PRESIDENTS AND ABOVE THE FOLLOWING REPORTABLE INDIVIDUALS WERE ELIGIBLE TO PARTICIPATE. STEVE LOVELESS, CAROL WAHL, LEIGH BERTOLF, GEORGE HARMS, ROBERT CUNNINGHAM AND TIMOTHY RANNEY THE following PAYMENTS FROM THE SUPPLEMENTAL EMPLOYEE RETIREMENT PLAN WERE INCLUDED IN THE INDIVIDUALS' REPORTABLE COMPENSATION FOR SCHEDULE J. CAROL WAHL - \$8,581 STEVE LOVELESS - \$11,424 LEIGH BERTOLF - \$30,832
Sch J, Part I, Q 3	Methods Used to establish CEO Compensation	Compensation for the top management official of good samaritan hospital was established and paid by a related organization, catholic health initiatives (CHI) CHI used the following methods to establish the top management official's compensation 1) compensation committee, 2) independent compensation consultant, 3) compensation survey or study, and 4) approval by the board or compensation committee, 5) written employment contract
Sch J Part I Q 4a	Post termination Payments	Post-termination payments are addressed in the executive employment agreements for Catholic Health Initiative's ("CHI") MBO CEOs 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 arrangements are periodically reviewed for overall reasonableness in light of the executive's overall compensation package. No reportable individuals received severance payments from CHI during the 2008 calendar year.
	1	

Software ID: **Software Version:**

EIN: 47-0379755

Name: Good Samarıtan Hospital

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name			f W-2 and/or 1099-MIS		(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
GARY CAMPBELL	(ı) (ıı)	297,821	121,777	63,685		26,238	509,522	335,598
LEIGH BERTHOLF	(ı) (ıı)	146,457	16,128	38,611		39,883	241,079	81,800
JOHN ALLEN	(I) (II)	340,025	68,103	54,333		30,471	492,933	212,420
GEORGE HARMS	(I) (II)	181,531	20,555	15,324		34,456	251,866	100,536
STEVE LOVELESS	(I) (II)	153,971	20,549	18,838		35,089	228,447	87,302
FISHEL LIBERMAN	(ı) (ıı)	522,008	15,056	2,251		36,625	575,940	283,613
HUGO GONZALEZ	(I) (II)	256,194		309		36,496	292,998	132,502
ROBERT LANIK	(I) (II)	480,092	115,391	124,755	1,298	42,038	763,574	326,208
TIMOTHY RANNEY	(I) (II)	292,236	32,913	7,957		36,625	369,731	156,174
STEVEN SCHULZ	(I) (II)	318,149		463		41,049	359,660	142,713
CAROL WAHL	(I) (II)	187,495	20,477	16,796		31,840	256,607	98,980
Robert Cunningham	(I) (II)	144,365	16,013	13,428		29,310	203,116	82,094
RO GER ALBIN	(ı) (ıı)	249,874		12,698		41,969	304,541	132,805
ROBERT CRANDALL	(I) (II)	253,467		272		34,265	288,004	129,477

