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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

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Termination

☐ Amended return

☐ Application pending

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

C Name of organization

Good Samaritan Hospital Foundation

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

Room/suite

111 W 31st Street

City or town, state or country, and ZIP + 4

Keamey, NE 688472916

D Employer identification number

47-0659443

E Telephone number

(308) 865-7902

G Gross receipts \$ 2,509,742

F Name and address of Principal Officer

John W Allen President CEO

H(a) Is this a group return for affiliates?

☐ Yes

☒ No

H(b) Are all affiliates included?

☐ Yes

☐ No

(If "No," attach a list See instructions )

H(c) Group Exemption Number

I Tax-exempt status

☒ 501(c) ( 3 )

☐ (insert no )

☐ 4947(a)(1) or

☐ 527

J Web site: WWW.GSHS.ORG

K Type of organization

☒ Corporation

☐ trust

☐ association

☐ other

L Year of Formation 1984

M State of legal domicile NE

Part I

Summary

|                             |     |                                                                                                                                                                                         |                   |              |
|-----------------------------|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------|
| Activities & Governance     | 1   | Briefly describe the organization's mission or most significant activities                                                                                                              |                   |              |
|                             |     | Our fundraising activities and careful stewardship of resources make possible the programs that help further our organizational mission of serving patients, families and our community |                   |              |
|                             | 2   | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets                                                      |                   |              |
|                             | 3   | Number of voting members of the governing body (Part VI, line 1a)                                                                                                                       | 3                 | 18           |
|                             | 4   | Number of independent voting members of the governing body (Part VI, line 1b)                                                                                                           | 4                 | 14           |
|                             | 5   | Total number of employees (Part V, line 2a)                                                                                                                                             | 5                 | 4            |
|                             | 6   | Total number of volunteers (estimate if necessary)                                                                                                                                      | 6                 | 675          |
|                             | 7a  | Total gross unrelated business revenue from Part VIII, line 12, column (C)                                                                                                              | 7a                | 0            |
|                             | b   | Net unrelated business taxable income from Form 990-T, line 34                                                                                                                          | 7b                | 0            |
| Revenue                     | 8   | Contributions and grants (Part VIII, line 1h)                                                                                                                                           | Prior Year        | Current Year |
|                             |     |                                                                                                                                                                                         | 1,315,624         | 2,215,753    |
|                             | 9   | Program service revenue (Part VIII, line 2g)                                                                                                                                            |                   | 0            |
|                             | 10  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                                                                           | 290,538           | 177,007      |
|                             | 11  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                                | -3,489            | 24,678       |
|                             | 12  | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                                                        | 1,602,673         | 2,417,438    |
| Expenses                    | 13  | Grants and similar amounts paid (Part IX, column (A), lines 1–3)                                                                                                                        | 895,119           | 3,391,119    |
|                             | 14  | Benefits paid to or for members (Part IX, column (A), line 4)                                                                                                                           | 16,656            | 0            |
|                             | 15  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)                                                                                                       | 306,261           | 372,876      |
|                             | 16a | Professional fundraising fees (Part IX, column (A), line 11e)                                                                                                                           |                   | 0            |
|                             | b   | (Total fundraising expenses, Part IX, column (D), line 25 435,214)                                                                                                                      |                   |              |
|                             | 17  | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)                                                                                                                            | 162,808           | 132,660      |
|                             | 18  | Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))                                                                                                                | 1,380,844         | 3,896,655    |
|                             | 19  | Revenue less expenses Subtract line 18 from line 12                                                                                                                                     | 221,829           | -1,479,217   |
| Net Assets or Fund Balances |     |                                                                                                                                                                                         | Beginning of Year | End of Year  |
|                             | 20  | Total assets (Part X, line 16)                                                                                                                                                          | 8,514,424         | 6,041,792    |
|                             | 21  | Total liabilities (Part X, line 26)                                                                                                                                                     | 2,665,727         | 1,867,420    |
|                             | 22  | Net assets or fund balances Subtract line 21 from line 20                                                                                                                               | 5,848,697         | 4,174,372    |

Part II

Signature Block

Please Sign Here

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

Signature of officer

2010-05-07

Date

George Harms CFO

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Date

Check if self-employed ☐

Preparer's PTIN (See Gen Inst )

Firm's name (or yours if self-employed), address, and ZIP + 4

CATHOLIC HEALTH INITIATIVES  
9780 MT PYRAMID COURT  
ENGLEWOOD, CO 80112

EIN

Phone no (720) 874-1500

May the IRS discuss this return with the preparer shown above? (See instructions)

☐ Yes

☐ No

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

Cat No 11282Y

Form 990 (2008)

Part III

Statement of Program Service Accomplishments (See the instructions.)

|                           |                                                                                                                                                                                                                 |                |                              |                                                  |  |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------|--------------------------------------------------|--|
| 1                         | Briefly describe the organization's mission                                                                                                                                                                     |                |                              |                                                  |  |
| See Additional Data Table |                                                                                                                                                                                                                 |                |                              |                                                  |  |
| 2                         | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . .                                                                |                |                              |                                                  |  |
|                           |                                                                                                                                                                                                                 |                | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No           |  |
|                           | If "Yes," describe these new services on Schedule O                                                                                                                                                             |                |                              |                                                  |  |
| 3                         | Did the organization cease conducting or make significant changes in how it conducts any program services? . . . . .                                                                                            |                |                              |                                                  |  |
|                           |                                                                                                                                                                                                                 |                | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No           |  |
|                           | If "Yes," describe these changes on Schedule O                                                                                                                                                                  |                |                              |                                                  |  |
| 4                         | Describe the exempt purpose achievements for each of the organization's three largest program services by expenses                                                                                              |                |                              |                                                  |  |
|                           | Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported |                |                              |                                                  |  |
| 4a                        | (Code                                                                                                                                                                                                           | ) (Expenses \$ | 3,391,119                    | including grants of \$ 3,391,119 ) (Revenue \$ ) |  |
|                           | See Schedule O                                                                                                                                                                                                  |                |                              |                                                  |  |
| 4b                        | (Code                                                                                                                                                                                                           | ) (Expenses \$ |                              | including grants of \$ ) (Revenue \$ )           |  |
| 4c                        | (Code                                                                                                                                                                                                           | ) (Expenses \$ |                              | including grants of \$ ) (Revenue \$ )           |  |
| 4d                        | Other program services (Describe in Schedule O )                                                                                                                                                                |                |                              |                                                  |  |
|                           | (Expenses \$                                                                                                                                                                                                    |                | including grants of \$       | ) (Revenue \$ )                                  |  |
| 4e                        | Total program service expenses \$ 3,391,119 Must equal Part IX, Line 25, column (B).                                                                                                                            |                |                              |                                                  |  |

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   | No  |
| 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   | No  |
| 9   | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  | 9   | No  |
| 10  | Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V                                                                                                                                    | 10  | Yes |
| 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  | No  |
| 13  | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                                                                                                                                                                  | 13  | No  |
| 14a | Did the organization maintain an office, employees, or agents outside of the U S ?                                                                                                                                                                                                                                                    | 14a | No  |
| 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? If "Yes," complete Schedule F, Part II                                                                                                                         | 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  | No  |
| 17  | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I                                                                                                                             | 17  | No  |
| 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  | Yes |
| 19  | Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III                                                                                                                                    | 19  | No  |
| 20  | Did the organization operate one or more hospitals? If "Yes," complete Schedule H                                                                                                                                                                                                                                                     | 20  | No  |
| 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  | Yes |
| 23  | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J                                                                                                                                    | 23  | Yes |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25                                                         | 24a | No  |
| 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 | No  |
| b   | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I                                                                                                                                                            | 25b | No  |
| 26  | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II                                                                                                | 26  | No  |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III                                                                                                            | 27  | No  |

Part IV

Checklist of Required Schedules (Continued)

|                                                                                                                                                                                                                                                                                                                                                       | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee                                                                                                                                                                                                                                         |     |    |
| a 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 IV . . . . . |     | No |
| b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV . . . . .                                                                                                                                                                                                     |     | No |
| c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV . . . . .                                                                                                                       |     | No |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .                                                                                                                                                                                                                                 |     | No |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .                                                                                                                                                                 |     | No |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .                                                                                                                                                                                                                       |     | No |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .                                                                                                                                                                                                     |     | 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 . . . . .                                                                                                                                                      |     | 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 . . . . .                                                                                                                                                                                                        | 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 . . . . .                                                                                                                                                                                                  | 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 . . . . .                                                                                                                                                                          |     | No |
| 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 . . . . .                                                                                                     |     | No |

Part V

Statements Regarding Other IRS Filings and Tax Compliance

|     |                                                                                                                                                                                                                                                                                               |     |     |    |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
|     |                                                                                                                                                                                                                                                                                               |     | Yes | No |
| 1a  | Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .                                                                                                                                    | 1a0 |     |    |
| b   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable                                                                                                                                                                                                               | 1b0 |     |    |
| c   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .                                                                                                                            | 1c  | Yes |    |
| 2a  | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .                                                                                                 | 2a4 |     |    |
| b   | If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . .<br><b>Note:</b> <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>                                                          | 2b  |     |    |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .                                                                                                                                                                | 3a  |     | No |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .                                                                                                                                                                                    | 3b  |     |    |
| 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 _____<br>See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .                                                                                            |     |     |    |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .                                                                                                                                                                                   | 5a  |     | No |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                                                              | 5b  |     | No |
| c   | If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ? . . . . .                                                                                                                                 | 5c  |     |    |
| 6a  | Did the organization solicit any contributions that were not tax deductible? . . . . .                                                                                                                                                                                                        | 6a  |     | No |
| 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).                                                                                                                                                                                                                 |     |     |    |
| a   | Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more? . . . . .                                                                                                                                                                       | 7a  | Yes |    |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .                                                                                                                                                                                     | 7b  | Yes |    |
| c   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .                                                                                                                                                | 7c  |     | No |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year . . . . .                                                                                                                                                                                                                   | 7d  |     |    |
| e   | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .                                                                                                                                                   | 7e  |     | No |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .                                                                                                                                                                            | 7f  |     | No |
| g   | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . .                                                                                                                                                                            | 7g  | Yes |    |
| h   | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as 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 year? . . . . . | 8   |     |    |
| 9   | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.                                                                                                                                                                                                         |     |     |    |
| a   | Did the organization make any taxable distributions under section 4966? . . . . .                                                                                                                                                                                                             | 9a  |     |    |
| b   | Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .                                                                                                                                                                                              | 9b  |     |    |
| 10  | Section 501(c)(7) organizations. Enter                                                                                                                                                                                                                                                        |     |     |    |
| a   | 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                                                                                                                                                                                                   | 10b |     |    |
| 11  | Section 501(c)(12) organizations. Enter                                                                                                                                                                                                                                                       |     |     |    |
| a   | Gross income from members or shareholders . . . . .                                                                                                                                                                                                                                           | 11a |     |    |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .                                                                                                                                                        | 11b |     |    |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . . .                                                                                                                                                                            | 12a |     |    |
| b   | 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 Body and Management

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.

|    |                                                                                                                                                                                                                               |     |     |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
|    |                                                                                                                                                                                                                               | Yes | No  |
| 1a | Enter the number of voting members of the governing body . . . . .                                                                                                                                                            | 1a  | 18  |
| b  | Enter the number of voting members that are independent . . . . .                                                                                                                                                             | 1b  | 14  |
| 2  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .                                               | 2   | No  |
| 3  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . . | 3   | No  |
| 4  | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .                                                                                               | 4   | No  |
| 5  | Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .                                                                                                             | 5   | No  |
| 6  | Does the organization have members or stockholders? . . . . .                                                                                                                                                                 | 6   | Yes |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .                                                                                         | 7a  | Yes |
| b  | 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 . . . . .                                                                                    |     |     |
| a  | the governing body? . . . . .                                                                                                                                                                                                 | 8a  | Yes |
| b  | 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  | No  |
| 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  | No  |

Section B. Policies

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

Section C. Disclosure

|    |                                                                                                                                                                                                                                                                                                                                                         |    |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| 17 | List the States with which a copy of this Form 990 is required to be filed                                                                                                                                                                                                                                                                              | NE |
| 18 | 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.<br><input type="checkbox"/> own website <input type="checkbox"/> another's website <input checked="" type="checkbox"/> 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.                                                                                                                                              |    |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization.<br>GEORGE HARMS CFO<br>111 W 31ST STREET<br>KEARNEY, NE 688472916<br>(308) 865-7902                                                                                                                                       |    |

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

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

[illegible]



Part VIII

Statement of Revenue

|                                                           |                                                                                     |                                                                                                                                                                                                 |                                                                                      | (A)<br>Total Revenue | (B)<br>Related or<br>Exempt<br>Function<br>Revenue | (C)<br>Unrelated<br>Business<br>Revenue | (D)<br>Revenue<br>Excluded from<br>Tax under IRC<br>512, 513, or<br>514 |
|-----------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|----------------------|----------------------------------------------------|-----------------------------------------|-------------------------------------------------------------------------|
| Contributions, gifts, grants<br>and other similar amounts | 1a                                                                                  | Federated campaigns . . .                                                                                                                                                                       | 1a                                                                                   |                      |                                                    |                                         |                                                                         |
|                                                           | b                                                                                   | Membership dues . . . . .                                                                                                                                                                       | 1b                                                                                   |                      |                                                    |                                         |                                                                         |
|                                                           | c                                                                                   | Fundraising events . . . . .                                                                                                                                                                    | 1c                                                                                   | 8,376                |                                                    |                                         |                                                                         |
|                                                           | d                                                                                   | Related organizations . . . .                                                                                                                                                                   | 1d                                                                                   | 395,100              |                                                    |                                         |                                                                         |
|                                                           | e                                                                                   | Government grants (contributions)                                                                                                                                                               | 1e                                                                                   | 367,182              |                                                    |                                         |                                                                         |
|                                                           | f                                                                                   | All other contributions, gifts, grants, and<br>similar amounts not included above                                                                                                               | 1f                                                                                   | 1,445,095            |                                                    |                                         |                                                                         |
|                                                           | g                                                                                   | Noncash contributions included in<br>lines 1a-1f \$                                                                                                                                             |                                                                                      |                      |                                                    |                                         |                                                                         |
|                                                           | h                                                                                   | Total (Add lines 1a-1f) . . . . .                                                                                                                                                               |                                                                                      |                      | 2,215,753                                          |                                         |                                                                         |
| Program Service Revenue                                   | 2a                                                                                  |                                                                                                                                                                                                 | Business Code                                                                        |                      |                                                    |                                         |                                                                         |
|                                                           | b                                                                                   |                                                                                                                                                                                                 |                                                                                      |                      |                                                    |                                         |                                                                         |
|                                                           | c                                                                                   |                                                                                                                                                                                                 |                                                                                      |                      |                                                    |                                         |                                                                         |
|                                                           | d                                                                                   |                                                                                                                                                                                                 |                                                                                      |                      |                                                    |                                         |                                                                         |
|                                                           | e                                                                                   |                                                                                                                                                                                                 |                                                                                      |                      |                                                    |                                         |                                                                         |
|                                                           | f                                                                                   | All other program service revenue                                                                                                                                                               |                                                                                      |                      |                                                    |                                         |                                                                         |
|                                                           | g                                                                                   | Total. Add lines 2a-2f . . . . . \$ 0                                                                                                                                                           |                                                                                      |                      |                                                    |                                         |                                                                         |
|                                                           | Other Revenue                                                                       | 3                                                                                                                                                                                               | Investment income (including dividends, interest<br>other similar amounts) . . . . . |                      | 177,007                                            |                                         |                                                                         |
| 4                                                         |                                                                                     | Income from investment of tax-exempt bond proceeds . .                                                                                                                                          |                                                                                      | 0                    |                                                    |                                         |                                                                         |
| 5                                                         |                                                                                     | Royalties . . . . .                                                                                                                                                                             |                                                                                      | 0                    |                                                    |                                         |                                                                         |
| 6a                                                        |                                                                                     | Gross Rents                                                                                                                                                                                     | (i) Real (ii) Personal                                                               |                      |                                                    |                                         |                                                                         |
| b                                                         |                                                                                     | Less rental<br>expenses                                                                                                                                                                         |                                                                                      |                      |                                                    |                                         |                                                                         |
| c                                                         |                                                                                     | Rental income<br>or (loss)                                                                                                                                                                      |                                                                                      |                      |                                                    |                                         |                                                                         |
| d                                                         |                                                                                     | Net rental income or (loss) . . . . .                                                                                                                                                           |                                                                                      |                      |                                                    |                                         |                                                                         |
| 7a                                                        |                                                                                     | Gross amount<br>from sales of<br>assets other<br>than inventory                                                                                                                                 | (i) Securities (ii) Other                                                            |                      |                                                    |                                         |                                                                         |
| b                                                         |                                                                                     | Less cost or<br>other basis and<br>sales expenses                                                                                                                                               |                                                                                      |                      |                                                    |                                         |                                                                         |
| c                                                         |                                                                                     | Gain or (loss)                                                                                                                                                                                  |                                                                                      |                      |                                                    |                                         |                                                                         |
| d                                                         |                                                                                     | Net gain or (loss) . . . . .                                                                                                                                                                    |                                                                                      | 0                    |                                                    |                                         |                                                                         |
| 8a                                                        |                                                                                     | Gross income from fundraising<br>events (not including<br>\$ 9,927<br>of contributions reported on line 1c)<br>See Part IV, line 18<br>Attach Schedule G if total exceeds<br>\$15,000 . . . . . | a                                                                                    | 8,376                |                                                    |                                         |                                                                         |
| b                                                         |                                                                                     | Less direct expenses . . . .                                                                                                                                                                    | b                                                                                    | 13,005               |                                                    |                                         |                                                                         |
| c                                                         |                                                                                     | Net income or (loss) from fundraising events . .                                                                                                                                                |                                                                                      | -3,078               |                                                    |                                         | -3,078                                                                  |
| 9a                                                        |                                                                                     | Gross income from gaming activities<br>See part IV, line 19<br>Complete Schedule G if total exceeds<br>\$15,000 . . . . .                                                                       | a                                                                                    |                      |                                                    |                                         |                                                                         |
| b                                                         |                                                                                     | Less direct expenses . . . .                                                                                                                                                                    | b                                                                                    |                      |                                                    |                                         |                                                                         |
| c                                                         |                                                                                     | Net income or (loss) from gaming activities . .                                                                                                                                                 |                                                                                      | 0                    |                                                    |                                         |                                                                         |
| 10a                                                       |                                                                                     | Gross sales of inventory, less<br>returns and allowances . . . . .                                                                                                                              | a                                                                                    | 107,055              |                                                    |                                         |                                                                         |
| b                                                         | Less cost of goods sold . . . .                                                     | b                                                                                                                                                                                               | 79,299                                                                               |                      |                                                    |                                         |                                                                         |
| c                                                         | Net income or (loss) from sales of inventory . .                                    |                                                                                                                                                                                                 | 27,756                                                                               |                      |                                                    | 27,756                                  |                                                                         |
|                                                           | Miscellaneous Revenue                                                               |                                                                                                                                                                                                 | Business Code                                                                        |                      |                                                    |                                         |                                                                         |
| 11a                                                       |                                                                                     |                                                                                                                                                                                                 |                                                                                      |                      |                                                    |                                         |                                                                         |
| b                                                         |                                                                                     |                                                                                                                                                                                                 |                                                                                      |                      |                                                    |                                         |                                                                         |
| c                                                         |                                                                                     |                                                                                                                                                                                                 |                                                                                      |                      |                                                    |                                         |                                                                         |
| d                                                         | All other revenue                                                                   |                                                                                                                                                                                                 |                                                                                      |                      |                                                    |                                         |                                                                         |
| e                                                         | Total. Add lines 11a-11d . . . . . \$ 0                                             |                                                                                                                                                                                                 |                                                                                      |                      |                                                    |                                         |                                                                         |
| 12                                                        | Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c,<br>9c, 10c, and 11e . . . . . |                                                                                                                                                                                                 |                                                                                      | 2,417,438            |                                                    |                                         | 201,685                                                                 |

