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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

		2008 ca pplicable	lendar yea Please	C Name of organization Oakes Community Hospital Found	-	9	D Employer ider	ntification number	
Address change use IRS label or Doing Business As							71-0966606 E Telephone nu		
Name change print or type. See									
┌ Inıt	ial retu	rn	Specific Instruc-		mail is not delivered to street addre	ss) Room/suite	(701) 742-3 G Gross receipts		
┌ Ter	mınatıc	on	tions.	1200 N 7th Street			d dross receipts	5 \$ 709	
	ended			City or town, state or country, an Oakes, ND 58474	d ZIP + 4	l			
I App	olication	n pending				1	<u> </u>		
			Lee Bo	ne and address of Principal Of yles I 7th Street	ficer	H(a) Is the affilia	s a group return tes?	for ┌Yes ┌ No	
				ND 58474		H(b) Are al	l affiliates include	d?	
I Ta:	x-exem	npt status	▽ 501(c)) (3) ◀ (Insert no)	l) or 527	(If "N	o," attach a list	See instructions)	
J W	eb sit	e: ► wwv	v oakeshos	spital com		H(c) Grou	p Exemption Nur	nber ►	
К Тур	e of org	ganızatıon	✓ Corporat	cion trust association other	*	L Year of Fo	rmation 2004 M s	State of legal domicile ND	
Pa	rt I	Sumi	mary						
	1	Briefly d	describe th	e organization's mission or mo	st significant activities				
Governance		OAKES DEVISE	COMMUN ES OR BEQ		HE RECEIPT & SOLICITATIO	ON OF CONT	RIBUTIONS, GI	FTS, GRANTS,	
ŝ			,	if the organization discontinue					
26	3 4			members of the governing bod ndent voting members of the g					
Activities	-		•	nployees (Part V, line 2a)	- ' ' '	,	·	0	
톭	6			olunteers (estimate if necessa			6	2	
ă	7a			ted business revenue from Pa				0	
	1			ness taxable income from For			 7b	0	
						Pric	or Year	Current Year	
	8	Contril	butions and	d grants (Part VIII, line 1h)		42,536	0		
E E	9	Progra	m service	revenue (Part VIII, line 2g)			0	0	
Revenue	10	Invest	ment incor	me (Part VIII, column (A), line	s 3, 4, and 7d)		3,363		
芷	11	Other	revenue (P	art VIII, column (A), lines 5,	5d, 8c, 9c, 10c, and 11e)		0	0	
	12	Total r 12)	evenue—a	dd lines 8 through 11 (must e	qual Part VIII, column (A), lın	e	45,899	789	
	13		and simila	ar amounts paid (Part IX, colu	mn (A). lines 1–3)		177,809	0	
	14			or for members (Part IX, colum			0	0	
	15			ompensation, employee benefi		5-			
Expenses		10)					3,331	0	
₹	16a			raising fees (Part IX, column			0	0	
置	b	•		penses, Part IX, column (D), line 25	<u> </u>				
	17			(Part IX, column (A), lines 11a			11,567	2,125	
	18		•	-add lines 13–17 (must equal			192,707	2,125	
_ 97	19	Reveni	ue less exp	penses Subtract line 18 from	ine 12		-146,808	-1,336	
නු දිසි කිරීම	_	_				Beginni	ng of Year	End of Year	
esse Bafa	20			rt X, line 16)			152,719	115,424	
Net Assets or Fund Balances	21		,	Part X, line 26)			5,840	6,656	
	22			id balances Subtract line 21 f	rom line 20		146,879	108,768	
Par	rt II		ature Blo		A Alban makanin			- hash of	
Plea Sign Here	1	and belied Signates	ef, it is true, of	N CONTROLLER		d on all informat I			
		 	. or print nam	ic and title	1	01 1 5	I		
Б		Preparer' signature				Check If self-	Preparer's PTIN (See Gen Inst)	
Paid	aror's					empolyed 🕨 🦵			
Prepa Use (ıf self-en		P			EIN Þ		
556 (J.111 y	address,	and ZIP + 4	11111 BAGBY STREET SUITE 45	00		Phono no 🕨 /3	2) 092 2000	
				HOUSTON, TX 770022591			Phone no 🕨 (71	<i></i>	
May t	he IR	S discus	s this retu	rn with the preparer shown abo	ove? (See instructions)			┌Yes ┌No	