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

2008

Open to Public Inspection

Name of the organization Good Samarıtan Hospital Employer identification number

47-0379755

ldentifier	Return Reference	Explanation
Form 990, Part VI, Q 12e	Procedures for monitoring and enforcing the COI policy	DISCLOSURE, REVIEW AND INITAL DETERMINATION 1 General Obligation Each director must promptly and fully report to the Board Chair situations that may create a conflict of interest when he or she becomes aw are of such stuations. In any situation when a director is in doubly, full disclosure should be made as as to permit an impartial and objective determination. A written record of the disclosure will be made 2. Annual Disclosure Statement in addition to the ongoing disclosure obligation, the Corporation's President and Chief Executive Officer shall annually send to all directors a copy of this Policy and the Conflict of Interest Disclosure Statement. The directors must promptly complete, sign and return the statement to the Corporation's President and Chief Executive Officer. The completed statements will be reviewed by the President and Chief Executive Officer and the Board Chair 3 Review, Evaluation and Initial Determination. The Board chair or designee shall make such further investigation of any conflict of interest disclosures as he or she may deem appropriate if the conflict involves the Board Chair she Vice Chair will make a or had a president of the state of the conflict of interest exists and circumstances, the Board Chair will make an initial determination as to whether a conflict of interest exists and whether, pursuant to this Policy, review and approval or other action by the Board of Directors is required. A written record of the Board Chair's determination, including relevant facts and circumstances, will be made. The Board Chair's aball the make an appropriate report to the Executive Committee of the Board concerning such review, evaluation and determination if a difference of opinion exists between the Board Chair and another director as to whether the facts and circumstances of a given situation constitute a conflict of interest on whether Board concerning such review, and approval or other action is required within this Policy, the matter shall be submitted to the Board's Executive Committee,

ldentifier	Return Reference	Explanation
Form 990 Part VI Line 10	Process the organization uses to review Form 990	The Form 990 is reviewed by the CFO and provided to Good Samaritan Hospital's board. Subsequent to presentation to the board and the CFO, 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.

Identifier	Return Reference	Explanation
Form 990, Part III, Q, 4a	Statement of Program Service Accomplishments Continued	NTRODUCTION I Organizations Mission, Vision, and Tax-Exempt Purpose i Mission The mission of Good Samaritan Hospital and Catholic Health Intiatives is to nutrium the healting ministry of the church by bringing in the wilf of, energy and visibiting in the 21st century. Teledity to the gospel urgose us to emphasize human dignity and social justice as we move toward the creation of healther communities. If National intercognized for excellence in regional healthcare through values-based leadership iii Primary Tax-Exempt Purpose The primary exempt purpose of Good Samaritan Hospitals is to support the communityby promoting of providing healthcare services in accordance with the needs of a community Good Samaritan Hospital serviceboth the undermisured anduninisured inflorance with the needs of a community Good Samaritan Hospital is listed in The Official Catholic Directory for 2009 and sorganized and operated exclusively for religious, charitable, solentific, and educational purposes within the manning of Section 501(c)(3) of the Internal Review Code Established by the Sisters of the Samit Francis in 1924, Good Samaritan Hospitals is a 248-bed regional referral center in Keamey, Nebraska A member of Catholic Health Interves, Good Samaritan provides specially care to over 350,000 residents of central electrical provides of the Catholic Health Interves, and sometimes of the Catholic Health Interves (and Samaritan Dosatis Nebraska first accredited Chest Pain Center, a Level Illumination of the Catholic Health Interves (and Samaritan Hospital) and some services are generally electropited transport, deviated of the providence or community and the providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Catholic Health Providence or the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Provid

ldentifier	Return Reference	Explanation				
Form 990, Part III, Q, 4a	Statement of Program Service Accomplishments	QUALITATIVE DESCRIPTION OF COMMUNITY BENEFIT I Community Outreach for the Poor Medicaid Assistance Counseling Staff in the Good Samartan Hospital Home Care Services Department provide financial counseling to their patients who request this service. They are dedicated to helping patients determine sources of reimbursement for homecare services. As a private, non-profit charitable institution, GSH relies on patient care revenues, whether from commercial insurance, government programs, or direct patient payments. Home Care staff identify and assist patients who are unable to pay their estimated liability prior to treatments or who have large existing balances. This assistance includes assessing the patients liability, inking patients to available funding sources such as Medicaid and Medicare, and determining whether they are eligible for charfly care. Ill Community Cutreach for the Broader Community in fiscal year 2009, Good Samartan Hospital served the broader community through leadership, advocacy, collaborative efforts to improve community health, donated funds and other resources, support of fundraisers, cash sponsorships, volunteer work, education of medical professionals, research, capital improvements, and community building activities. These efforts are described in this section. Leadership in the Community Good Samartan Hospital is recognized as a progressive community and regional provider of healthcare services. The hospitals boards of directors (Hospital and Foundation) and staff volunteer their time and resources to more than 200 regional and local boards, advisory councils, community organizations and coalitions. Ill Collaborative Efforts to improve Community Health Give Health A Hand Give Health a Hand teaches the public the most effective way to prevent influenze and encourages them to wash their hands, a step toward achieving Good Samaritans mission of creating health and courages them to wash their hands, a step toward achieving Good Samaritans and part of the camping human part of the camping hu				