Part IX

Statement of Functional Expenses

| Section 501(c)(3) and 501(c)(4) organizations must complete all columns.<br>All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). |                                                                                                                                                                                                                               |                       |                                 |                                        |                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.                                                                                                           |                                                                                                                                                                                                                               | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
| 1                                                                                                                                                                                        | Grants and other assistance to governments and organizations in the U S See Part IV, line 21                                                                                                                                  | 3,381,569             | 3,381,569                       |                                        |                             |
| 2                                                                                                                                                                                        | Grants and other assistance to individuals in the U S See Part IV, line 22                                                                                                                                                    | 9,550                 | 9,550                           |                                        |                             |
| 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 . . . . .                                                                                                                                            | 148,858               |                                 |                                        | 148,858                     |
| 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                                                                                                                                                                                                      | 132,200               |                                 |                                        | 106,062                     |
| 8                                                                                                                                                                                        | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .                                                                                                                       | 14,559                |                                 | 1,438                                  | 13,121                      |
| 9                                                                                                                                                                                        | Other employee benefits . . . . .                                                                                                                                                                                             | 57,599                |                                 | 9,675                                  | 47,924                      |
| 10                                                                                                                                                                                       | Payroll taxes . . . . .                                                                                                                                                                                                       | 19,660                |                                 | 1,376                                  | 18,284                      |
| 11                                                                                                                                                                                       | Fees for services (non-employees)                                                                                                                                                                                             |                       |                                 |                                        |                             |
| a                                                                                                                                                                                        | Management . . . . .                                                                                                                                                                                                          | 0                     |                                 |                                        |                             |
| b                                                                                                                                                                                        | Legal . . . . .                                                                                                                                                                                                               | 0                     |                                 |                                        |                             |
| c                                                                                                                                                                                        | Accounting . . . . .                                                                                                                                                                                                          | 29,278                |                                 | 29,278                                 |                             |
| d                                                                                                                                                                                        | Lobbying . . . . .                                                                                                                                                                                                            | 0                     |                                 |                                        |                             |
| e                                                                                                                                                                                        | Professional fundraising See Part IV, line 17 . . . . .                                                                                                                                                                       | 0                     |                                 |                                        |                             |
| f                                                                                                                                                                                        | Investment management fees . . . . .                                                                                                                                                                                          | 0                     |                                 |                                        |                             |
| g                                                                                                                                                                                        | Other . . . . .                                                                                                                                                                                                               | 2,636                 |                                 | 755                                    | 1,881                       |
| 12                                                                                                                                                                                       | Advertising and promotion . . . . .                                                                                                                                                                                           | 0                     |                                 |                                        |                             |
| 13                                                                                                                                                                                       | Office expenses . . . . .                                                                                                                                                                                                     | 7,346                 |                                 |                                        | 7,346                       |
| 14                                                                                                                                                                                       | Information technology . . . . .                                                                                                                                                                                              | 9,726                 |                                 |                                        | 9,726                       |
| 15                                                                                                                                                                                       | Royalties . . . . .                                                                                                                                                                                                           | 0                     |                                 |                                        |                             |
| 16                                                                                                                                                                                       | Occupancy . . . . .                                                                                                                                                                                                           | 2,345                 |                                 |                                        | 2,345                       |
| 17                                                                                                                                                                                       | Travel . . . . .                                                                                                                                                                                                              | 4,389                 |                                 | 1,384                                  | 3,005                       |
| 18                                                                                                                                                                                       | Payments of travel or entertainment expenses for any Federal, state or local public officials . . . . .                                                                                                                       | 0                     |                                 |                                        |                             |
| 19                                                                                                                                                                                       | Conferences, conventions and meetings . . . . .                                                                                                                                                                               | 1,002                 |                                 |                                        | 1,002                       |
| 20                                                                                                                                                                                       | Interest . . . . .                                                                                                                                                                                                            | 45,670                |                                 |                                        | 45,670                      |
| 21                                                                                                                                                                                       | Payments to affiliates . . . . .                                                                                                                                                                                              | 8,772                 |                                 |                                        | 8,772                       |
| 22                                                                                                                                                                                       | Depreciation, depletion, and amortization . . . . .                                                                                                                                                                           | 1,964                 |                                 |                                        | 1,964                       |
| 23                                                                                                                                                                                       | Insurance . . . . .                                                                                                                                                                                                           | 425                   |                                 |                                        | 425                         |
| 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 )                                                           |                       |                                 |                                        |                             |
| a                                                                                                                                                                                        | Dues & subscriptions                                                                                                                                                                                                          | 2,432                 |                                 | 50                                     | 2,382                       |
| b                                                                                                                                                                                        | Education                                                                                                                                                                                                                     | 1,050                 |                                 |                                        | 1,050                       |
| c                                                                                                                                                                                        | Community support                                                                                                                                                                                                             | 6,086                 |                                 |                                        | 6,086                       |
| d                                                                                                                                                                                        | Other expenses                                                                                                                                                                                                                | 4,043                 |                                 | 228                                    | 3,816                       |
| e                                                                                                                                                                                        | FUNDRAISING EXPENSES                                                                                                                                                                                                          | 5,495                 |                                 |                                        | 5,495                       |
| f                                                                                                                                                                                        | All other expenses                                                                                                                                                                                                            |                       |                                 |                                        |                             |
| 25                                                                                                                                                                                       | Total functional expenses. Add lines 1 through 24f                                                                                                                                                                            | 3,896,655             | 3,391,119                       | 70,322                                 | 435,214                     |
| 26                                                                                                                                                                                       | Joint Costs. Check <input checked="" type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation |                       |                                 |                                        |                             |

**Part X**    **Balance Sheet**

|                                                                            |                                                                                                                                                                                               | (A)               |           | (B)              |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------|------------------|
|                                                                            |                                                                                                                                                                                               | Beginning of year |           | End of year      |
| Assets                                                                     | <b>1</b> Cash—non-interest-bearing . . . . .                                                                                                                                                  | 50                | <b>1</b>  | 427              |
|                                                                            | <b>2</b> Savings and temporary cash investments . . . . .                                                                                                                                     | 2,686,747         | <b>2</b>  | 393,658          |
|                                                                            | <b>3</b> Pledges and grants receivable, net . . . . .                                                                                                                                         | 561,115           | <b>3</b>  | 484,239          |
|                                                                            | <b>4</b> Accounts receivable, net . . . . .                                                                                                                                                   |                   | <b>4</b>  | 695,956          |
|                                                                            | <b>5</b> Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i> . . . . .                            |                   | <b>5</b>  |                  |
|                                                                            | <b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i> . . . . .     |                   | <b>6</b>  |                  |
|                                                                            | <b>7</b> Notes and loans receivable, net . . . . .                                                                                                                                            |                   | <b>7</b>  |                  |
|                                                                            | <b>8</b> Inventories for sale or use . . . . .                                                                                                                                                |                   | <b>8</b>  | 126,582          |
|                                                                            | <b>9</b> Prepaid expenses and deferred charges . . . . .                                                                                                                                      | 45                | <b>9</b>  | 0                |
|                                                                            | <b>10a</b> Land, buildings, and equipment—cost basis                                                                                                                                          | <b>10a</b> 42,650 |           |                  |
|                                                                            | <b>b</b> Less accumulated depreciation <i>Complete Part VI of Schedule D</i> . . . . .                                                                                                        | <b>10b</b> 40,969 | 221,887   | <b>10c</b> 1,680 |
|                                                                            | <b>11</b> Investments—publicly traded securities . . . . .                                                                                                                                    | 3,728,430         | <b>11</b> | 3,029,430        |
|                                                                            | <b>12</b> Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i> . . . . .                                                                                  |                   | <b>12</b> |                  |
|                                                                            | <b>13</b> Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i> . . . . .                                                                                  |                   | <b>13</b> |                  |
|                                                                            | <b>14</b> Intangible assets . . . . .                                                                                                                                                         |                   | <b>14</b> |                  |
|                                                                            | <b>15</b> Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i> . . . . .                                                                                                   | 1,316,150         | <b>15</b> | 1,309,820        |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) | 8,514,424                                                                                                                                                                                     | <b>16</b>         | 6,041,792 |                  |
| Liabilities                                                                | <b>17</b> Accounts payable and accrued expenses . . . . .                                                                                                                                     | 1,371,150         | <b>17</b> | 1,238,942        |
|                                                                            | <b>18</b> Grants payable . . . . .                                                                                                                                                            |                   | <b>18</b> |                  |
|                                                                            | <b>19</b> Deferred revenue . . . . .                                                                                                                                                          |                   | <b>19</b> |                  |
|                                                                            | <b>20</b> Tax-exempt bond liabilities . . . . .                                                                                                                                               |                   | <b>20</b> |                  |
|                                                                            | <b>21</b> Escrow account liability <i>Complete Part IV of Schedule D</i> . . . . .                                                                                                            |                   | <b>21</b> |                  |
|                                                                            | <b>22</b> Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i> . . . . . |                   | <b>22</b> |                  |
|                                                                            | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                            |                   | <b>23</b> |                  |
|                                                                            | <b>24</b> Unsecured notes and loans payable . . . . .                                                                                                                                         |                   | <b>24</b> |                  |
|                                                                            | <b>25</b> Other liabilities <i>Complete Part X of Schedule D</i> . . . . .                                                                                                                    | 1,294,577         | <b>25</b> | 628,478          |
|                                                                            | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .                                                                                                                         | 2,665,727         | <b>26</b> | 1,867,420        |
| Net Assets or Fund Balances                                                | <b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>                                       |                   |           |                  |
|                                                                            | <b>27</b> Unrestricted net assets . . . . .                                                                                                                                                   | 1,817,229         | <b>27</b> | 1,666,173        |
|                                                                            | <b>28</b> Temporarily restricted net assets . . . . .                                                                                                                                         | 3,606,685         | <b>28</b> | 2,080,286        |
|                                                                            | <b>29</b> Permanently restricted net assets . . . . .                                                                                                                                         | 424,783           | <b>29</b> | 427,913          |
|                                                                            | <b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>                                                                |                   |           |                  |
|                                                                            | <b>30</b> Capital stock or trust principal, or current funds . . . . .                                                                                                                        |                   | <b>30</b> |                  |
|                                                                            | <b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .                                                                                                           |                   | <b>31</b> |                  |
|                                                                            | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .                                                                                                          |                   | <b>32</b> |                  |
|                                                                            | <b>33</b> Total net assets or fund balances . . . . .                                                                                                                                         | 5,848,697         | <b>33</b> | 4,174,372        |
|                                                                            | <b>34</b> Total liabilities and net assets/fund balances . . . . .                                                                                                                            | 8,514,424         | <b>34</b> | 6,041,792        |

**Part XI**    **Financial Statements and Reporting**

|           |                                                                                                                                                                                                                                     | Yes       | No |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1</b>  | Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other                                                                             |           |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .                                                                                                                           | <b>2a</b> | No |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant? . . . . .                                                                                                                                        | <b>2b</b> | No |
| <b>c</b>  | 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? . . . . . | <b>2c</b> |    |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .                                                                  | <b>3a</b> | No |
| <b>b</b>  | If "Yes," did the organization undergo the required audit or audits? . . . . .                                                                                                                                                      | <b>3b</b> |    |

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.