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

	(Expenses \$	ınclud	ing grants of	f\$) (Revenue \$)
4d		ces (Describe in Sched	ule O)			
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4Ь	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4a	(Code SEE SCHEDULE O) (Expenses \$	2,125	including grants of \$) (Revenue \$)
4-	others, the total expe	nses, and revenue, ıf an	y, for each p	rogram service reporte		
4					largest program services b	
		se changes on Schedule	0			165 10
3	Did the organization of services?	ease conducting or mak	e significani	t changes in how it cor	nducts any program	┌ Yes ┌ No
		se new services on Sch				, res p no
2		indertake any significan 990-EZ?			which were not listed on	┌ Yes ┌ No
1	Briefly describe the organization's mission is us to emphasize human dig		try of the Chur move toward tl	ch by bringing it new life, e ne creation of healthier com	nergy and viability in the 21st cei imunities	ntury Fidelity to the Gospel urges

			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		No
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		No
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 $\sqrt[4]{3}$	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		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		Νo
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νo
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
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		Νo
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		Νo
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		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			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νο
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance				
			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal				
	of U.S. Information Returns. Enter -0- if not applicable				
	1a 0				
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b				
С	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, Transmittal of Wage and Tax				
	Statements filed for the calendar year ending with or within the year covered by this				
	return				
Ь	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this				
	return?	3a		Νo	
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		N o	
b					
-	If "Yes," enter the name of the foreign country				
	Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο	
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, Disclosure by Tax-Exempt Entity Regarding Prohibited				
	Tax Shelter Transaction?	5с			
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	٠. ا			
_	were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).	7a		No	
а	a Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?				
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to				
	file Form 8282?	7c		No	
d	If "Yes," indicate the number of Forms 8282 filed during the year				
•	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		v		
	required?	7h	Yes		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have				
	excess business holdings at any time during the	8		No	
	year?				
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	C-			
_	Did the organization make any taxable distributions under section 4966?	9a			
10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club				
U	facilities				
11	Section 501(c)(12) organizations. Enter				
	Section 501(c)(12) organizations Enter Gross uncome from members or shareholders				
а	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the				
	year 12b				

9b

10

11

Nο

Νo

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

must describe in Schedule O the process, if any, the organization uses to review the Form 990

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

Se	Section A. Governing Body and Management							
			Yes	No				
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.							
a	Enter the number of voting members of the governing body 1a 2	<u>,</u>						
b	Enter the number of voting members that are independent 1b	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				
1	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				
	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No				
;	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo				
,	Does the organization have members or stockholders?	6	Yes					
a	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					
}	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	the governing body?	8a	Yes					
b	each committee with authority to act on behalf of the governing body?	8b	Yes					
а	Does the organization have local chapters, branches, or affiliates?	9a		Νο				
Ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,							

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	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		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a		Νo
b	Other officers or key employees of the organization?	15b		Νo
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed ND
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. I another's website.
- 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

Beckı Thompson 1200 N 7th Street Oakes, ND 58474 (701) 742-3841

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

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

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

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

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

🔽 Check this box if the organization did not compensate any officer, director, trustee or key employee (C) Position (check all that apply) (F) (E) (D) Estimated Highest compensat employee (B) Reportable Individual Trustee or Director Institutional Trustee Reportable amount of other Š Average compensation (A) compensation compensation hours from related Name and Title 9#10g from the from the employee organizations per organization (Worganization and week (W-2/1099-2/1099MISC) related MISC) organizations Tim Forward, board chair Х Rose Sell, board member 1.0 Х Х

Part VII	Continued	Ī

			tion that a			all			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustae or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			-							
				\vdash						
			\vdash	\vdash						
1b Total							►			
2 Total number of individuals (including		a) who i	recei	ved	moi	re thar	า \$1	00,000 ın reportabl	e	

compensation from the organization**▶**0

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

	_		
Section	В.	Independent	Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

	(A) Name and business address	(B) Description of services	(C) Compensation
	name and pasmess dudiess	bescription of services	Compensation
2	Total number of independent contractors (including those in 1) who received more than \$	100,000 in compensation	