Identifier	Return Reference	Explanation			
From 990 Part VI Line 6	The Organization's Corporate Members/Stockholders	The sole member of the corporation is Good Samaritan Health Systems, Inc., a Nebraska nonprofit corporation. Good Samritan Health Systems, Inc. was dissolved on 7/1/2009 and CHI Nebraska became the sole corporate member of Good Samritan Hospital.			

ldentifier	Return Reference	Explanation			
Form 990 Part VI Line 7	Members/Stockholders Electing Governing Body Members	Good Samaritan Health Systems, Inc. has the power to appoint, remove or replace the members of the board of directors			

Identifier	Return Reference	Explanation			
Form 990 Part VI Line 7b	APPORVAL OF GOVERNING BODY DECISIONS BY MEMBERS\STOCKHOLDERS	The organizations corporate member is Good Samaritan Health Systems, Inc. Pursuant to Section 5.4 of the organizations bylaws, both Good Samaritan Health Systems and Catholic Health Initiatives (CHI) (Good Samaritans sole corporate member) have reserved powers as outlined in the CHI governance matrix. Pursuant to the governance matrix the following rights are held by the Good Samaritan Health Systems, Inc. Board Approve members of the Good Samaritan Hospital board Amendment of the corporate documents of the Good Samaritan Hospital Approve removal of a member of the governing body of the Good Samaritan Hospital Adoption of long range and strategic plans for the Good Samaritan Hospital 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 the Good Samaritan Hospital Removal of a member of the governing body of the Good Samaritan Hospital Approval of issuance of debt by Good Samaritan Hospital Approval of participation of Good Samaritan Hospital in a joint venture Approval of formation of a new corporation by Good Samaritan Hospital Approval of a merger involving the Good Samaritan Hospital Approval of the sale of all or substantially all of the assets of the Good Samaritan Hospital To require the transfer of assets by the Good Samaritan Hospital to CHI to accomplish CHIs goals and objectives, and to satisfy CHI debts. Pursuant to Section 5.2 of the organizations bylaws, Good Samaritan Hospital or CHI may, in exercise of their approval powers, grant or withhold approval in whole or in part, or may, in its complete discretion, after consultation with the Board and its President and the 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 CEO's Compensation	The CEO is employed 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	Good Samaritan Hospitals financial statements were 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			

Identifier	Return Reference	Explanation
Form 990, Part VI, Q16a	Formal Policies Concerning Participation in Joint Ventures	Good Samaritan Hospital has not formally adopted a written policy or written procedure regarding joint ventures. However CHl's system-wide joint venture model operating agreement incorporates controls over the venture sufficient to ensure that (1) the exempt organization at all times retains control over the venture sufficient to ensure that the partnership furthers the exempt purpose of the organization, (2) in any partnership in which the exempt organization is a partner, achievement of exempt purposes is prioritized over maximatation of profits for the partners, (3) the partnership does not engage in any activities that would jeopardize the exempt organization's exemption, (4) returns of capital, allocations, and distributions must be made in proportion to the partners' respective ownership interests, and (5) all contracts entered into by the partnership with the exempt organization must be at arm's-length, with prices set at fair market value. Any joint venture agreements that do not conform to the model agreement are generally reviewed by counsel