OMB No 1545-0047

2008

Open to Public Inspection

|                                                                |                                              |
|----------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>Good Samaritan Hospital Foundation | Employer identification number<br>47-0659443 |
|----------------------------------------------------------------|----------------------------------------------|

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization )

1

☐

A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2

☐

A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E )

3

☐

A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H )

4

☐

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

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II )

6

☐

A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**

7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II )

8

☐

A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II )

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III )

10

☐

An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions )

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally Integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the organizations the organization supports

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

| (i) Name of Supported Organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions)) | (iv) Is the organization in col (i) listed in your governing document? |    | (v) Did you notify the organization in col (i) of your support? |    | (vi) Is the organization in col (i) organized in the U S ? |    | (vii) Amount of support? |
|------------------------------------|----------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----|-----------------------------------------------------------------|----|------------------------------------------------------------|----|--------------------------|
|                                    |          |                                                                                              | Yes                                                                    | No | Yes                                                             | No | Yes                                                        | No |                          |
|                                    |          |                                                                                              |                                                                        |    |                                                                 |    |                                                            |    |                          |
|                                    |          |                                                                                              |                                                                        |    |                                                                 |    |                                                            |    |                          |
|                                    |          |                                                                                              |                                                                        |    |                                                                 |    |                                                            |    |                          |
|                                    |          |                                                                                              |                                                                        |    |                                                                 |    |                                                            |    |                          |
|                                    |          |                                                                                              |                                                                        |    |                                                                 |    |                                                            |    |                          |
|                                    |          |                                                                                              |                                                                        |    |                                                                 |    |                                                            |    |                          |
| Total                              |          |                                                                                              |                                                                        |    |                                                                 |    |                                                            |    |                          |

Part II

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

| Public Support                                                                                                                                                                                           |           |           |           |           |           |            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|------------|
| Calendar year (or fiscal year beginning in)                                                                                                                                                              | (a) 2004  | (b) 2005  | (c) 2006  | (d) 2007  | (e) 2008  | (f) Total  |
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                                               | 2,504,260 | 2,798,982 | 2,473,895 | 1,315,624 | 2,215,753 | 11,308,514 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                                                 |           |           |           |           |           |            |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge                                                                                         |           |           |           |           |           |            |
| <b>4 Total.</b> Add line 1-3                                                                                                                                                                             | 2,504,260 | 2,798,982 | 2,473,895 | 1,315,624 | 2,215,753 | 11,308,514 |
| <b>5</b> The portion of total contribution by each 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) |           |           |           |           |           | 6,154,730  |
| <b>6 Public Support</b> subtract line 5 from line 4                                                                                                                                                      |           |           |           |           |           | 5,153,784  |

| Total Support                                                                                                                                                                          |           |          |           |           |           |                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|-----------|-----------|-----------|-------------------------------------|
| Calendar year (or fiscal year beginning in)                                                                                                                                            | (a) 2004  | (b) 2005 | (c) 2006  | (d) 2007  | (e) 2008  | (f) Total                           |
| <b>7</b> Amounts from line 4                                                                                                                                                           | 2,504,260 | 226,459  | 2,473,895 | 1,315,624 | 2,215,753 | 11,308,514                          |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                | 161,791   | 226,459  | 321,475   | 290,538   | 177,007   | 1,177,270                           |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on                                                                            |           |          |           |           |           |                                     |
| <b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )                                                                               | 10,313    | 7,681    | 11,627    | 10,358    | 116,982   | 156,961                             |
| <b>11 Total Support</b> (Add lines 7 through 10)                                                                                                                                       |           |          |           |           |           | 12,642,745                          |
| <b>12</b> Gross receipts from related activities, etc (See instructions )                                                                                                              |           |          |           |           | <b>12</b> |                                     |
| <b>13 First Five Years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> |           |          |           |           |           | <input checked="" type="checkbox"/> |

| Computation of Public Support Percentage                                                                                                                                                                                                                                                                                                                                                                   |                                     |                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------|
| <b>14</b> Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))                                                                                                                                                                                                                                                                                                             | <b>14</b>                           | <b>40.765 %</b> |
| <b>15</b> Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f                                                                                                                                                                                                                                                                                                                               | <b>15</b>                           | <b>51.722 %</b> |
| <b>16a 33 1/3% Test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization                                                                                                                                                                                 | <input checked="" type="checkbox"/> |                 |
| <b>b 33 1/3% Test - 2007.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization                                                                                                                                                                            | <input type="checkbox"/>            |                 |
| <b>17a 10% Facts and Circumstances Test - 2008.</b> If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization    | <input type="checkbox"/>            |                 |
| <b>b 10% Facts and Circumstances Test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization | <input type="checkbox"/>            |                 |
| <b>18 Private Foundation.</b> If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions                                                                                                                                                                                                                                                              | <input type="checkbox"/>            |                 |

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I.)

| Section A. Public Support                                                                                                                                                       |          |          |          |          |          |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                                                                                                                                     | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")                                                                              |          |          |          |          |          |           |
| 2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose       |          |          |          |          |          |           |
| 3Gross receipts from activities that are not an unrelated trade or business under section 513                                                                                   |          |          |          |          |          |           |
| 4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                                |          |          |          |          |          |           |
| 5The value of services or facilities furnished by a governmental unit to the organization without charge                                                                        |          |          |          |          |          |           |
| 6Total Add lines 1-5                                                                                                                                                            |          |          |          |          |          |           |
| 7aAmounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                      |          |          |          |          |          |           |
| bAmounts included on lines 2 and 3 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 |          |          |          |          |          |           |
| cTotal of lines 7a and 7b                                                                                                                                                       |          |          |          |          |          |           |
| 8Public Support (Subtract line 7c from line 6)                                                                                                                                  |          |          |          |          |          |           |

| Total Support                                                                                                                                                          |          |          |          |          |          |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                                                                                                                            | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 9Amounts from line 6                                                                                                                                                   |          |          |          |          |          |           |
| 10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                      |          |          |          |          |          |           |
| bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975                                                               |          |          |          |          |          |           |
| cAdd lines 10a and 10b                                                                                                                                                 |          |          |          |          |          |           |
| 11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                                          |          |          |          |          |          |           |
| 12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )                                                                       |          |          |          |          |          |           |
| 13Total Support (Add lines 9, 10c, 11 and 12)                                                                                                                          |          |          |          |          |          |           |
| 14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here |          |          |          |          |          |           |

| Computation of Public Support Percentage |                                                                                      |    |  |
|------------------------------------------|--------------------------------------------------------------------------------------|----|--|
| 15                                       | Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f)) | 15 |  |
| 16                                       | Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g                  | 16 |  |

| Computation of Investment Income Percentage |                                                                                                                                                                                                                                                            |    |  |
|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 17                                          | Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))                                                                                                                                                                  | 17 |  |
| 18                                          | Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h                                                                                                                                                                                    | 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          |    |  |
| b                                           | 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 |    |  |
| 20                                          | Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions                                                                                                                                     |    |  |

Part IV

**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 C

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2008

Open to Public Inspection

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
- If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax)
- Section 501(c)(4), (5), or (6) organizations    complete Part III

Name of the organization  
Good Samantan Hospital Foundation

Employer identification number

47-0659443

Part I-A

To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.)

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures

\$ \_\_\_\_\_
- 3

Volunteer hours

\_\_\_\_\_

Part I-B

To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.)

- 1

Enter the amount of any excise tax incurred by the organization under section 4955

\$ \_\_\_\_\_
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955

\$ \_\_\_\_\_
- 3

If the organization incurred in a section 4955 tax, did it file Form 4720 for this year?

☐ Yes

☐ No
- 4a

Was a correction made?

☐ Yes

☐ No
- b

If "Yes," describe in Part IV

Part I-C

To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.)

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities

\$ \_\_\_\_\_
- 2

Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities

\$ \_\_\_\_\_
- 3

Total of direct and indirect exempt function expenditures    Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b

\$ \_\_\_\_\_
- 4

Did the filing organization file **Form 1120-POL** for this year?

☐ Yes

☐ No
- 5

State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made    Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC)    If additional space is needed, provide information in Part IV

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

Part II-A

To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

A Check ☐ if the filing organization belongs to an affiliated group

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

| Limits on Lobbying Expenditures—<br>(The term "expenditures" means amounts paid or incurred.)                                                       |  | (a) Filing<br>Organization's<br>Totals | (b) Affiliated<br>Group<br>Totals                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------|---------------------------------------------------------------------|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying)                                                                   |  |                                        |                                                                     |
| b Total lobbying expenditures to influence a legislative body (direct lobbying)                                                                     |  |                                        |                                                                     |
| c Total lobbying expenditures (add lines 1a and 1b)                                                                                                 |  |                                        |                                                                     |
| d Other exempt purpose expenditures                                                                                                                 |  |                                        |                                                                     |
| e Total exempt purpose expenditures (add lines 1c and 1d)                                                                                           |  |                                        |                                                                     |
| f Lobbying nontaxable amount Enter the amount from the following table in both columns—<br>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                                                                                                          |  |                                        |                                                                     |
| Over \$17,000,000                                                                                                                                   |  |                                        |                                                                     |
| The lobbying nontaxable amount is:<br>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                                                                                                    |  |                                        |                                                                     |
| \$1,000,000                                                                                                                                         |  |                                        |                                                                     |
| g Grassroots nontaxable amount (enter 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- if line f is more than line c                                                                             |  |                                        |                                                                     |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? |  |                                        | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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<br>(150% of line 2a, column(e))   |          |          |          |          |           |
| c Total lobbying expenditures                               |          |          |          |          |           |
| d Grassroots non-taxable amount                             |          |          |          |          |           |
| e Grassroots ceiling amount<br>(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.)

|    |                                                                                                                                                                                                                              | (a) |    | (b)    |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
|    |                                                                                                                                                                                                                              | Yes | No | Amount |
| 1  | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of |     |    |        |
| a  | 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?                                                                                                                                                                             |     | No |        |
| e  | Publications, or published or broadcast statements?                                                                                                                                                                          |     | No |        |
| f  | Grants to other organizations for lobbying purposes?                                                                                                                                                                         |     | No |        |
| g  | Direct contact with legislators, their staffs, government officials, or a legislative body?                                                                                                                                  | Yes |    | 568    |
| h  | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?                                                                                                                                      |     | No |        |
| i  | Other activities If "Yes," describe in Part IV                                                                                                                                                                               |     | No |        |
| j  | Total lines 1c through 1i                                                                                                                                                                                                    |     |    | 568    |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?                                                                                                                                |     | No |        |
| b  | 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                                                                                                                                    |     |    |        |
| d  | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?                                                                                                                                 |     | No |        |

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 ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).                                                                       |       |
| a | 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.

| Identifier             | Return Reference                                   | Explanation                                                                                 |
|------------------------|----------------------------------------------------|---------------------------------------------------------------------------------------------|
| 990 Sch C Supplemental | Lobbying Activities Explanation for 1 (b) and 1(g) | Direct Contact With Legislators concerning Telehealth Network - 20 hrs X \$28 41 = \$568 00 |
|                        |                                                    |                                                                                             |
|                        |                                                    |                                                                                             |
|                        |                                                    |                                                                                             |
|                        |                                                    |                                                                                             |
|                        |                                                    |                                                                                             |

[illegible]

SCHEDULE D

(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2008

Open to Public Inspection

|                                                                       |                                                         |
|-----------------------------------------------------------------------|---------------------------------------------------------|
| <b>Name of the organization</b><br>Good Samaritan Hospital Foundation | <b>Employer identification number</b><br><br>47-0659443 |
|-----------------------------------------------------------------------|---------------------------------------------------------|

Part I

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 |
| 1 | Total number at end of year                                                                                                                                                                                                                                                                                |                              |
| 2 | Aggregate Contributions to (during year)                                                                                                                                                                                                                                                                   |                              |
| 3 | Aggregate Grants from (during year)                                                                                                                                                                                                                                                                        |                              |
| 4 | Aggregate value at end of year                                                                                                                                                                                                                                                                             |                              |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>                                |                              |
| 6 | 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? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div> |                              |

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

| 1 | Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)<input type="checkbox"/> Preservation of an historically importantly land area<br/><input type="checkbox"/> Protection of natural habitat<input type="checkbox"/> Preservation of certified historic structure<br/><input type="checkbox"/> Preservation of open space</div> |                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                             |   |                                        |   |                                                    |   |                                                                                    |   |                                                                         |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------|---|----------------------------------------|---|----------------------------------------------------|---|------------------------------------------------------------------------------------|---|-------------------------------------------------------------------------|
| 2 | 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                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                             |   |                                        |   |                                                    |   |                                                                                    |   |                                                                         |
|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <table><tr><th></th><th>Held at the End of the Year</th></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table> |  | Held at the End of the Year | a | Total number of conservation easements | b | Total acreage restricted by conservation easements | c | Number of conservation easements on a certified historic structure included in (a) | d | Number of conservation easements included in (c) acquired after 8/17/06 |
|   | Held at the End of the Year                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                             |   |                                        |   |                                                    |   |                                                                                    |   |                                                                         |
| a | Total number of conservation easements                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                             |   |                                        |   |                                                    |   |                                                                                    |   |                                                                         |
| b | Total acreage restricted by conservation easements                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                             |   |                                        |   |                                                    |   |                                                                                    |   |                                                                         |
| c | Number of conservation easements on a certified historic structure included in (a)                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                             |   |                                        |   |                                                    |   |                                                                                    |   |                                                                         |
| d | Number of conservation easements included in (c) acquired after 8/17/06                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                             |   |                                        |   |                                                    |   |                                                                                    |   |                                                                         |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                             |   |                                        |   |                                                    |   |                                                                                    |   |                                                                         |
| 4 | Number of states where property subject to conservation easement is located ▶                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                             |   |                                        |   |                                                    |   |                                                                                    |   |                                                                         |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                             |   |                                        |   |                                                    |   |                                                                                    |   |                                                                         |
| 6 | Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                             |   |                                        |   |                                                    |   |                                                                                    |   |                                                                         |
| 7 | Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                             |   |                                        |   |                                                    |   |                                                                                    |   |                                                                         |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                             |   |                                        |   |                                                    |   |                                                                                    |   |                                                                         |
| 9 | 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.

|    |                                                                                                                                                                                                                                                                                                                                                                          |      |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| 1a | 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 |      |
| b  | 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                                                                                                                                                                                                                                                                                                                     | ▶ \$ |
|    | (ii) Assets included in Form 990, Part X                                                                                                                                                                                                                                                                                                                                 | ▶ \$ |
| 2  | If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items                                                                                                                                                        |      |
| a  | Revenues included in Form 990, Part VIII, line 1                                                                                                                                                                                                                                                                                                                         | ▶ \$ |
| b  | Assets included in Form 990, Part X                                                                                                                                                                                                                                                                                                                                      | ▶ \$ |

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain why in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

|    |        |
|----|--------|
|    | Amount |
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

|                                                            | (a)Current Year | (b)Prior Year | (c)Two Years Back | (d)Three Years Back | (e)Four Years Back |
|------------------------------------------------------------|-----------------|---------------|-------------------|---------------------|--------------------|
| 1a Beginning of year balance . . . . .                     | 1,144,581       |               |                   |                     |                    |
| b Contributions . . . . .                                  | 1,780           |               |                   |                     |                    |
| c Investment earnings or losses . . . . .                  | -88,403         |               |                   |                     |                    |
| d Grants or scholarships . . . . .                         | 8,850           |               |                   |                     |                    |
| e Other expenditures for facilities and programs . . . . . | 3,853           |               |                   |                     |                    |
| f Administrative expenses . . . . .                        |                 |               |                   |                     |                    |
| g End of year balance . . . . .                            | 1,045,255       |               |                   |                     |                    |

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 59 191 %

b

Permanent endowment ▶ 40 808 %

c

Term endowment ▶

3a

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

3a(i)

No

3a(ii)

No

b

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

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of investment                                                                              | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Depreciation | (d) Book value |
|--------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------|------------------|----------------|
| 1a Land . . . . .                                                                                      |                                      |                                |                  |                |
| b Buildings . . . . .                                                                                  |                                      |                                |                  |                |
| c Leasehold improvements . . . . .                                                                     |                                      |                                |                  |                |
| d Equipment . . . . .                                                                                  | 42,650                               |                                | 40,969           | 1,680          |
| e Other . . . . .                                                                                      |                                      |                                |                  |                |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶ |                                      |                                |                  | 1,680          |

Schedule D (Form 990) 2008

| (a) Description of security or category<br>(including name of security)                                                                                      | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------|
| Financial derivatives and other financial products                                                                                                           |                |                                                             |
| Closely-held equity interests                                                                                                                                |                |                                                             |
| Other                                                                                                                                                        |                |                                                             |
|                                                                                                                                                              |                |                                                             |
|                                                                                                                                                              |                |                                                             |
|                                                                                                                                                              |                |                                                             |
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|                                                                                                                                                              |                |                                                             |
|                                                                                                                                                              |                |                                                             |
|                                                                                                                                                              |                |                                                             |
|                                                                                                                                                              |                |                                                             |
|                                                                                                                                                              |                |                                                             |
| <b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12 )  |                |                                                             |

| (a) Description of investment type                                                                                                                             | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------|
|                                                                                                                                                                |                |                                                             |
|                                                                                                                                                                |                |                                                             |
|                                                                                                                                                                |                |                                                             |
|                                                                                                                                                                |                |                                                             |
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|                                                                                                                                                                |                |                                                             |
|                                                                                                                                                                |                |                                                             |
|                                                                                                                                                                |                |                                                             |
| <b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 13 )  |                |                                                             |

| (a) Description                                                            | (b) Book value |
|----------------------------------------------------------------------------|----------------|
| INVESTMENT PROPERTY                                                        | 217,840        |
| CHARITABLE REMAINDER UNITRUST                                              | 1,086,202      |
| CSV OF LIFE INSURANCE POLICY                                               | 3,696          |
| GOLD COIN                                                                  | 2,082          |
|                                                                            |                |
|                                                                            |                |
|                                                                            |                |
|                                                                            |                |
|                                                                            |                |
| <b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 15.) | 1,309,820      |

| (a) Description of Liability                                                 | (b) Amount |
|------------------------------------------------------------------------------|------------|
| Federal Income Taxes                                                         |            |
| INTERCOMPANY PAYABLE                                                         | 577,744    |
| INTEREST PAYABLE                                                             | 2,344      |
| CRITICAL ACCESS HOSPITAL FUNDS                                               | 37,657     |
| MIS ACCOUNTS PAYABLE ACCRUALS                                                | 10,733     |
|                                                                              |            |
|                                                                              |            |
|                                                                              |            |
|                                                                              |            |
|                                                                              |            |
|                                                                              |            |
| <b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶ | 628,478    |