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
\$ 2	1a	Federated camp	paigns 1a	1				
듄	ь	Membership du	es . 1b					
يقق	С	Fundraising eve	ents 1c					
ž i	d	Related organiz	ations 1d					
S.E	e	Government grants	s (contributions) 1e					
<u>후</u> .	f		ons, gifts, grants, and 1f					i
Contributions, gifts, grants and other similar amounts		similar amounts no						
	g		butions included in					
SE.	h	_	s 1a-1f)		0			
				Business Code				
e C	2a			Business code				
Ύеп	ь							
æ	c							
JC.0	d							
<u> </u>								
Ē	e							
Program Serwce Revenue	f	All other progra	ım service revenue					
Ĕ	g		3 2a-2f	. > \$				
	3	0 Investment inc	omo (maludus = d l.	do interest				
	3		ome (including dividen nounts)		719			719
	4		tment of tax-exempt bond		0			
	5				0			
			(ı) Real	(II) Personal				
	6a	Gross Rents	· · · · · · · · · · · · · · · · · · ·					
	ь	Less rental						
	c	expenses Rental income						
		or (loss)	(1)	<u> </u>				
	d	Net rental incor	me or (loss)					
	7a	Gross amount	(ı) Securities 70	(II) O ther				
	, a	from sales of assets other	, -					
		than inventory						
	b	Less cost or other basis and						
		sales expenses Gain or (loss)	70					
	c d	` ′ ′	s)	<u> </u>	70			70
	8a	Gross income fi		· · · · ·				
	"	events (not incl	-					
Other Revenue		See Part IV , lın <i>Attach Schedule</i>	reported on line 1c)					
her	Ь		penses b		0			
5	c 9a		loss) from fundraising	events F	Ŭ			
	Ja	See part IV, lın	rom gaming activities e 19 ule G if total exceeds a					
	ь		penses b					
	C 100		loss) from gaming acti	vities	0			
	IUa	Gross sales of returns and allo	wances .					
	b	Less cost of go			_			
	С		loss) from sales of inv		0			
	4.4	Miscellaneous	S Kevenue	Business Code				
	11a							
	Ь							
	c							
	d	All other revenu	ue					
	е	Total. Add lines	11a-11d	\$0				
	12	Total Revenue. 9c, 10c, and 11	Add lines 1h, 2g, 3, 4,	, 5, 6d, 7d, 8c, ▶	789			789

Part IX Statement of Functional Expenses

	Il other organizations must complete column (A) but are not re not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and	-			
	key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
LO	Payroll taxes	0			
l1	Fees for services (non-employees)				
а	Management	0			
ь	Legal	0			
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	1,014	1,014		
.2	Advertising and promotion	0			
3	Office expenses	375	375		
4	Information technology	0			
.5	Royalties	0			
.6	Occupancy	716	716		
.7	Travel	0			
.8	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
.9	Conferences, conventions and meetings	0			
0	Interest	0			
1	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	0			
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	DUES & SUBSCRIPTION	20	20		
b					
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	2,125	2,125	0	
26	Joint Costs. Check 🔽 if following SOP 98-2 Complete this				
	line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X	Balance	Sheet

			(A) Beginning of year		(E	B) fyear
	1	Cash—non-interest-bearing	beginning of year	1	Ena o	i year
	2	Savings and temporary cash investments	35,702	2		22,094
	3	Pledges and grants receivable, net	110,347	3		11,395
	4	Accounts receivable, net	0	4		7,492
	-	·		4		7,492
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5		
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ Complete Part II of Schedule L		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
2	9	Prepaid expenses and deferred charges		9		
Assets	10a	Land, buildings, and equipment cost basis				
•	ь	Less accumulated depreciation Complete Part VI of Schedule D	-	10c		
	11	Investments—publicly traded securities		11		
	12	Investments—other securities See Part IV, line 11 Complete Part VII of Schedule D	6,670	12		74,443
	13	Investments—program-related See Part IV, line 11 Complete Part VIII				
		of Schedule D .		13		
	14 15	Intangible assets Other assets See Part IV , line 11 Complete Part IX of Schedule		14		
		D		15		
	16	Total assets. Add lines 1 through 15 (must equal line 34)	152,719	16		115,424
	17	Accounts payable and accrued expenses .	5,840	17		6,656
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
eS	21	Escrow account liability Complete Part IV of Schedule D		21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
<u>.</u>		persons Complete Part II of Schedule L		22		
_	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable		24		
	25	Other liabilities Complete Part X of Schedule D		25		
	26	Total liabilities. Add lines 17 through 25	5,840	26		6,656
	- "	Organizations that follow SFAS 117, check here 🕨 🔽 and complete lines 27	5,5 1.5			
ě		through 29, and lines 33 and 34.				
Balance	27	Unrestricted net assets	-1,296,414	27		35,863
89 	28	Temporarily restricted net assets	1,443,293	28		72,905
Ē	29	Permanently restricted net assets		29		
Fund		Organizations that do not follow SFAS 117, check here ► □ and complete				
ō	30	lines 30 through 34. Capital stock or trust principal, or current funds		30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31		
ر در	32	Retained earnings, endowment, accumulated income, or other funds		32		
			146,879	33		108,768
Net	33	Total habilities and not assets /fund halanses				
	34	Total liabilities and net assets/fund balances	152,719	34		115,424
Pa	rt XI	Financial Statements and Reporting				
					Yes	No