Identifier	Return Reference	Explanation
Form 990, Part VI, Q 1a	Executive Committee composition and authority	PURSUANT TO SECTION 8 6 OF THE BY LAWS OF GOOD SAMARITAN HOSPITAL, THE EXECUTIVE COMMITTEE IS COMPOSED OF THE BOARD CHAIR, THE BOARD VICE CHAIR, THE PRESIDENT AND CEO, AND THE VICE PRESIDENT OF MEDICAL AFFAIRS, THE TREASURER, AND THE PRESIDENT OF THE MEDICAL STAFF EACH OF WHOM SERVES AS AN EX OFFICIO VOTING MEMBER OF THE EXECUTIVE COMMITTEE, AND AT LEAST THREE DIRECTORS APPOINTED BY THE BOARD PURSUANT TO SECTION 8 1 OF THE CORPORATION'S BY LAWS, COMMITTEES, SUCH AS THE EXECUTIVE COMMITTEE, THAT ARE GRANTED THE AUTHORITY TO ACT ON BEHALF OF THE BOARD OF DIRECTORS MAY INCLUDE ONLY DIRECTORS OF THE CORPORATION FURTHER, PURSUANT TO SECTION 8 6 OF THE CORPORATION'S BY LAWS, THE EXECUTIVE COMMITTEE HAS AND MAY EXERCISE SUCH POWERS AS MAY BE DELEGATED TO IT BY THE BOARD OF DIRECTORS THE EXECUTIVE COMMITTEE ALSO POSSESSES THE POWER TO TRANSACT ROUTINE BUSINESS OF THE CORPORATION IN THE INTERIM PERIOD BETWEEN REGULARLY SCHEDULED MEETINGS OF THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation			
Form 990, Part VI, Line 15b	Process for Determining Compensation	Catholic Health Initiatives Human Resources provides market / salary ranges for all executives and officers to the local HR Departments. CHI completes the appropriate process in determining these ranges. The highest paid employees are Physicians. Their compensation was reviewed by an independent compensation consultant. There is a Physician Employment Agreement contract with each employed Physician. Contracts include a maximum compensation based upon an overall percentile national compensation per specialty as reported in the most recent version of the Physician Compensation and Production Survey as published by the MGMA			

ldentifier	Return Reference	Explanation				
	Public availability of	The organizing documents are available on the Nebraska Secretary of State wiebsite. The Conflict of				
Form 990,	Governing	Interest Policy is available upon request GGOOD SAMARITAN HOSPITALS FINANCIAL STATEMENTS				
Part VI, Q	documents/COI	ARE INCLUDED IN THE CATHOLIC HEALTH INITIATIVES CONSOLIDATED AUDITED FINANCIAL				
19	Policy/Financial	STATEMENTS THAT ARE AVAILABLE AT WWW CATHOLICHEALTHINIT ORG OR AT				
	Statements	WWW DACBOND COM				

DLN: 93493127010130

OMB No 1545-0047 2008

Open to Public Inspection

Employer identification number

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Good Samarıtan Hospital

Name of the organization

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.

Related Organizations and Unrelated Partnerships

				47-0379755	
Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
See Additional Data Table					
Part II Identification of Related Tax-Exempt Organization	ons				
(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 statu (if section 501(c)(3)	(F) us Direct controlling 3)) entity
See Additional Data Table					

(A) Name, address, and EIN of related organization		(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														

q O ther transfer of cash or property to other organization(s)

Part V Tra	ansactions with Related Organizations
Note. Comp	plete line 1 if any entity is listed in Parts II, III or IV

Part V Transactions with Related Organizations			
Note. Complete line 1 if any entity is listed in Parts II, III or IV		Ye	s No
L During the tax year, did the orgranization engage in any of the following transactions 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 entity	1a	3	No
b Gift, grant, or capital contribution to other organization(s)	1b)	No
c Gift, grant, or capital contribution from other organization(s)	10	Ye	:s
d Loans or loan guarantees to or for other organization(s)	10	1	No
e Loans or loan guarantees by other organization(s)	1e		No
	L		
f Sale of assets to other organization(s)	1f	•	No
g Purchase of assets from other organization(s)	1 g	3	No
h Exchange of assets	1h	1 Ye	:s
i Lease of facilities, equipment, or other assets to other organization(s)	11	i Ye	:s
	L		
j Lease of facilities, equipment, or other assets from other organization(s)	1j	j	No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	(Ye	:s
I Performance of services or membership or fundraising solicitations by other organization(s)	11	l Ye	:s
m Sharing of facilities, equipment, mailing lists, or other assets	1n	n	No
n Sharing of paid employees	1 n	1	No
• Reimbursement paid to other organization for expenses	10	Ye	:s
p Reimbursement paid by other organization for expenses	1 p	o	No