**Schedule D (Form 990) 2008**

| Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements |                                                                                 |            |
|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------|
| 1                                                                                    | Total revenue (Form 990, Part VIII, column (A), line 12)                        | 12,417,438 |
| 2                                                                                    | Total expenses (Form 990, Part IX, column (A), line 25)                         | 3,896,655  |
| 3                                                                                    | Excess or (deficit) for the year Subtract line 2 from line 1                    | -1,479,217 |
| 4                                                                                    | Net unrealized gains (losses) on investments                                    | -388,079   |
| 5                                                                                    | Donated services and use of facilities                                          |            |
| 6                                                                                    | Investment expenses                                                             |            |
| 7                                                                                    | Prior period adjustments                                                        |            |
| 8                                                                                    | Other (Describe in Part XIV)                                                    | 192,971    |
| 9                                                                                    | Total adjustments (net) Add lines 4 - 8                                         | -195,108   |
| 10                                                                                   | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | -1,674,325 |

| Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return |                                                                                            |    |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|----|
| 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                         |    |
| a                                                                                           | Net unrealized gains on investments . . . . .                                              | 2a |
| b                                                                                           | Donated services and use of facilities . . . . .                                           | 2b |
| c                                                                                           | Recoveries of prior year grants . . . . .                                                  | 2c |
| 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                        |    |
| a                                                                                           | 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 XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return |                                                                                             |    |
|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|----|
| 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                            |    |
| a                                                                                              | Donated services and use of facilities . . . . .                                            | 2a |
| b                                                                                              | Prior year adjustments . . . . .                                                            | 2b |
| c                                                                                              | Losses reported on Form 990, Part IX, line 25 . . . . .                                     | 2c |
| 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 IX, line 25, but not on line 1:                          |    |
| a                                                                                              | 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 expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . . | 5  |

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

| Identifier        | Return Reference                        | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Sch D, Part XIV   | Fin 48 Statement                        | 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. |
| Sch D Part XI Q 8 | RECONCILIATION OF CHANGES IN NET ASSETS | Transfer of Gift Shop from Good Samaritan Hospital- 207,858<br>Reclassification to Restricted Funds- (14,885)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Sch D Pt V Q 4    | The Intended use of endowment funds     | To provide financial support for hospital programs that enhance the health of the Kearney community and surrounding areas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                   |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                   |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                   |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                   |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

OMB No 1545-0047

**Open to Public Inspection**

**▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.**

Employer identification number

47-0659443

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- e** ☐ Solicitation of non-government grants
- f** ☐ Solicitation of government grants
- g** ☐ Special fundraising events

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

NE

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

| Revenue         |                                               |                                                                        | (a) Event #1    | (b) Event #2 | (c) Other Events | (d) Total Events              |
|-----------------|-----------------------------------------------|------------------------------------------------------------------------|-----------------|--------------|------------------|-------------------------------|
|                 |                                               |                                                                        | Golf Tournament |              | 0                | (Add col (a) through col (c)) |
|                 |                                               |                                                                        | (event type)    | (event type) | (total number)   |                               |
|                 | 1                                             | Gross receipts . . . . .                                               | 18,303          |              |                  | 18,303                        |
|                 | 2                                             | Less Charitable contributions . . . . .                                | 8,376           |              |                  | 8,376                         |
| 3               | Gross revenue (line 1 minus line 2) . . . . . |                                                                        | 9,927           |              |                  | 9,927                         |
| Direct Expenses | 4                                             | Cash Prizes . . . . .                                                  |                 |              |                  |                               |
|                 | 5                                             | Non-cash Prizes . . . . .                                              |                 |              |                  |                               |
|                 | 6                                             | Rent/Facility costs . . . . .                                          | 4,320           |              |                  | 4,320                         |
|                 | 7                                             | Other direct expenses . . . . .                                        | 8,686           |              |                  | 8,686                         |
|                 | 8                                             | Direct expense summary Add lines 4 through 7 in column (d) . . . . . ▶ |                 |              |                  | 13,006                        |
|                 | 9                                             | Net income summary Combine lines 3 and 8 in column (d). . . . . ▶      |                 |              |                  | -3,079                        |

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| Revenue         |                         |                                                                           | (a) Bingo                                                                       | (b) Pull tabs/Instant bingo/progressive bingo                                   | (c) Other gaming                                                                | (d) Total gaming (Add col (a) through col (c)) |
|-----------------|-------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------|
|                 |                         |                                                                           |                                                                                 |                                                                                 |                                                                                 |                                                |
| 1               | Gross revenue . . . . . |                                                                           |                                                                                 |                                                                                 |                                                                                 |                                                |
| Direct Expenses | 2                       | Cash prizes . . . . .                                                     |                                                                                 |                                                                                 |                                                                                 |                                                |
|                 | 3                       | Non-cash prizes . . . . .                                                 |                                                                                 |                                                                                 |                                                                                 |                                                |
|                 | 4                       | Rent/facility costs . . . . .                                             |                                                                                 |                                                                                 |                                                                                 |                                                |
|                 | 5                       | Other direct expenses . . . . .                                           |                                                                                 |                                                                                 |                                                                                 |                                                |
|                 | 6                       | Volunteer labor . . . . .                                                 | <div><input type="checkbox"/> Yes _____ %<br/><input type="checkbox"/> No</div> | <div><input type="checkbox"/> Yes _____ %<br/><input type="checkbox"/> No</div> | <div><input type="checkbox"/> Yes _____ %<br/><input type="checkbox"/> No</div> |                                                |
|                 | 7                       | Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶    |                                                                                 |                                                                                 |                                                                                 |                                                |
|                 | 8                       | Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶ |                                                                                 |                                                                                 |                                                                                 |                                                |

|     |                                                                                                                                                                 |     |    |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|     |                                                                                                                                                                 | Yes | No |
| 9   | Enter the state(s) in which the organization operates gaming activities _____                                                                                   |     |    |
| a   | Is the organization licensed to operate gaming activities in each of these states? . . . . .                                                                    | 9a  |    |
| b   | If "No," Explain _____<br>_____                                                                                                                                 |     |    |
| 10a | Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?                                                            | 10a |    |
| b   | If "Yes," Explain _____<br>_____                                                                                                                                |     |    |
| 11  | Does the organization operate gaming activities with nonmembers? . . . . .                                                                                      | 11  |    |
| 12  | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . | 12  |    |

|                                                                                                                                                                                                   | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>13</b> Indicate the percentage of gaming activity operated in                                                                                                                                  |     |    |
| <b>a</b> The organization's facility . . . . . <b>13a</b>                                                                                                                                         |     |    |
| <b>b</b> An outside facility . . . . . <b>13b</b>                                                                                                                                                 |     |    |
| <b>14</b> Provide the name and address of the person who prepares the organization's gaming/special events books and records                                                                      |     |    |
| Name ►                                                                                                                                                                                            |     |    |
| Address ►                                                                                                                                                                                         |     |    |
| <b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . <b>15a</b>                                                      |     |    |
| <b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____                             |     |    |
| <b>c</b> If "Yes," enter name and address                                                                                                                                                         |     |    |
| Name ►                                                                                                                                                                                            |     |    |
| Address ►                                                                                                                                                                                         |     |    |
| <b>16</b> Gaming manager information                                                                                                                                                              |     |    |
| Name ►                                                                                                                                                                                            |     |    |
| Gaming manager compensation ► \$ _____                                                                                                                                                            |     |    |
| Description of services provided ►                                                                                                                                                                |     |    |
| <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor                                                                       |     |    |
| <b>17</b> Mandatory distributions                                                                                                                                                                 |     |    |
| <b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . <b>17a</b>                          |     |    |
| <b>b</b> Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____ |     |    |

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Good Samaritan Hospital Foundation

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

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

OMB No 1545-0047

2008

Open to Public  
Inspection

Employer identification number  
47-0659443

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes ☒ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed

| 1(a) Name and address of organization or government          | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Good Samaritan Hospital10 East 31St Street Kearney, NE 68848 | 47-0379755 | 501 (C)(3)                    | 3,381,569                |                                   |                                                       |                                        | General Support                    |
|                                                              |            |                               |                          |                                   |                                                       |                                        |                                    |
|                                                              |            |                               |                          |                                   |                                                       |                                        |                                    |
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|                                                              |            |                               |                          |                                   |                                                       |                                        |                                    |

- 2

Enter total number of section 501(c)(3) and government organizations

1
- 3

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)Amount of cash grant | (d)Amount of non-cash assistance | (e) Method of valuation (book, FMV , appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|-------------------------|-------------------------|----------------------------------|--------------------------------------------------------|---------------------------------------|
| HEALTH CAREER SCHOLARSHIPS     | 18                      | 9,550                   |                                  |                                                        |                                       |
|                                |                         |                         |                                  |                                                        |                                       |
|                                |                         |                         |                                  |                                                        |                                       |
|                                |                         |                         |                                  |                                                        |                                       |
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|                                |                         |                         |                                  |                                                        |                                       |
|                                |                         |                         |                                  |                                                        |                                       |

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

| Identifier            | Return Reference                                     | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------------|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule I Part I Q 2 | The procedures for monitoring the use of grants paid | Grants are paid to Good Samaritan Hospital in the form of Assets Released from Restriction Donations are tracked based on use restrictions and proceeds are transferred to the hospital as restrictions are met Grants are paid to the Scholarships of \$9,550 to provide monetary support for students pursuing careers in health professions In Fiscal Year 2009, the Good Samaritan Hospital Foundation awarded scholarships to 18 qualified recipients |
|                       |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                       |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization  
Good Samantan Hospital Foundation

Employer identification number  
47-0659443

Part I

Questions Regarding Compensation

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input type="checkbox"/> First class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div> |     |    |
| <div><div>b</div><div>If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |    |
| <div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |    |
| <div><div>3</div><div>Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply</div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div></div>                                                                                                                                                                                                                                                                                     |     |    |
| <div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |    |
| <div><div>a</div><div>Receive a severance payment or change of control payment?</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     | No |
| <div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Yes |    |
| <div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     | No |
| <div><div>501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |    |
| <div><div>5</div><div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |    |
| <div><div>a</div><div>The organization?</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     | No |
| <div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     | No |
| <div><div>6</div><div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |    |
| <div><div>a</div><div>The organization?</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     | No |
| <div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     | No |
| <div><div>7</div><div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Yes |    |
| <div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     | No |

**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        |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                          | (C) Deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|-----------------|------|----------------------------------------------------|-------------------------------------|--------------------------|---------------------------|-------------------------|---------------------------------|------------------------------------------------------------|
|                 |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other compensation |                           |                         |                                 |                                                            |
| GEORGE HARMS    | (i)  |                                                    |                                     |                          |                           |                         |                                 |                                                            |
|                 | (ii) | 181,531                                            | 20,555                              | 15,324                   |                           | 34,456                  | 251,866                         | 100,536                                                    |
| YVETTE HAEBERLE | (i)  |                                                    |                                     |                          |                           |                         |                                 |                                                            |
|                 | (ii) | 146,557                                            |                                     | 84                       |                           | 10,593                  | 157,234                         | 71,186                                                     |
| JOHN ALLEN      | (i)  |                                                    |                                     |                          |                           |                         |                                 |                                                            |
|                 | (ii) | 340,025                                            | 68,103                              | 54,333                   |                           | 30,471                  | 492,932                         | 212,420                                                    |
|                 | (ii) |                                                    |                                     |                          |                           |                         |                                 |                                                            |
|                 | (i)  |                                                    |                                     |                          |                           |                         |                                 |                                                            |
|                 | (ii) |                                                    |                                     |                          |                           |                         |                                 |                                                            |
|                 | (i)  |                                                    |                                     |                          |                           |                         |                                 |                                                            |
|                 | (ii) |                                                    |                                     |                          |                           |                         |                                 |                                                            |
|                 | (i)  |                                                    |                                     |                          |                           |                         |                                 |                                                            |
|                 | (ii) |                                                    |                                     |                          |                           |                         |                                 |                                                            |
|                 | (i)  |                                                    |                                     |                          |                           |                         |                                 |                                                            |
|                 | (ii) |                                                    |                                     |                          |                           |                         |                                 |                                                            |
|                 | (i)  |                                                    |                                     |                          |                           |                         |                                 |                                                            |
|                 | (ii) |                                                    |                                     |                          |                           |                         |                                 |                                                            |
|                 | (i)  |                                                    |                                     |                          |                           |                         |                                 |                                                            |
|                 | (ii) |                                                    |                                     |                          |                           |                         |                                 |                                                            |
|                 | (i)  |                                                    |                                     |                          |                           |                         |                                 |                                                            |
|                 | (ii) |                                                    |                                     |                          |                           |                         |                                 |                                                            |

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.

**Schedule J (Form 990) 2008**

SCHEDULE O

(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

|                                                                       |                                                         |
|-----------------------------------------------------------------------|---------------------------------------------------------|
| <b>Name of the organization</b><br>Good Samaritan Hospital Foundation | <b>Employer identification number</b><br><br>47-0659443 |
|-----------------------------------------------------------------------|---------------------------------------------------------|

| Identifier               | Return Reference                                       | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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|--------------------------|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------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| Form 990, Part VI, Q 12c | Procedures for Monitoring and Enforcing the COI policy | <p>DISCLOSURE, REVIEW AND INITIAL DETERMINATION</p> <p>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 aware of such situations. In any situation when a director is in doubt, full disclosure should be made so as to permit an impartial and objective determination. A written record of the disclosure will be made.</p> <p>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.</p> <p>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, the Vice Chair will assume the Chair's role outlined in this Policy. Based on review and evaluation of the relevant facts 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 shall then 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 or whether Board of Directors review and approval or other action is required within this Policy, the matter shall be submitted to the Board's Executive Committee, which shall make a final determination as to the matter presented. Such determination, including relevant facts and circumstances, will be reflected in the Committee minutes and will be reported to the Board of Directors.</p> <p>BOARD REVIEW</p> <p>1 Transactional Conflicts of Interest The Board of directors shall carefully scrutinize and must in good faith approve or disapprove any transaction in which the Corporation and/or any of its Affiliates is a party and in which one or more of the Corporation's directors either:</p> <ul style="list-style-type: none"><li>Has a material financial interest, or</li><li>Is a director of the other party (other than the Corporation's own Affiliates).</li></ul> <p>1 The Board of Directors must approve the transaction by a majority of the directors on the Board, without counting the vote of any director who has an interest in the transaction. In reviewing such transactions between the Corporation and vendors or other contractors who are, or are affiliated with, directors, the Board shall act no more or less favorably than it would in reviewing transactions with unrelated third parties. The transaction will not be approved unless the Board determines that the transaction is fair to the Corporation.</p> <p>2 Other Conflicts of Interest The Board shall carefully review and scrutinize any non-transactional conflict of interest (e.g., disclosure of nonpublic information, competition with the Corporation, failure to disclose a corporate opportunity, excessive gifts or entertainment, etc.). By a majority vote of the disinterested directors, the Board shall take whatever action is deemed appropriate with respect to the director under the circumstances, including possible disciplinary or corrective action, in order to best protect the interests of the Corporation. The Board should consult with a member of the CHI Legal Resource Group when considering disciplinary or corrective action.</p> <p>3 Disclosure by Interested Director When any conflict of interest is considered by the Board, the director must disclose all of the material facts to the Board. The director shall not vote or use his or her personal influence on the matter. However, if requested, such director is not prevented from briefly stating his or her position in the matter, nor from answering pertinent questions from Board members, as his or her knowledge may be of significant importance. The director shall be excused from the meeting during discussion and vote on the conflict of interest.</p> <p>4 Record of Proceedings Minutes of the Board of Directors shall reflect the following: the individual making the disclosure, the nature of the disclosure, discussion regarding any proposed transaction, the decision made by the Board, and that the interested director abstained from voting.</p> <p>5 Implementation and Interpretation Questions regarding the implementation and interpretation of this Policy shall be referred to a member of the CHI Legal Resource Group.</p> <p>POLICY VIOLATIONS If the Board reasonably believes that a director has failed to disclose either an actual or potential conflict of interest, or all material facts surrounding an actual or possible conflict as required by this Policy, the director will be given an opportunity to explain such alleged failure to disclose. After hearing the response of the director, the Board will conduct such additional investigation as may be appropriate. If the Board determines that the director has in fact failed to disclose as required by this Policy, the Board shall take appropriate disciplinary or corrective action whether Board of Directors review and approval or other action is required within this Policy, the matter shall be submitted to the Board's Executive Committee, which shall make a final determination as to the matter presented. Such determination, including relevant facts and circumstances, will be reflected in the Committee minutes and will be reported to the Board of Directors.</p> |