Dart VI	Einancial	Statements	and D	oporting
7. 1 4 2 . 1 2	FINANCIAL	Statements	ann R	emmetiliki.

	_		
1	Accounting method used to prepare the Form 990		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Νo
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	N o
b	If "Yes," did the organization undergo the required audit or audits?	3b	

Open to Public Inspection

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

h

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts.

Public Charity Status and Public Support

Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization Employer identification number Oakes Community Hospital Foundation 71-0966606 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) A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i). A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E) 2 3 A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H) 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 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) A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v). 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) A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See Section 509(a)(4). (See instructions.) 굣 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 ь Type II c Type III - Functionally Integrated Type III - Other 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) Νo (ii) a family member of a person described in (i) above? 11g(ii) Νo

(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?		organization in col (i) listed in your governing		(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) A mount of support?
			Yes	No	Yes	No	Yes	No			
OAKES COMMUNITY HOSPITAL	450231675	03	Yes			No		Νο	0		
Total											

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

Provide the following information about the organizations the organization supports

11g(iii)

Νo

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

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

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

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

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

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

► Attach to Form 990. To be completed by organizations that

Supplemental Financial Statements

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number Name of the organization Oakes Community Hospital Foundation 71-0966606 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service,

- provide, in Part XIV, the text of the footnote to its financial statements that describes these items

 h If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet
- **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