r C	er transfer of cash or property from other organization(s)	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds								
(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved						
(1)								
See Additional Data Table								
(2)								
(3)								
(4)								
(5)								
(6)								

1q Yes Yes

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)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) 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		r J
			Yes	No		Yes	No		Yes	No																				
			•			•	•	Sabadula	D / Form	000) 2000																				

Additional Data

Software Version: EIN: 47-0379755

Name, address, and EIN of disregarded entity

Form 990, Schedule R, Part I - Identification of Disregarde

Software ID:

Name: Good Samarıtan Hospital

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

Hospital

Foundation

Hospital

Hospital

Elderly Care

Physicians

Foundation

LTerm Care

Healthcare

Jurdic Person

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

(C)

Primary Activity

gal Domicile

ed Entities	ı
(B)	Lega

(State

or Foreign

Country)

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(C)

Legal Domicile

(State

or Foreign Country)

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(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 (\$)

142,597

1,266,816

26,159,105

1,342,382

1,712,012

(E)

Public charity

status

(If 501(c)(3))

11a

3

11a

3

3

9

11a

9

3

3

11b

3

3

11a

3

3

9

11a

11a

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

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SFMC

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SCHS

SCHS

GHS

CHI

MHCS

MHCS

GSH

GSH

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SCHS

GSH

CHI Colorado

CHI Colorado

СНІ

СНІ

TRI-HEALTH

CHI Colorado

(F)

Direct Controlling

Entity

MHCSFound

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

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		
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 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	
Kearney, NE68848 47-0379755	H ealth Care	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, PA17603 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	ŊĴ	501(c)(3)		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, ND58054 82-0558836	Healthcare	ND	501(c)(3)	3	СНІ	
Little Falls, MN56345 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	
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	
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	ΝE	501(c)(3)	3	CHI Nebraska	

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		
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					
1301 15th Avenue West Williston, ND58801 45-0381803	Foundation	ND	501(c)(3)	11a	ММС
Samarıtan Health Partners					
2222 Philadelphia Drive Dayton, OH45406 31-1107411	Healthcare	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, IA 51503 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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WA

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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

11

300

300

LLC

SERMC

CHI

тнс

THC

THC

THC

тнс

THC

ммс

FHS

CHI

CHI-IA Corp

Νo

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

Νo

Νo

Νo

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Νo

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Νo

Νo

Νo

Νo

Νo

Νo

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, MO64804 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

	990, Schedule R, Part V - Transactions with Related Organizations (A)	(B)	(c)
	Name of other organization	Transaction type(a-r)	A mount Involved (\$)
(1)	Good Samaritan Hospital Foundation-Releases	L	3,391,119
(2)	Good Samaritan O utreach Services-Recap	Q	2,057,564
(3)	Good Samarıtan Health Systems Inc-HSE	R	1,728,363
(4)	St Elizabeth - Lincoln Fixed Asset Transfer	Q	18,629
(5)	MMC - Des Moines Fixed Asset Trfr	Q	2,039
(6)	CNHC - Kearney Fixed Asset Trfr	Q	4,336
(7)	Physician Network - Billing Fees	L	209,013
(8)	Good Samaritan O utreach Services	к	22,414
(9)	Good Samarıtan O utreach Services-Rent	I	92,825
(10)	Health Systems Enterprises Inc - Services	к	945
(11)	Central NE Home Care - Services	к	10,196
(12)	Kearney Imaging Center - Rent	I	71,634
(13)	Good Samaritan Hospital Foundation - Services	к	29,278
(14)	Catholic Health Initiatives	L	25,883,642
(15)	Catholic Health Initiatives	0	2,542,247
			<u> </u>