| Identifier                 | Return Reference                                       | Explanation                                                                                                                                                                                                                                                                                                                                |
|----------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part VI, Q 10 | Process organization<br>uses to review the<br>Form 990 | Once the return is prepared, it is reviewed by the CFO and provided to Good Samaritan Hospital Foundation's board. Subsequent to presentation to the board and the CFO, the tax department files the return with IRS, making any non-substantive changes necessary to effect e-filing. Any such changes are not re-submitted to the board. |

| Identifier                  | Return Reference                             | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| FORM 990, PART III, LINE 4A | Statement of Program Service Accomplishments | <p>I INTRODUCTION Organizations Mission, Vision, and Tax-Exempt Purpose I Mission Good Samaritan Hospital Foundation supports the health care services, research and education mission of Good Samaritan Hospital and Richard Young Hospital. The Foundation seeks, receives and administers donations for the benefit of the Good Samaritan Health System. Our fundraising activities and careful stewardship of resources make possible the programs that help further our organizational mission of serving patients, families and our community. 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 - The primary exempt purpose of Good Samaritan Hospital Foundation is to support the charitable mission of Good Samaritan Hospital (including its Richard Young Hospital division) through solicitation and receipt of contributions, gifts, grants, devises or bequests. II QUALITATIVE DESCRIPTION OF COMMUNITY BENEFIT Good Samaritan Foundation, via its 4-person staff, carried out the Foundations mission by soliciting grants and contributions from individual and corporate donors, including solicitation of gifts in trust. For the fiscal year ended 6/30/09, the Foundation raised roughly \$2.167 million in the form of pledges, cash receipts, and donations in trust. In addition, the Foundation conducted fundraisers such as the annual golf tournament (\$18,303), annual employee campaign (\$13,114.27) and the annual Holiday Hospice Tree (\$17,304). All of the funds raised by Good Samaritan Foundation are used to support hospital programs and outreach. In FY 09, Good Samaritan Hospital received its largest donation - \$1.25 million for the purchase of the DaVinci Robot. Good Samaritan Hospital Foundation has taken a leadership role in providing a vehicle for the community at large and employees within the systems to donate funds that will serve the needy and a variety of community groups and organizations. Examples of these initiatives include:</p> <p>AirCare Funds - These are funds designated to support the medical helicopter service in the region. Cancer Fund - Good Samaritan Hospital and the area community donate to the Cancer Fund to support Cancer Survivors Day, an awareness campaign in the community. The Cancer Fund is also used to help defray the cost of travel for cancer patients traveling outside the Kearney area for treatment. Good Samaritan Fund - This fund provides emergency funds and relief for employees, patients and families in need. Individuals received \$8,200.00 in emergency assistance during the year. Hi and Suz Walker Endowed Medical Scholarship Fund - This endowed fund was established in 1997 by Dr. and Mrs. H.R. Walker. The late Dr. Walker was a member of the Good Samaritan Hospital medical staff for 37 years and served as vice president of medical affairs at Good Samaritan Hospital for eight years. The Walkers' generous gift will assist in providing medical scholarships in the years to come. Hospice Tree - The community donates approximately \$20,000 each year through the Holiday Hospice Tree to assist functions of the Home Care family bereavement program as well as allow patients to receive hospice care who otherwise could not afford it. Margaret Mitchell Palmer Hospice/Home Health Endowment Fund - This is a fund established to provide hospice and home health services to those unable to afford such services. During 2009, \$1,170.31 in funds were distributed to assist patients and their families. Marjorie Rogers Endowment Fund - Established in memory of Marjorie Rogers to assist hospice patients who are unable to afford such services. Ron and Carol Cope Endowed Elder Health Care Fund - This is a fund established to assist elder citizens gain access to needed healthcare services. Eleven patients and their families were assisted during Fiscal Year 2009 through the Cope fund. Funds totaling \$2,652.54 were distributed during the year. Scholarship Funds and Educational Loans - A variety of scholarship funds and loan assistance programs have been established to provide monetary support for students pursuing careers in health professions. In Fiscal Year 2009, the Good Samaritan Hospital Foundation awarded scholarships to twenty qualified recipients. Steinle Endowed Pediatric Fund - The Steinle Endowed Fund was established to assist patients who are under 18 years of age and are not benefited by assistance from Medicaid and/or insurance. Bernard Haag Nursing Scholarship Fund - This endowed fund was established in memory of Bernard Haag to benefit individuals pursuing a career in nursing. In FY09, ten scholarships were awarded to area students. Healthy Weigh Scholarship Fund This scholarship was established by a donor in 2003 to provide people with financial need scholarships to the Healthy Weigh Weight Management Program. Wellness/Fitness Center Scholarship Fund This fund was established by a donor in 2003 to provide people with financial need scholarships to the Wellness/Fitness Center at Good Samaritan Hospital. Don and Delores Williams Endowed Scholarship Fund The late Don Williams was a former employee of Good Samaritan Hospital. In 1992, he and his wife, Delores, created this endowed scholarship. This scholarship makes possible an annual scholarship for a student pursuing a health care career. Shirley Chavanu Nursing Scholarship Shirley Chavanu was an oncology nurse at Good Samaritan Hospital from 1982 to 1999. She is currently a Nurse Practitioner in the Cancer Center. Shirley, her family, and friends have made possible this annual scholarship for an individual pursuing a career in nursing. Buffalo County Medical Alliance Scholarship Since 1989, the Buffalo County Medical Alliance has provided Good Samaritan Hospital Foundation with an annual scholarship for a student pursuing a health care career. The Foundation also awarded Safe Teen Driver Scholarships in the amount of \$1,650 to fifteen high school students attending Driver's Education. In FY 2008, a Lifeline fund was established to assist Lifeline subscribers with financial need. In summary, during Fiscal Year 2009 the Foundation raised over \$2.167 million in grants, cash and irrevocable deferred gift agreements at an approximate fundraising cost of \$487,706.</p> |

| Identifier              | Return Reference                                                  | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Q 19 | Governing documents - COI Policy - Financial Statements available | GOOD SAMARITANS HOSPITAL FOUNDATIONS FINANCIAL STATEMENTS ARE INCLUDED IN THE CATHOLIC HEALTH INITIATIVES CONSOLIDATED AUDITED FINANCIAL STATEMENTS THAT ARE AVAILABLE AT WWW.CATHOLICHEALTHINIT.ORG OR AT WWW.DACBOND.COM The Conflict of Interest Policy is available upon request. The organizing documents are available on the Nebraska Secretary of State website: <a href="http://www.sos.ne.gov">http://www.sos.ne.gov</a> |

| Identifier         | Return Reference        | Explanation                                                                                                        |
|--------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------|
| 990 Part VI Line 6 | Members or Stockholders | The organization's sole corporate member is Good Samaritan Health Systems, Inc., a Nebraska Nonprofit Corporation. |

| Identifier         | Return Reference           | Explanation                                                                                                                                                                                              |
|--------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 990 Part VI Line 7 | Election of Governing Body | In accordance with the organization's bylaws, the sole corporate member, Good Samaritan Health Systems, Inc., may unilaterally appoint one or more individuals to the organization's board of directors. |

| Identifier          | Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 990 Part VI Line 7b | Governing Powers | The organization's corporate member is Good Samaritan Health Systems, Inc. Pursuant to Section 5.4 of the organization's bylaws, both Good Samaritan Health Systems, Inc. and Catholic Health Initiatives (CHI) (Good Samaritan Health Systems, Inc.'s 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 Board of Good Samaritan Health Systems, Inc.: <ul style="list-style-type: none"> <li>* Approve members of the Good Samaritan Hospital Foundation's board.</li> <li>* Amendment of the corporate documents of the Good Samaritan Hospital Foundation.</li> <li>* Approve removal of a member of the governing body of the Good Samaritan Hospital Foundation.</li> <li>* Adoption of long-range and strategic plans for the Good Samaritan Hospital Foundation.</li> </ul> The following rights are reserved to the CHI's Board directly or through powers delegated to the CHI Chief Executive Officer: <ul style="list-style-type: none"> <li>* Substantial change in the mission or philosophy of the Good Samaritan Hospital Foundation.</li> <li>* Removal of a member of the governing body of the Good Samaritan Hospital Foundation.</li> <li>* Approval of issuance of debt by Good Samaritan Hospital Foundation.</li> <li>* Approval of participation of Good Samaritan Hospital Foundation in a joint venture.</li> <li>* Approval of formation of a new corporation by Good Samaritan Hospital Foundation.</li> <li>* Approval of a merger involving the Good Samaritan Hospital Foundation.</li> <li>* Approval of the sale of all or substantially all of the assets of the Good Samaritan Hospital Foundation.</li> <li>* To require the transfer of assets by the Good Samaritan Hospital Foundation to CHI to accomplish CHI's goals and objectives, and to satisfy CHI debts.</li> </ul> Pursuant to Section 5.52 of the organization's bylaws, Good Samaritan Health Systems, Inc. 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. |

| Identifier   | Return Reference                                   | Explanation                                                                                                                                                                                                                                                                                                                                                                      |
|--------------|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 990 Part VII | Estimate of Hours Devoted to Related Organizations | Compensation from a related organization is in exchange for services to that organization as follows: <ul style="list-style-type: none"> <li>John Allen, CEO Good Samaritan Hospital - 60 hours per week.</li> <li>George Harms, CFO Good Samaritan Hospital - 60 hours per week.</li> <li>Yvette Haeberle, ER Physician Good Samaritan Hospital - 25 hours per week.</li> </ul> |

| Identifier      | Return Reference                          | Explanation                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 990 Part XI Q2C | FINANCIAL STATEMENTS COMPILED OR REVIEWED | Good Samaritan Hospital Foundation's 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|---------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 990 Part VI<br>Q 1a | Executive Committee composition and authority | PURSUANT TO SECTION 8 6 OF THE BYLAWS OF GOOD SAMARITAN HOSPITAL Foundation , THE EXECUTIVE COMMITTEE IS COMPOSED OF THE BOARD CHAIR, THE BOARD VICE CHAIR AND UP TO FOUR VOTING MEMBERS APPOINTED BY THE BOARD OF DIRECTORS PURSUANT TO SECTION 8 1 OF THE CORPORATION'S BYLAWS, 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 BYLAWS, 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 |

SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

▶ See separate instructions.

|                                                                |                                              |
|----------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>Good Samaritan Hospital Foundation | Employer identification number<br>47-0659443 |
|----------------------------------------------------------------|----------------------------------------------|

Part I Identification of Disregarded Entities

| (A)<br>Name, address, and EIN of disregarded entity | (B)<br>Primary activity | (C)<br>Legal domicile (state or foreign country) | (D)<br>Total income | (E)<br>End-of-year assets | (F)<br>Direct controlling entity |
|-----------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
| See Additional Data Table                           |                         |                                                  |                     |                           |                                  |
|                                                     |                         |                                                  |                     |                           |                                  |
|                                                     |                         |                                                  |                     |                           |                                  |
|                                                     |                         |                                                  |                     |                           |                                  |
|                                                     |                         |                                                  |                     |                           |                                  |
|                                                     |                         |                                                  |                     |                           |                                  |

Part II Identification of Related Tax-Exempt Organizations

| (A)<br>Name, address, and EIN of related organization | (B)<br>Primary activity | (C)<br>Legal domicile (state or foreign country) | (D)<br>Exempt Code section | (E)<br>Public charity status (if section 501(c)(3)) | (F)<br>Direct controlling entity |
|-------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|
| See Additional Data Table                             |                         |                                                  |                            |                                                     |                                  |
|                                                       |                         |                                                  |                            |                                                     |                                  |
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|                                                       |                         |                                                  |                            |                                                     |                                  |
|                                                       |                         |                                                  |                            |                                                     |                                  |

Part III

Identification of Related Organizations Taxable as a Partnership

| (A)<br>Name, address, and EIN of<br>related organization | (B)<br>Primary activity | (C)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (D)<br>Direct controlling<br>entity | (E)<br>Predominant<br>income(related,<br>investment,<br>unrelated) | (F)<br>Share of total income | (G)<br>Share of end-of-<br>year assets | (H)<br>Disproporionate<br>allocations? |    | (I)<br>Code V—UBI amount<br>on<br>Box 20 of K-1 | (J)<br>General or<br>managing<br>partner? |    |
|----------------------------------------------------------|-------------------------|--------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------|------------------------------|----------------------------------------|----------------------------------------|----|-------------------------------------------------|-------------------------------------------|----|
|                                                          |                         |                                                              |                                     |                                                                    |                              |                                        | Yes                                    | No |                                                 | Yes                                       | No |
| See Additional Data Table                                |                         |                                                              |                                     |                                                                    |                              |                                        |                                        |    |                                                 |                                           |    |
|                                                          |                         |                                                              |                                     |                                                                    |                              |                                        |                                        |    |                                                 |                                           |    |
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|                                                          |                         |                                                              |                                     |                                                                    |                              |                                        |                                        |    |                                                 |                                           |    |

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

| (A)<br>Name, address, and EIN of related organization | (B)<br>Primary activity | (C)<br>Legal domicile<br>(state or<br>foreign<br>country) | (D)<br>Direct controlling<br>entity | (E)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (F)<br>Share of total<br>income | (G)<br>Share of<br>end-of-year<br>assets | (H)<br>Percentage<br>ownership |
|-------------------------------------------------------|-------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|---------------------------------|------------------------------------------|--------------------------------|
| See Additional Data Table                             |                         |                                                           |                                     |                                                        |                                 |                                          |                                |
|                                                       |                         |                                                           |                                     |                                                        |                                 |                                          |                                |
|                                                       |                         |                                                           |                                     |                                                        |                                 |                                          |                                |
|                                                       |                         |                                                           |                                     |                                                        |                                 |                                          |                                |
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|                                                       |                         |                                                           |                                     |                                                        |                                 |                                          |                                |

Part V

Transactions with Related Organizations

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

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

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

Yes

No

No

No

No

No

No

No

Yes

Yes

No

No

No

No

No

Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

| (A)<br>Name of other organization(s)    | (B)<br>Transaction<br>type(a-r) | (C)<br>Amount Involved |
|-----------------------------------------|---------------------------------|------------------------|
| (1) Good Samaritan Health Systems Inc   | C                               | 350,000                |
| (2) Good Samaritan Hospital - Releases  | K                               | 814,161                |
| (3) Good Samaritan Hospital - Services  | L                               | 29,278                 |
| (4) Good Samaritan Hospital - Gift Shop | R                               | 207,858                |
| (5)                                     |                                 |                        |
| (6)                                     |                                 |                        |

Schedule R (Form 990) 2008

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.

[illegible]

Software ID:

Software Version:

EIN: 47-0659443

Name: Good Samaritan Hospital Foundation

Form 990, Schedule R, Part I - Identification of Disregarded Entities

| (A)<br>Name, address, and EIN of disregarded entity                                               | (B)<br>Primary Activity | (C)<br>Legal Domicile<br>(State or Foreign Country) | (D)<br>Total income<br>(\$) | (E)<br>End-of-year assets<br>(\$) | (F)<br>Direct Controlling Entity |
|---------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------|-----------------------------|-----------------------------------|----------------------------------|
| Memorial Health Partners<br>6028 Shallowford Road<br>Chattanooga, TN 37421<br>62-1784262          | Hospice Care            | TN                                                  |                             |                                   | N/A                              |
| Memorial Hospital Auxiliary<br>2525 de Sales Avenue<br>Chattanooga, TN 37404<br>62-1839548        | Support MHCSF           | TN                                                  | 162,658                     | 142,597                           | MHCSFound                        |
| Pathway Hospice LLC<br>1050 SW 3rd Ave Suite 1600<br>Ontario, OR 97914<br>93-1310235              | Hospice Care            | OR                                                  | 67,355                      | 1,266,816                         | CHI                              |
| LincCare<br>8055 O Street<br>Lincoln, NE 68510<br>47-0697010                                      | Hospice Care            | NE                                                  |                             |                                   | St EHS                           |
| Mercy Therapeutic Radiology Associates L<br>1111 6th Avenue<br>Des Moines, IA 50314<br>42-1521367 | Physician               | IA                                                  | 7,138,989                   | 26,159,105                        | CHI-IA Corp                      |
| Perinatal Center of Iowa LLC<br>1111 6th Avenue<br>Des Moines, IA 50314<br>83-0397103             | Physician               | IA                                                  | -343,811                    | 1,342,382                         | CHI-IA Corp                      |
| Mercy North ASC LLC<br>1111 6th Avenue<br>Des Moines, IA 50314<br>20-1703871                      | Ambulatory              | IA                                                  | -10,993                     | 1,712,012                         | CHI-IA Corp                      |
| Mercy Pet Scanner LLC<br>1111 6th Avenue<br>Des Moines, IA 50314<br>42-0680448                    | Physician               | IA                                                  |                             |                                   | CHI-IA Corp                      |

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

| (A)<br>Name, address, and EIN of related organization                                                                  | (B)<br>Primary Activity | (C)<br>Legal Domicile<br>(State or Foreign Country) | (D)<br>Exempt Code section | (E)<br>Public charity status<br>(if 501(c)(3)) | (F)<br>Direct Controlling Entity |
|------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------|----------------------------|------------------------------------------------|----------------------------------|
| St Joseph Community Health Services<br><br>300 Central SW Suite 300<br>Albuquerque, NM87102<br>71-0897107              | Community               | NM                                                  | 501(c)(3)                  | 11 a                                           | CHI                              |
| St Joseph Community Health Foundation<br><br>300 Central SW Suite 300<br>Albuquerque, NM87102<br>85-0253087            | Foundation              | NM                                                  | 501(c)(3)                  | 7                                              | SJCHS                            |
| St Joseph Healthcare System<br><br>500 Copper NW Suite 102<br>Albuquerque, NM87102<br>85-0201285                       | Healthcare              | NM                                                  | 501(c)(3)                  |                                                | CHI                              |
| St Elizabeth Health Services Inc<br><br>3325 Pocahontas Road<br>Baker City, OR97814<br>93-0412495                      | Hospital                | OR                                                  | 501(c)(3)                  | 3                                              | CHI                              |
| St Elizabeth Health Care Foundation<br><br>3325 Pocahontas Road<br>Baker City, OR97814<br>94-3164869                   | Foundation              | OR                                                  | 501(c)(3)                  | 7                                              | SEHS                             |
| Flaget Memorial Hospital Foundation Inc<br><br>4305 New Shepherdsville Road<br>Bardstown, KY40004<br>56-2351341        | Fundraising             | KY                                                  | 501(c)(3)                  | 11 a                                           | FH                               |
| Flaget Healthcare DBA Flaget Memorial<br><br>4305 New Shepherdsville Road<br>Bardstown, KY40004<br>61-1345363          | Hospital                | KY                                                  | 501(c)(3)                  | 3                                              | CHI                              |
| Lakewood Health Center<br><br>600 Main Avenue South<br>Baudette, MN56623<br>41-0758434                                 | LTerm Care              | MN                                                  | 501(c)(3)                  | 3                                              | CHI                              |
| Appletree Court<br><br>601 Oak Street<br>Breckenridge, MN56520<br>41-1850500                                           | Senior Homes            | MN                                                  | 501(c)(3)                  | 9                                              | SFH                              |
| Healthcare and Wellness Foundation<br><br>2400 St Francis Drive<br>Breckenridge, MN56520<br>76-0761782                 | Foundation              | MN                                                  | 501(c)(3)                  | 11 a                                           | SFMC                             |
| St Francis Home<br><br>2400 St Francis Drive<br>Breckenridge, MN56520<br>41-0729978                                    | LTerm Care              | MN                                                  | 501(c)(3)                  | 9                                              | CHI                              |
| St Francis Medical Center<br><br>2400 St Francis Drive<br>Breckenridge, MN56520<br>41-0695598                          | Healthcare              | MN                                                  | 501(c)(3)                  | 3                                              | CHI                              |
| Carrington Health Center<br><br>800 North 4th Street<br>Carrington, ND58421<br>45-0227311                              | Healthcare              | ND                                                  | 501(c)(3)                  | 3                                              | CHI                              |
| Saint Clare's Community Care<br><br>66 Ford Road<br>Denville, NJ07834<br>22-2876836                                    | Healthcare              | NJ                                                  | 501(c)(3)                  | 11 b                                           | SCHS                             |
| Saint Clare's Foundation Inc<br><br>66 Ford Road<br>Denville, NJ07834<br>22-2502997                                    | Fundraising             | NJ                                                  | 501(c)(3)                  | 7                                              | SCHS                             |
| Good Samaritan College of Nursing & Heal<br><br>375 Dixmyth Ave<br>Cincinnati, OH45220<br>31-1778403                   | Education               | KY                                                  | 501(c)(3)                  | 2                                              | GHS                              |
| Total Healthcare<br><br>PO Box 7021<br>Colorado Springs, CO80933<br>84-0927232                                         | Healthcare              | CO                                                  | 501(c)(3)                  | 3                                              | CHI Colorado                     |
| Memorial Health Care System Inc<br><br>2525 De Sales Avenue<br>Chattanooga, TN37404<br>62-0532345                      | Hospital                | TN                                                  | 501(c)(3)                  | 3                                              | CHI                              |
| Memorial Health Care System Foundation<br><br>2525 De Sales Avenue<br>Chattanooga, TN37404<br>62-1839548               | Foundation              | TN                                                  | 501(c)(3)                  | 7                                              | MHCS                             |
| Memorial Health Partners Foundation Inc<br><br>6028 Shallowford Road<br>Chattanooga, TN37421<br>03-0417049             | Healthcare              | TN                                                  | 501(c)(3)                  | 9                                              | MHCS                             |
| The Community Limited Care Dialysis Cent<br><br>619 Oak Street Accounting-3 West<br>Cincinnati, OH45206<br>23-7419853  | Hospital                | OH                                                  | 501(c)(2)                  |                                                | GSH                              |
| Good Samaritan Foundation of Cincinnati<br><br>619 Oak Street Accounting-3 West<br>Cincinnati, OH45206<br>31-1206047   | Foundation              | OH                                                  | 501(c)(3)                  | 11 a                                           | GSH                              |
| The Good Samaritan Hospital of Cincinnati<br><br>619 Oak Street Accounting-3 West<br>Cincinnati, OH45206<br>31-0537486 | Hospital                | OH                                                  | 501(c)(3)                  | 3                                              | TRI-HEALTH                       |
| Saint Clare's Hospital<br><br>66 Ford Road<br>Denville, NJ07834<br>22-3319886                                          | Hospital                | NJ                                                  | 501(c)(3)                  | 3                                              | CHI                              |
| St Francis Life Care Corporation<br><br>19 Pocono Road<br>Denville, NJ07834<br>22-2536017                              | Elderly Care            | NJ                                                  | 501(c)(3)                  | 9                                              | SCHS                             |
| Universal Health Corporation<br><br>619 Oak Street Accounting-3 West<br>Cincinnati, OH45206<br>31-1074519              | Physicians              | OH                                                  | 501(c)(3)                  | 11 a                                           | GSH                              |
| Catholic Health Initiatives Colorado Fou<br><br>961 East Colorado Avenue<br>Colorado Springs, CO80903<br>84-0902211    | Foundation              | CO                                                  | 501(c)(3)                  | 7                                              | CHI Colorado                     |
| SET of Colorado Springs Inc<br><br>825 E Pikes Peak Avenue Bldg 29<br>Colorado Springs, CO80903<br>84-1183335          | LTerm Care              | CO                                                  | 501(c)(3)                  | 7                                              | CHI Colorado                     |
| Catholic Health Initiatives<br><br>1999 Broadway Suite 4000<br>Denver, CO80202<br>47-0617373                           | Healthcare              | CO                                                  | 501(c)(3)                  | 9                                              | CHI                              |
| Catholic Health Care Federation<br><br>1999 Broadway Suite 4000<br>Denver, CO80202<br>20-8473567                       | Jurdic Person           | CO                                                  | 501(c)(3)                  | 11 a                                           | CHI                              |

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

| (A)<br>Name, address, and EIN of related organization                                                        | (B)<br>Primary Activity | (C)<br>Legal Domicile<br>(State or Foreign Country) | (D)<br>Exempt Code section | (E)<br>Public charity status<br>(if 501(c)(3)) | (F)<br>Direct Controlling Entity |
|--------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------|----------------------------|------------------------------------------------|----------------------------------|
| Global Health Initiatives<br><br>1999 Broadway Suite 4000<br>Denver, CO 80202<br>20-1536108                  | Ministries              | CO                                                  | 501(c)(3)                  | 11a                                            | CHI                              |
| Health SET<br><br>4200 West Conejos Place 436<br>Denver, CO 80204<br>84-1102943                              | Low Inc Care            | CO                                                  | 501(c)(3)                  | 7                                              | CHI Colorado                     |
| Bishop Drumm Retirement Center<br><br>1111 6th Avenue<br>Des Moines, IA 50314<br>42-0725196                  | LTerm Care              | IA                                                  | 501(c)(3)                  | 9                                              | CHI-IA Corp                      |
| Mercy Medical Center - Des Moines AKA<br><br>1111 6th Avenue<br>Des Moines, IA 50314<br>42-0680448           | Hospital                | IA                                                  | 501(c)(3)                  | 3                                              | CHI-IA Corp                      |
| House of Mercy<br><br>1111 6th Avenue<br>Des Moines, IA 50314<br>42-1323808                                  | Shelter                 | IA                                                  | 501(c)(3)                  | 7                                              | CHI-IA Corp                      |
| Mercy Auxiliary of Central Iowa<br><br>1111 6th Avenue<br>Des Moines, IA 50314<br>42-6076069                 | Auxiliary               | IA                                                  | 501(c)(3)                  | 11a                                            | CHI-IA Corp                      |
| Mercy Clinics Inc<br><br>1111 6th Avenue<br>Des Moines, IA 50314<br>42-1193699                               | Physician               | IA                                                  | 501(c)(3)                  | 9                                              | CHI-IA Corp                      |
| Mercy College of Health Sciences<br><br>1111 6th Avenue<br>Des Moines, IA 50314<br>42-1511682                | Education               | IA                                                  | 501(c)(3)                  | 2                                              | CHI-IA Corp                      |
| Mercy Foundation of Des Moines IA<br><br>1111 6th Avenue<br>Des Moines, IA 50314<br>23-7358794               | Foundation              | IA                                                  | 501(c)(3)                  | 7                                              | CHI-IA Corp                      |
| Mercy Medical Center - Centerville FKA<br><br>1 St Josephs Drive<br>Centerville, IA 52544<br>42-0680308      | Hospital                | IA                                                  | 501(c)(3)                  | 3                                              | CHI-IA Corp                      |
| Mercy Professional Practice Associates<br><br>1111 6th Avenue<br>Des Moines, IA 50314<br>42-1470935          | Physician               | IA                                                  | 501(c)(3)                  | 9                                              | CHI-IA Corp                      |
| Mercy Hospital of Devils Lake<br><br>1031 East Seventh Street<br>Devils Lake, ND 58301<br>45-0227012         | Healthcare              | ND                                                  | 501(c)(3)                  | 3                                              | CHI                              |
| St Joseph's Lifecare Foundation<br><br>30 West 7th Street<br>Dickinson, ND 58601<br>36-3418207               | Foundation              | ND                                                  | 501(c)(3)                  | 11a                                            | SJHHC                            |
| St Joseph's Hospital and Health Center<br><br>30 West 7th Street<br>Dickinson, ND 58601<br>45-0226429        | Healthcare              | ND                                                  | 501(c)(3)                  | 3                                              | CHI                              |
| Mercy Regional Medical Center of Durango<br><br>1010 Three Springs Blvd<br>Durango, CO 81301<br>84-0405515   | Hospital                | CO                                                  | 501(c)(3)                  | 3                                              | CHI                              |
| CHI Kentucky Inc<br><br>3900 Olympic Blvd Suite 400<br>Erlanger, KY 41018<br>20-2741651                      | Healthcare              | KY                                                  | 501(c)(3)                  | 11a                                            | CHI                              |
| Villa Nazareth Inc<br><br>801 Page Drive<br>Fargo, ND 58103<br>45-0226714                                    | LT Care                 | ND                                                  | 501(c)(3)                  | 9                                              | CHI                              |
| St Catherine Hospital<br><br>401 East Spruce Street<br>Garden City, KS 67846<br>48-0543721                   | Hospital                | KS                                                  | 501(c)(3)                  | 3                                              | CHI                              |
| St Catherine Hospital Development Found<br><br>401 East Spruce Street<br>Garden City, KS 67846<br>20-0598702 | Foundation              | KS                                                  | 501(c)(3)                  | 11a                                            | SCH                              |
| Saint Francis Medical Center Foundation<br><br>PO Box 9804<br>Grand Island, NE 68802<br>47-0630267           | Foundation              | NE                                                  | 501(c)(3)                  | 7                                              | SFMC                             |
| Saint Francis Medical Center<br><br>PO Box 9804<br>Grand Island, NE 68802<br>47-0376601                      | HealthCare              | NE                                                  | 501(c)(3)                  | 3                                              | CHI Nebraska                     |
| Central Kansas Medical Center<br><br>3515 Broadway<br>Great Bend, KS 67530<br>48-0543724                     | Hospital                | KS                                                  | 501(c)(3)                  | 3                                              | CHI                              |
| Central Kansas Medical Center Foundation<br><br>3515 Broadway<br>Great Bend, KS 67530<br>48-6120330          | Fundraising             | KS                                                  | 501(c)(3)                  | 11c                                            | N/A                              |
| St Joseph Memorial Hospital<br><br>923 Carroll Ave<br>Larned, KS 67550<br>48-1253246                         | Hospital                | KS                                                  | 501(c)(3)                  | 3                                              | CKMC                             |
| MNMCH Inc<br><br>220 North Pennsylvania<br>Columbus, KS 66725<br>48-1216238                                  | Hospital                | KS                                                  | 501(c)(3)                  | 3                                              | SJRMC                            |
| Mercy Lifecare Systems<br><br>2727 McClelland Blvd<br>Joplin, MO 64804<br>43-1305163                         | Property Mgmt           | MO                                                  | 501(c)(3)                  | 11a                                            | SJRMC                            |
| St John's Medical Group<br><br>2727 McClelland Blvd<br>Joplin, MO 64804<br>43-1882377                        | Phys Practice           | MO                                                  | 501(c)(3)                  | 9                                              | SJRMC                            |
| St John's Mercy Regional Foundation<br><br>2727 McClelland Blvd<br>Joplin, MO 64804<br>43-1308084            | Foundation              | MO                                                  | 501(c)(3)                  | 7                                              | SJRMC                            |
| St John's Regional Medical Center<br><br>2727 McClelland Blvd<br>Joplin, MO 64804<br>44-0545809              | Hospital                | MO                                                  | 501(c)(3)                  | 3                                              | CHI                              |
| Good Samaritan Health Systems Inc<br><br>PO Box 1990<br>Kearney, NE 68848<br>47-0659441                      | Community               | NE                                                  | 501(c)(3)                  | 11a                                            | CHI Nebraska                     |