Q

С

7,049,160

45,100

207,858

Catholic Health Initiatives

Catholic Health Initiatives

Good Samaritan Hospital Foundation

(16)

(17)

(18)

Software ID: Software Version:

EIN: 47-0379755

Name: Good Samarıtan Hospital

Form 990. Part VII - Section Aaa

Form 990, Part VII - Section Aaa								<u> </u>		
		(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) A verage 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)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
LARRY BUTLER , BOARD MEMBER	3 0	Х								
CAROL COPE , BOARD MEMBER	1 0	Х								
GARY CAMPBELL , SR VP OPERATIONS	2 0	Х							483,284	26,238
GALEN HADLEY , BOARD MEMBER	2 0	Х								
DENNIS EDWARDS , PRESIDENT MEDICAL STAFF	4 0	X								
RON ECKLOFF , BOARD MEMBER	1 0	Х								
NADINE HEIMANN , BOARD MEMBER	1 0	Х								
ROBERT LANIK , BOARD MEMBER	2 0	Х							720,238	43,336
MARY KALB , CHAIR PERSON	4 0	Х						408		
RICHARD PILAKO WSKI , BO ARD MEMBER	2 0	Х								
DALE POHLMANN , VICE CHAIR PERSON	3 0	X								
GIL RUDE , BOARD MEMBER	2 0	Х								
THELMA SIMPSON , SECRETARY/TREASURER	5 0	X								
THOMAS TYE II , BOARD MEMBER	3 0	Χ								
MARK SCHANBACHER , BOARD MEMBER	1 0	Х						12,017		
VOSIK WILLIAM , BOARD MEMBER	1 0	Х								
DAN BAHENSKY , BOARD MEMBER	4 0	Х								
JANICE WEBUSCH , BOARD MEMBER	1 0	X								
JOHN ALLEN , PRESIDENT CEO	60 0			Х					462,462	30,471
GEORGE HARMS , CHIEF FINANCIAL OFFICER	60 0			х				217,410		34,456
LEIGH BERTHOLF , VICE PRESIDENT - CRO	60 0				×			201,196		39,883
STEVE LOVELESS , VP ANCILLARY & SUPPORT SVCS	60 0				×			193,358		35,089
TIMOTHY RANNEY , VP MEDICAL AFFAIRS	60 0				х			333,106		36,625
CAROL WAHL, VP PATIENT SERVICES	60 0				X			224,767		31,840
Robert Cunningham , VP Human Resources & Org Dev	60 0				x			173,806		29,310
FISHEL LIBERMAN , PHYSICIAN	65 0					Х		539,315		36,625
HUGO GONZALEZ, PHYSICIAN	65 0					X		256,502		36,496
STEVEN SCHULZ , PHYSICIAN	65 0					X		318,611		41,049
RO GER ALBIN , PHYSICIAN	650					Х		262,572		41,969
ROBERT CRANDALL, PHYSICIAN	650					X		253,739		34,265

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a Patient Services	900,099	185,795,203	185,795,203		
b Equity changes of unconsolidated orgs	900,099	1,298,381	1,342,685	-44,304	
c Medical Services	900,099	39,040	39,040		
d Program Service Revenue	900,099	27,154	27,154		
e Emergency Medical Services	621,910	10,144	10,144		

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

The mission of Good Samaritan Hospital is to nurture the healing ministry of the church by bringing it new life, energy and viability in the 21st century. Fidelity to the gospel urges us to emphasize human dignity and social justice as we move toward the creation of healthier communities. II. Vision - Honoring our Catholic heritage, Good Samaritan Hospital is recognized for excellence in regional healthcare through values-based leadership.III. Primary tax-exempt purpose Is to support the community by promoting and providing health care services in accordance with the needs of a community. Good Samaritan Hospital serves both the underinsured and uninsured in Kearney, NE and the surrounding communities.