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

| (A)<br>Name, address, and EIN of related organization                                                     | (B)<br>Primary Activity | (C)<br>Legal Domicile<br>(State or Foreign Country) | (D)<br>Exempt Code<br>section | (E)<br>Public charity<br>status<br>(if 501(c)(3)) | (F)<br>Direct Controlling<br>Entity |
|-----------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------|-------------------------------|---------------------------------------------------|-------------------------------------|
| Good Samaritan Hospital<br><br>PO Box 1990<br>Kearney, NE68848<br>47-0379755                              | HealthCare              | NE                                                  | 501(c)(3)                     | 3                                                 | CHI Nebraska                        |
| Good Samaritan Hospital Foundation<br><br>PO Box 1810<br>Kearney, NE68848<br>47-0659443                   | Foundation              | NE                                                  | 501(c)(3)                     | 7                                                 | GSH                                 |
| Bachmann Realty Corporation<br><br>2135 Noll Drive Suite C<br>Lancaster, PA17603<br>23-3019013            | Real estate             | DE                                                  | 501(c)(3)                     | 11a                                               | SJHM                                |
| St Joseph Health Ministries<br><br>2135 Noll Drive Suite C<br>Lancaster, PA17603<br>23-2342997            | Health                  | PA                                                  | 501(c)(3)                     | 11a                                               | SJHM                                |
| St Joseph Health Ministries Foundation<br><br>2135 Noll Drive Suite C<br>Lancaster, PA17603<br>23-2605579 | Fundraising             | PA                                                  | 501(c)(3)                     | 11a                                               | SJHM                                |
| St Joseph Health Services Inc<br><br>2135 Noll Drive Suite C<br>Lancaster, PA17603<br>20-1425375          | Dental care             | PA                                                  | 501(c)(3)                     | 11a                                               | SJHM                                |
| Continuing Care Hospital<br><br>150 North Eagle Creek Drive<br>Lexington, KY40509<br>61-1400619           | LTACH                   | KY                                                  | 501(c)(3)                     | 3                                                 | SJHS                                |
| Saint Joseph Berea Hospital Foundation<br><br>305 Estill Street<br>Berea, KY40403<br>26-0152877           | Foundation              | KY                                                  | 501(c)(3)                     | 7                                                 | SJHS                                |
| Saint Joseph Health System Inc<br><br>150 N Eagle Creek Dr<br>Lexington, KY40509<br>61-1334601            | Hospital                | KY                                                  | 501(c)(3)                     | 3                                                 | CHI                                 |
| St Joseph Hospital Foundation Inc<br><br>One St Joseph Drive<br>Lexington, KY40504<br>61-1159649          | Foundation              | KY                                                  | 501(c)(3)                     | 11a                                               | SJHS                                |
| Saint Joseph Medical Foundation Inc<br><br>One St Joseph Drive<br>Lexington, KY40504<br>31-1539059        | Phy Practices           | KY                                                  | 501(c)(3)                     | 3                                                 | SJHS                                |
| Visiting Nurse Association of Saint Clar<br><br>191 Woodport Road<br>Sparta, NJ07871<br>22-1768334        | Home Health             | NJ                                                  | 501(c)(3)                     |                                                   | SCHS                                |
| Saint Elizabeth Foundation<br><br>555 South 70th Street<br>Lincoln, NE68510<br>47-0625523                 | Foundation              | NE                                                  | 501(c)(3)                     | 7                                                 | SERMC                               |
| Saint Elizabeth Health Services<br><br>555 South 70th Street<br>Lincoln, NE68510<br>36-3233120            | Healthcare              | NE                                                  | 501(c)(3)                     | 3                                                 | SERMC                               |
| Saint Elizabeth Health Systems<br><br>555 South 70th Street<br>Lincoln, NE68510<br>36-3233121             | Healthcare              | NE                                                  | 501(c)(3)                     | 11a                                               | CHI                                 |
| Saint Elizabeth Regional Medical Center<br><br>555 South 70th Street<br>Lincoln, NE68510<br>47-0379836    | Healthcare              | NE                                                  | 501(c)(3)                     | 3                                                 | CHI Nebraska                        |
| The Physician Network<br><br>8055 O Street Suite 300<br>Lincoln, NE68510<br>47-0780857                    | Healthcare              | NE                                                  | 501(c)(3)                     | 11a                                               | CHI Nebraska                        |
| Lisbon Area Health Services<br><br>905 Main Street<br>Lisbon, ND58054<br>82-0558836                       | Healthcare              | ND                                                  | 501(c)(3)                     | 3                                                 | CHI                                 |
| Alverna Apartments<br><br>300 SE 8th Avenue<br>Little Falls, MN56345<br>41-1351177                        | Lterm Care              | MN                                                  | 501(c)(3)                     | 9                                                 | CHI                                 |
| Unity Family Healthcare<br><br>815 2nd Street SE<br>Little Falls, MN56345<br>41-0721642                   | Healthcare              | MN                                                  | 501(c)(3)                     | 3                                                 | CHI                                 |
| St Anthony's Hospital Association<br><br>4 Hospital Drive<br>Morrilton, AR72110<br>71-0245507             | Healthcare              | AR                                                  | 501(c)(3)                     | 3                                                 | SVIMC                               |
| St Vincent Infirmary Medical Center<br><br>2 St Vincent Circle<br>Little Rock, AR72205<br>71-0236917      | Healthcare              | AR                                                  | 501(c)(3)                     | 3                                                 | CHI                                 |
| St Vincent Medical Group<br><br>2 St Vincent Circle<br>Little Rock, AR72205<br>71-0830696                 | Healthcare              | AR                                                  | 501(c)(3)                     | 9                                                 | SVIMC                               |
| Maria-Joseph Center<br><br>4830 Salem Avenue<br>Dayton, OH45416<br>31-0935118                             | Healthcare              | OH                                                  | 501(c)(3)                     | 9                                                 | SHP                                 |
| Marymount Medical Center Foundation<br><br>310 East Ninth Street<br>London, KY40741<br>26-0438748         | Foundation              | KY                                                  | 501(c)(3)                     | 11a                                               | SJHS                                |
| Samaritan Behavioral Health<br><br>601 S Edwin C Moses Blvd<br>Dayton, OH45408<br>02-0633634              | Hospital                | OH                                                  | 501(c)(3)                     | 3                                                 | SHP                                 |
| Mercy Medical Center<br><br>1512 12th Avenue Road<br>Nampa, ID83686<br>82-0200896                         | Hospital                | ID                                                  | 501(c)(3)                     | 3                                                 | CHI                                 |
| Mercy Medical Center Foundation<br><br>1512 12th Avenue Road<br>Nampa, ID83686<br>26-1737256              | Foundation              | ID                                                  | 501(c)(3)                     | 11a                                               | Mercy Med Ct                        |
| Mercy Physician Group Inc<br><br>1512 12th Avenue Road<br>Nampa, ID83686<br>20-8192593                    | Phys Group              | ID                                                  | 501(c)(3)                     | 9                                                 | Mercy Med Ct                        |
| St Mary's Hospital<br><br>1314 3rd Avenue<br>Nebraska City, NE68410<br>47-0443636                         | Hospital                | NE                                                  | 501(c)(3)                     | 3                                                 | CHI Nebraska                        |

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

| (A)<br>Name, address, and EIN of related organization                                                              | (B)<br>Primary Activity | (C)<br>Legal Domicile<br>(State or Foreign Country) | (D)<br>Exempt Code section | (E)<br>Public charity status<br>(if 501(c)(3)) | (F)<br>Direct Controlling Entity |
|--------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------|----------------------------|------------------------------------------------|----------------------------------|
| St Mary's Hospital Foundation<br><br>1314 3rd Avenue<br>Nebraska City, NE68410<br>47-0707604                       | Foundation              | NE                                                  | 501(c)(3)                  | 7                                              | SMH                              |
| Oakes Community Hospital<br><br>314 South 8th Street<br>Oakes, ND58474<br>45-0231675                               | Hospital                | ND                                                  | 501(c)(3)                  | 3                                              | CHI                              |
| Oakes Community Hospital Foundation<br><br>314 South 8th Street<br>Oakes, ND58474<br>71-0966606                    | Foundation              | ND                                                  | 501(c)(3)                  | 11a                                            | OCH                              |
| Holy Rosary Medical Center DBA The Domini<br><br>351 SW 9th Street<br>Ontario, OR97914<br>93-0433692               | Hospital                | OR                                                  | 501(c)(3)                  | 3                                              | CHI                              |
| Holy Rosary Medical Center Foundation<br><br>351 SW 9th Street<br>Ontario, OR97914<br>20-2683560                   | Foundation              | OR                                                  | 501(c)(3)                  | 11a                                            | HRMC                             |
| St Joseph's Area Health Services<br><br>600 Pleasant Avenue<br>Park Rapids, MN56470<br>41-0695603                  | Hospital                | MN                                                  | 501(c)(3)                  | 3                                              | CHI                              |
| St Anthony Hospital<br><br>1601 SE Court Avenue<br>Pendleton, OR97801<br>93-0391614                                | Hospital                | OR                                                  | 501(c)(3)                  | 3                                              | CHI                              |
| St Anthony Hospital Foundation<br><br>1601 SE Court Avenue<br>Pendleton, OR97801<br>93-0992727                     | Foundation              | OR                                                  | 501(c)(3)                  | 11a                                            | SA Hospital                      |
| Gettysburg Medical Center<br><br>606 East Garfield Avenue<br>Gettysburg, SD57442<br>46-0234354                     | Hospital                | SD                                                  | 501(c)(3)                  | 3                                              | SMHC                             |
| St Mary's Healthcare Center<br><br>801 East Sioux Avenue<br>Pierre, SD57501<br>46-0230199                          | Healthcare              | SD                                                  | 501(c)(3)                  | 3                                              | CHI                              |
| Mt St Joseph Inc<br><br>3060 SE Stark Street<br>Portland, OR97214<br>93-0386870                                    | Nursing Care            | OR                                                  | 501(c)(3)                  | 9                                              | CHI                              |
| Pueblo Stepup<br><br>1925 East Orman Avenue Suite G52<br>Pueblo, CO81004<br>84-1234295                             | Community               | CO                                                  | 501(c)(3)                  | 7                                              | CHI                              |
| Bornemann Healthcare Corporation<br><br>2500 Bernville Road PO Box 316<br>Reading, PA19603<br>23-2187242           | Healthcare              | PA                                                  | 501(c)(3)                  | 11a                                            | CHI                              |
| St Joseph Medical Center Foundation<br><br>2500 Bernville Road PO Box 316<br>Reading, PA19603<br>23-2649362        | Foundation              | PA                                                  | 501(c)(3)                  | 11a                                            | SJRHN                            |
| St Joseph Medical Group<br><br>2500 Bernville Road PO Box 316<br>Reading, PA19603<br>20-8544021                    | Healthcare              | PA                                                  | 501(c)(3)                  | 9                                              | BHC                              |
| St Joseph Regional Health Network<br><br>2500 Bernville Road PO Box 316<br>Reading, PA19603<br>23-1352211          | Healthcare              | PA                                                  | 501(c)(3)                  | 3                                              | CHI                              |
| Linus Oakes Inc<br><br>2700 Stewart Parkway<br>Roseburg, OR97470<br>93-0821381                                     | Senior Living           | OR                                                  | 501(c)(3)                  | 9                                              | MMC                              |
| Mercy Foundation Inc<br><br>2700 Stewart Parkway<br>Roseburg, OR97470<br>93-6088946                                | Foundation              | OR                                                  | 501(c)(3)                  | 7                                              | MMC                              |
| Mercy Medical Center<br><br>2700 Stewart Parkway<br>Roseburg, OR97470<br>93-0386868                                | Hospital                | OR                                                  | 501(c)(3)                  | 3                                              | CHI                              |
| Franciscan Villa of South Milwaukee Inc<br><br>3601 South Chicago Avenue<br>South Milwaukee, WI53172<br>39-1093829 | Healthcare              | WI                                                  | 501(c)(3)                  | 9                                              | CHI                              |
| Enumclaw Community Hospital<br><br>1450 Battersby Avenue<br>Enumclaw, WA98022<br>91-0715805                        | Hospital                | WA                                                  | 501(c)(3)                  | 3                                              | FHS                              |
| Franciscan Foundation<br><br>1717 South J Street<br>Tacoma, WA98405<br>91-1145592                                  | Fundraising             | WA                                                  | 501(c)(3)                  | 9                                              | FHS                              |
| Franciscan Health System FKA Franciscan<br><br>1717 South J Street<br>Tacoma, WA98405<br>91-0564491                | Healthcare              | WA                                                  | 501(c)(3)                  | 3                                              | CHI                              |
| Franciscan Medical Group<br><br>1708 South Yakima Avenue<br>Tacoma, WA98405<br>91-1939739                          | Healthcare              | WA                                                  | 501(c)(3)                  | 9                                              | FHS                              |
| St Joseph Medical Center Foundation Inc<br><br>7601 Osler Drive<br>Towson, MD21204<br>52-1681044                   | Fundraising             | MD                                                  | 501(c)(3)                  | 7                                              | SJMC                             |
| St Joseph Medical Center Inc<br><br>7601 Osler Drive<br>Towson, MD21204<br>52-0591461                              | Hospital                | MD                                                  | 501(c)(3)                  | 3                                              | CHI                              |
| St Joseph Physician Enterprises<br><br>7601 Osler Drive<br>Towson, MD21204<br>52-1311775                           | Physicians              | MD                                                  | 501(c)(3)                  | 11a                                            | CHI                              |
| Samaritan Health Foundation<br><br>2222 Philadelphia Drive<br>Dayton, OH45406<br>23-7296923                        | Foundation              | OH                                                  | 501(c)(3)                  | 7                                              | SHP                              |
| Mercy Hospital of Valley City<br><br>570 Chautauqua Boulevard<br>Valley City, ND58072<br>45-0226553                | Hospital                | ND                                                  | 501(c)(3)                  | 3                                              | CHI                              |
| Mercy Medical Center<br><br>1301 15th Avenue West<br>Williston, ND58801<br>45-0231183                              | Healthcare              | ND                                                  | 501(c)(3)                  | 3                                              | CHI                              |

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

| (A)<br>Name, address, and EIN of related organization                                                       | (B)<br>Primary Activity | (C)<br>Legal Domicile<br>(State or Foreign Country) | (D)<br>Exempt Code section | (E)<br>Public charity status<br>(if 501(c)(3)) | (F)<br>Direct Controlling Entity |
|-------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------|----------------------------|------------------------------------------------|----------------------------------|
| Mercy Medical Foundation<br><br>1301 15th Avenue West<br>Williston, ND58801<br>45-0381803                   | Foundation              | ND                                                  | 501(c)(3)                  | 11a                                            | MMC                              |
| Samaritan Health Partners<br><br>2222 Philadelphia Drive<br>Dayton, OH45406<br>31-1107411                   | Healthcare              | OH                                                  | 501(c)(3)                  | 11a                                            | CHI                              |
| St Vincent Foundation<br><br>Two St Vincent Circle<br>Little Rock, AR72205<br>51-0169537                    | Fundraising             | AR                                                  | 501(c)(3)                  | 11a                                            | SVIMC                            |
| Auxiliary of Holy Rosary Hospital Inc<br><br>351 SW 9th Street<br>Ontario, OR97914<br>94-3059469            | Hospital                | OR                                                  | 501(c)(3)                  | 9                                              | HRMC                             |
| The Mercy Hospital of Devils Lake Fdn<br><br>1031 East Seventh Street<br>Devils Lake, ND58301<br>35-2367360 | Foundation              | ND                                                  | 501(c)(3)                  | 11a                                            | MHDL                             |
| Alegent Health - Bergan Mercy Health Sys<br><br>7500 Mercy Road<br>Omaha, NE68124<br>47-0484764             | Hospital                | NE                                                  | 501(c)(3)                  | 3                                              | CHI                              |
| Alegent Health - Mercy Hospital Corning<br><br>PO Box 368<br>Corning, IA50841<br>42-0782518                 | Hospital                | IA                                                  | 501(c)(3)                  | 3                                              | AHBMHS                           |
| Mercy Health Care Foundation<br><br>PO Box 368<br>Corning, IA50841<br>42-1461064                            | Foundation              | NE                                                  | 501(c)(3)                  | 11a                                            | AHMH                             |
| Mercy Hospital Foundation Council Bluff<br><br>800 Mercy Drive<br>Council Bluffs, IA51503<br>42-1178204     | Foundation              | IA                                                  | 501(c)(3)                  | 11a                                            | N/A                              |

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

| (A)<br>Name, address, and EIN of<br>related organization                                                             | (B)<br>Primary activity | (C)<br>Legal<br>Domicile<br>(State<br>or<br>Foreign<br>Country) | (D)<br>Direct<br>Controlling<br>Entity | (E)<br>Predominant<br>income(related,<br>investment,<br>unrelated) | (F)<br>Share of total income<br>(\$) | (G)<br>Share of end-of-year<br>assets<br>(\$) | (H)<br>Disproporionate<br>allocations? |    | (I)<br>Code V -UBI amount<br>on<br>Box 20 of Schedule<br>K-1 (Form 1065)<br>(\$) | (J)<br>General or<br>Managing<br>Partner? |    |
|----------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------------|--------------------------------------|-----------------------------------------------|----------------------------------------|----|----------------------------------------------------------------------------------|-------------------------------------------|----|
|                                                                                                                      |                         |                                                                 |                                        |                                                                    |                                      |                                               | Yes                                    | No |                                                                                  | Yes                                       | No |
| Superior Medical Imaging LLC<br><br>5000 North 26th Street<br>Lincoln, NE68521<br>26-2884555                         | OP Diagnostics          | NE                                                              | SERMC                                  | Related                                                            |                                      | 2,091,929                                     |                                        | No |                                                                                  |                                           | No |
| Central Nebraska Rehab<br>Services<br><br>3004 W Fairley Ave<br>Grand Island, NE68802<br>81-0653461                  | Physical Therapy        | NE                                                              | CHI                                    | Related                                                            | 15,827,712                           | 4,183,006                                     |                                        | No |                                                                                  |                                           | No |
| Mercy West Endoscopy LLC<br><br>1601 NW 114th St Suite 244<br>Clive, IA50325<br>90-0129077                           | Ambulatory Surg         | IA                                                              | CHI-IA Corp                            | Related                                                            | 1,690,849                            | 2,016,353                                     |                                        | No |                                                                                  |                                           | No |
| Audubon Land Company LLC<br><br>5390 N Academy Blvd Suite<br>300<br>Colorado Springs, CO80918<br>84-1513085          | Real Estate             | CO                                                              | THC                                    | Related                                                            |                                      | 9,259,533                                     |                                        | No |                                                                                  |                                           | No |
| Breckenridge Medical Clinic<br>LLC<br><br>555 South Park Avenue Plaza<br>11<br>Breckenridge, CO80424<br>65-1295958   | Medical Clinic          | CO                                                              | THC                                    | Related                                                            |                                      |                                               |                                        | No |                                                                                  |                                           | No |
| Penrad Imaging<br><br>1390 Kelly Johnson Blvd<br>Colorado Springs, CO80920<br>84-1072619                             | Medical Imaging         | CO                                                              | THC                                    | Related                                                            | 314,771                              | 9,836,292                                     |                                        | No |                                                                                  |                                           | No |
| St Anthony Regional Mtn<br>Cancer Center<br><br>4231 W 16th Avenue<br>Denver, CO80112<br>37-1568013                  | Cancer Center           | CO                                                              | THC                                    | Related                                                            | -242,741                             | 546,966                                       |                                        | No |                                                                                  |                                           | No |
| St Francis Land Company<br><br>5390 N Academy Blvd Suite<br>300<br>Colorado Springs, CO80918<br>26-3134100           | Real Estate             | CO                                                              | THC                                    | Related                                                            | -66,738                              | 15,439,923                                    |                                        | No |                                                                                  |                                           | No |
| OrthoColorado LLC<br><br>11650 West 2nd Place<br>Lakewood, CO80255<br>37-1577105                                     | Ortho Hospital          | CO                                                              | THC                                    | Related                                                            |                                      | 2,821,680                                     |                                        | No |                                                                                  |                                           | No |
| Mercy Outpatient Surgery<br>Center LLC<br><br>1512 12th Avenue Road<br>Nampa, ID83686<br>84-1380439                  | Surgery Center          | ID                                                              | MMC                                    | Related                                                            | -484,585                             | 1,129,360                                     |                                        | No |                                                                                  | Yes                                       |    |
| Peninsula Radiation Oncology<br><br>314 Martin Luther King Jr Way<br>11<br>Tacoma, WA98405<br>87-0808610             | Healthcare Srvc         | WA                                                              | FHS                                    | Related                                                            | 282,899                              | 2,387,702                                     |                                        | No |                                                                                  |                                           | No |
| Healthcare Support Services<br>LLC<br><br>PO Box 9804<br>Grand Island, NE688029804<br>72-1546196                     | Laundry                 | NE                                                              | CHI                                    | Related                                                            | 73,817                               | 3,912,695                                     |                                        | No | -88,608                                                                          |                                           | No |
| Bluegrass Regional Imaging<br>Center<br><br>1218 South Broadway Suite<br>310<br>Lexington, KY40504<br>61-1386736     | Diagnostic              | KY                                                              | SJ HospitalLex                         | Related                                                            | 260,714                              | 4,317,057                                     |                                        | No |                                                                                  |                                           | No |
| Ambulatory Surgery Cntr Rsbg<br>LLC<br><br>2750 W Harvard<br>Roseburg, OR97471<br>93-1293442                         | Day Surgery             | OR                                                              | Mercy Medical                          | Related                                                            | 190,224                              | 2,092,370                                     |                                        | No |                                                                                  | Yes                                       |    |
| North River Surgery Center<br>LLC<br><br>2209 Wildwood Avenue<br>Sherwood, AR72120<br>71-0799771                     | Ambul Surg Ctr          | AR                                                              | SVIMC                                  | Related                                                            | -42,795                              | 1,650,592                                     |                                        | No |                                                                                  |                                           | No |
| CHI Operating Investment<br>Program LP<br><br>9780 Mt Pyramid Court 3rd<br>Floor<br>Englewood, CO80112<br>47-0727942 | Investments             | CO                                                              | CHI                                    | Investment                                                         | 58,022                               | 4,069,968                                     |                                        | No |                                                                                  | Yes                                       |    |

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

| (A)<br>Name, address, and EIN of related organization                                                            | (B)<br>Primary activity | (C)<br>Legal Domicile<br>(State or Foreign Country) | (D)<br>Direct Controlling Entity | (E)<br>Type of entity<br>(C corp, S corp, or trust) | (F)<br>Share of total income<br>(\$) | (G)<br>Share of end-of-year assets<br>(\$) | (H)<br>Percentage ownership |
|------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------|----------------------------------|-----------------------------------------------------|--------------------------------------|--------------------------------------------|-----------------------------|
| Mercy Health Services Corporation<br>2727 McClelland Blvd<br>Joplin, MO 64804<br>43-1457881                      | DME                     | MO                                                  | St John's RMC                    | C Corp                                              | -17,953                              | 2,093,683                                  | 100 %                       |
| Mountain Management Services Inc<br>6028D Shallowford Road<br>Chattanooga, TN 37422<br>62-1570739                | mgmt svc org            | TN                                                  | MHCS                             | C Corp                                              | 383,380                              | 11,783,040                                 | 100 %                       |
| MedQuest<br>1301 15th Avenue West<br>Williston, ND 58801<br>45-0392137                                           | Sale of DME             | ND                                                  | MHof Williston                   | C Corp                                              | 38,645                               | 921,119                                    | 100 %                       |
| St Anthony Development Company<br>1415 Southgate<br>Pendleton, OR 97801<br>93-1216943                            | Athletic Club           | OR                                                  | St Anthony H                     | C Corp                                              | 17,998                               | 3,142,823                                  | 100 %                       |
| Healthcare Management Inc<br>555 South 70th Street<br>Lincoln, NE 68510<br>47-0662703                            | Billing Services        | NE                                                  | NA                               | C Corp                                              |                                      |                                            |                             |
| GOOD SAMARITAN OUTREACH SERVICES<br>PO BOX 1990<br>KEARNEY, NE 68848<br>47-0659440                               | MEDICAL CLINIC          | NE                                                  | GSHS                             | C Corp                                              |                                      |                                            | 100 %                       |
| HEALTH SYSTEMS ENTERPRISES INC<br>PO BOX 1990<br>KEARNEY, NE 68848<br>47-0664558                                 | MANAGEMENT              | NE                                                  | GSHS                             | C Corp                                              | 17,676                               | 1,769,891                                  | 100 %                       |
| Mercy Park Apartments Ltd<br>1111 6th Avenue<br>Des Moines, IA 50314<br>42-1202422                               | Housing                 | IA                                                  | CHI-IA Corp                      | C Corp                                              | 23,229                               | 1,878,898                                  | 100 %                       |
| Des Moines Medical Center Inc<br>1111 6th Avenue<br>Des Moines, IA 50314<br>42-0837382                           | Real Estate             | IA                                                  | CHI-IA Corp                      | C Corp                                              | -56,189                              | 1,093,386                                  | 91 13 %                     |
| Comcare Services<br>4231 W 16th Avenue<br>Denver, CO 80204<br>84-0904813                                         | Inactive                | CO                                                  | CHIC                             | C Corp                                              |                                      |                                            | 100 %                       |
| Mednow Inc<br>1512 12th Avenue Road<br>Nampa, ID 83686<br>82-0389927                                             | Outpat Pharmacy         | ID                                                  | Mercy Med Ctr                    | C Corp                                              | 4,534,408                            | 5,348,476                                  | 100 %                       |
| Saint Clare's Primary Care Inc<br>66 Ford Road<br>Denville, NJ 07834<br>22-2441202                               | Billing Services        | NJ                                                  | SCCC                             | C Corp                                              | -483,820                             | 2,590,487                                  | 100 %                       |
| Healthcare Mgmt Services Org Inc<br>1149 Market St<br>Tacoma, WA 98402<br>91-1865474                             | Health Org              | WA                                                  | FHS                              | C Corp                                              |                                      |                                            | 100 %                       |
| Physician Health System Network<br>1149 Market St<br>Tacoma, WA 98402<br>91-1746721                              | Health Org              | WA                                                  | FHS                              | C Corp                                              |                                      |                                            | 100 %                       |
| Saint Clare's Health Care Solutions Inc<br>66 Ford Road<br>Denville, NJ 07834<br>20-4969477                      | Nursing                 | NJ                                                  | SCHCS                            | C Corp                                              | -81,617                              |                                            | 100 %                       |
| Mercy Services Corp<br>2700 Stewart Parkway<br>Roseburg, OR 97470<br>93-0824308                                  | Retail Sales            | OR                                                  | Mercy Medical                    | C Corp                                              | -276,939                             | 1,649,984                                  | 100 %                       |
| Caduceus Medical Associates Inc<br>6028 Shallowford Road Suite D<br>Chattanooga, TN 37422<br>62-1570736          | Healthcare              | TN                                                  | MHCS                             | C Corp                                              |                                      | 1,008                                      | 100 %                       |
| CENTRAL KANSAS HEALTH SERVICES ASSOCIATI<br>3515 Broadway<br>Great Bend, KS 667530<br>48-1042853                 | MEDICAL EQUIPMENT       | KS                                                  | CKMC                             | C Corp                                              | 100                                  | -309,321                                   | 100 %                       |
| St Vincent Community Health Services In<br>Two St Vincent Circle<br>Little Rock, AR 72205<br>71-0710785          | Healthcare              | AR                                                  | SVIMC                            | C Corp                                              | 1,018,000                            | 10,399,000                                 | 100 %                       |
| Alternative Insurance Management Service<br>3900 Olympic Boulevard Suite 400<br>Erlanger, KY 41018<br>84-1112049 | Management Servic       | CO                                                  | N/A                              | C Corp                                              |                                      | 4,445,439                                  | 100 %                       |
| Nazareth Assurance Company<br>76 St Paul Street Suite 500<br>Burlington, VT 05401<br>03-0304831                  | Insurance               | VT                                                  | CHI                              | C Corp                                              | 262                                  | 5,695                                      | 100 %                       |
| Franciscan Services Inc<br>9780 Mt Pyramid Ct<br>Englewood, CO 80112<br>23-2487967                               | Healthcare              | CO                                                  | CHI                              | C Corp                                              | -252,887                             | 7,815,631                                  | 100 %                       |
| SJH Services Corporation<br>9780 Mt Pyramid Ct<br>Englewood, CO 80112<br>23-2307408                              | Healthcare              | CO                                                  | FSI                              | C Corp                                              | 106,864                              | 3,481,247                                  | 100 %                       |
| St Joseph Development Company Inc<br>1717 South J Street<br>Tacoma, WA 98405<br>91-1480569                       | Rental                  | WA                                                  | FSI                              | C Corp                                              | 1,153,946                            | 11,984,725                                 | 100 %                       |
| Towson Management Inc<br>7601 Osler Drive<br>Towson, MD 21204<br>52-1710750                                      | Management Servic       | MD                                                  | FSI                              | C Corp                                              | 74,937                               | 474,456                                    | 100 %                       |

Additional Data

Software ID:  
Software Version:  
EIN: 47-0659443  
Name: Good Samaritan Hospital Foundation

Form 990, Part VII - Section Aaa

| (A)<br>Name and Title                   | (B)<br>Average<br>hours<br>per<br>week | (C)<br>Position (check all<br>that apply) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from the<br>organization (W-<br>2/1099MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W- 2/1099-<br>MISC) | (F)<br>Estimated<br>amount of other<br>compensation<br>from the<br>organization and<br>related<br>organizations |
|-----------------------------------------|----------------------------------------|-------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|                                         |                                        | Individual Trustee<br>or Director         | Institutional Trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                  |                                                                                            |                                                                                                                 |
| ARTIE HOBBS , BOARD MEMBER              | 1 0                                    | X                                         |                       |         |              |                                 |        | 0                                                                                | 0                                                                                          |                                                                                                                 |
| BEN HIRSCHFELD , VICE CHAIR             | 1 0                                    | X                                         |                       | X       |              |                                 |        | 0                                                                                | 0                                                                                          |                                                                                                                 |
| GEORGE HARMS , CFO                      | 5 0                                    | X                                         |                       | X       |              |                                 |        |                                                                                  | 217,410                                                                                    | 34,456                                                                                                          |
| MARY HENNING , BOARD MEMBER             | 1 0                                    | X                                         |                       |         |              |                                 |        | 0                                                                                | 0                                                                                          |                                                                                                                 |
| YVETTE HAEBERLE , BOARD MEMBER          | 1 0                                    | X                                         |                       |         |              |                                 |        |                                                                                  | 146,641                                                                                    | 10,593                                                                                                          |
| BRIAN MAHER , BOARD MEMBER              | 1 0                                    | X                                         |                       |         |              |                                 |        | 0                                                                                | 0                                                                                          |                                                                                                                 |
| CAROLYN MENKE , BOARD MEMBER            | 1 0                                    | X                                         |                       |         |              |                                 |        | 0                                                                                | 0                                                                                          |                                                                                                                 |
| CHARLES MESSBARGER , BOARD<br>MEMBER    | 2 0                                    | X                                         |                       |         |              |                                 |        | 0                                                                                | 0                                                                                          |                                                                                                                 |
| DIRK NICKEL , BOARD MEMBER              | 1 0                                    | X                                         |                       |         |              |                                 |        | 0                                                                                | 0                                                                                          |                                                                                                                 |
| CINDA ORR , BOARD MEMBER                | 1 0                                    | X                                         |                       |         |              |                                 |        | 0                                                                                | 0                                                                                          |                                                                                                                 |
| GARY STEFFENSMEIER , BOARD<br>MEMBER    | 1 0                                    | X                                         |                       |         |              |                                 |        | 0                                                                                | 0                                                                                          |                                                                                                                 |
| NANCY WILLIAMS , SECRETARY              | 1 0                                    | X                                         |                       | X       |              |                                 |        | 0                                                                                | 0                                                                                          |                                                                                                                 |
| JOHN RADEMACHER , BOARD MEMBER          | 1 0                                    | X                                         |                       |         |              |                                 |        | 0                                                                                | 0                                                                                          |                                                                                                                 |
| JOHN ALLEN , CEO OF CORPORATE<br>MEMBER | 5 0                                    | X                                         |                       | X       |              |                                 |        |                                                                                  | 462,461                                                                                    | 30,471                                                                                                          |
| GREG SHEA , BOARD MEMBER                | 1 0                                    | X                                         |                       |         |              |                                 |        | 0                                                                                | 0                                                                                          |                                                                                                                 |
| RON ECKLOFF , CHAIR                     | 1 0                                    | X                                         |                       | X       |              |                                 |        | 0                                                                                | 0                                                                                          |                                                                                                                 |
| KENT BARNEY , BOARD MEMBER              | 1 0                                    | X                                         |                       |         |              |                                 |        | 0                                                                                | 0                                                                                          |                                                                                                                 |
| RANDALL DEFREECE , PRESIDENT            | 40 0                                   | X                                         |                       | X       |              | X                               |        | 116,320                                                                          |                                                                                            | 24,423                                                                                                          |

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

I. Mission Good Samaritan Hospital Foundation supports the health care services, research and education mission of Good Samaritan Hospital. The Foundation seeks, receives and administers donations for the benefit of the Good Samaritan Health System. Our fundraising activities and careful stewardship of resources make possible the programs that help further our organizational mission of serving patients, families and our community. II. Vision - Honoring our Catholic heritage, Good Samaritan Health System is recognized for excellence in regional healthcare through values-based leadership. III. Primary tax-exempt purpose - The primary exempt purpose of Good Samaritan Hospital Foundation is to support the charitable mission of Good Samaritan Hospital through solicitation and receipt of Contributions, gifts, grants, devises or bequests.