- Ψ

► \$

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

Revenues included in Form 990, Part VIII, line 1

▶ ⊈

b Assets included in Form 990, Part X

Cat No 52283D

Organizations Maintaining Collections of Art,	His	<u>tori</u>	<u>cal Treasur</u>	es, or on	<u> 161 21</u>	illilla i A	ssets (c	ontinuea,
Using the organization's accession and other records, check any items (check all that apply)	of th	e foll	owing that are	a sıgnıfıcan	t use o	fits collec	tion	
Public exhibition	d	Γ	Loan or excha	inge prograi	ns			
Scholarly research	e	Γ	Other					
Preservation for future generations								
Provide a description of the organization's collections and explain Part XIV	n how	v the	/ further the or	ganızatıon's	exemp	ot purpose	ın	
During the year, did the organization solicit or receive donations of assets to be sold to raise funds rather than to be maintained as p					ımılar		┌ Yes	┌ No
Trust, Escrow and Custodial Arrangements. C				ızatıon ans	swere	d "Yes" to	Form 9	90,
Part IV, line 9, or reported an amount on Form 990								
Is the organization an agent, trustee, custodian or other intermed included on Form 990, Part X?	liary	TOT C	ontributions or	otner asset	s not		☐ Yes	┌ No
If "Yes," explain why in Part XIV and complete the following table	<u>!</u>							
						Aı	nount	
Beginning balance				10	С			
Additions during the year				10	d			
Distributions during the year				10	e			
Ending balance				11	F			
Did the organization include an amount on Form 990, Part X, line	21?						┌ Yes	┌ No
If "Yes," explain the arrangement in Part XIV								
rt V Endowment Funds. Complete if the organization	ans	were	ed "Yes" to Fo	rm 990, P	art IV	', lıne 10.		
(a)Current Year	(b)	Prior '	rear (c)Two	Years Back (d) Three	Years Back	(e) Four Y	ears Back
Beginning of year balance								
Contributions								
Investment earnings or losses								
Grants or scholarships								
Other expenditures for facilities and programs								
Administrative expenses								
End of year balance								
Provide the estimated percentage of the year end balance held as	5							
Board designated or quasi-endowment 🕨								
Permanent endowment 🕨								
Term endowment ▶								
Are there endowment funds not in the possession of the organization by	ion t	hat a	re held and ad	mınıstered f	or the		Yes	No
(i) unrelated organizations		•				3a	(i)	
(ii) related organizations						_	<u> </u>	
						. 3a	` 	
If "Yes" to 3a(II), are the related organizations listed as required	on S	ched	ule R?			3a	` 	
If "Yes" to 3a(II), are the related organizations listed as required Describe in Part XIV the intended uses of the organization's endo	on S wme	ched ent fu	ule R? nds	+ V line 1			` 	
If "Yes" to 3a(II), are the related organizations listed as required	on S wme	ched ent fu ee F	ule R? nds orm 990, Par	i '			` 	
If "Yes" to 3a(II), are the related organizations listed as required Describe in Part XIV the intended uses of the organization's endo	on S wme	ched ent fu ee F	ule R? nds	t X, line 10 (b)Cost or or basis (othe	her ,		b	Book value
If "Yes" to 3a(II), are the related organizations listed as required Describe in Part XIV the intended uses of the organization's endo	on S wme	ched ent fu ee F	ule R? nds orm 990, Par a) Cost or other	(b)Cost or of	her ,	3	b	Book value
If "Yes" to 3a(II), are the related organizations listed as required pescribe in Part XIV the intended uses of the organization's endot VI Investments—Land, Buildings, and Equipmen Description of investment	on S wme	ched ent fu ee F	ule R? nds orm 990, Par a) Cost or other	(b)Cost or of	her ,	3	b	Book value
If "Yes" to 3a(II), are the related organizations listed as required Describe in Part XIV the intended uses of the organization's endo **T VI Investments—Land, Buildings, and Equipmen Description of investment Land	on S wme	ched ent fu ee F	ule R? nds orm 990, Par a) Cost or other	(b)Cost or of	her ,	3	b	Book value
If "Yes" to 3a(II), are the related organizations listed as required to Describe in Part XIV the intended uses of the organization's endot to VI Investments—Land, Buildings, and Equipmen Description of investment Land	on S wme	ched ent fu ee F	ule R? nds orm 990, Par a) Cost or other	(b)Cost or of	her ,	3	b	Book value

Part VII Investments—Other Securities. Se	e Form 990, Part X, line 12	2.	
(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other CHIOPERATING INV PSHIP	6,332		
Other STARION FINANCIAL	68,111		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	74,443		
Part VIII Investments—Program Related. S	ee Form 990 Part X line :	13	
			d of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-	year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. See Form 990, Part X,	line 15.		
(a) Desc	ription		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line			
Part X Other Liabilities. See Form 990, Part	T T		
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	•		

Par	t XI Reconciliation of C	hange in Net Assets from Forr	n 990 to Fin	ancial Statemer	nts	
1	Total revenue (Form 990, Part	VIII, column (A), line 12)			1	789
2	Total expenses (Form 990, Part IX, column (A), line 25)					2,125
3	Excess or (deficit) for the year	3	-1,336			
4	Net unrealized gains (losses) o	n investments			4	-658
5	Donated services and use of fac	cilities			5	
6	Investment expenses				6	
7	Prior period adjustments		7	-36,117		
8	Other (Describe in Part XIV)				8	
9	Total adjustments (net) Add Iir	nes 4 - 8			9	-36,775
10	Excess or (deficit) for the year	per financial statements Combine line	s 3 and 9		10	-38,111
Part		evenue per Audited Financial		With Revenue p	er Re	turn
1	Total revenue, gains, and othe	r support per audited financial stateme	nts		1	_
2	A mounts included on line 1 bu	t not on Form 990, Part VIII, line 12				
а	Net unrealized gains on invest	ments	. 2a			
b	Donated services and use of fa	acılıtıes	. 2b			
С	Recoveries of prior year grants	5	. 2c			
d	Other (Describe in Part XIV)		. 2d			
e	Add lines 2a through 2d .				2e	
3	Subtract line 2e from line 1 .				3	
4	A mounts included on Form 99	0, Part VIII, line 12, but not on line 1				
а	Investment expenses not incl	uded 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	d 4c. (This should equal Form 990, Par	t I, line 12) .		5	
Part	XIII Reconciliation of Ex	xpenses per Audited Financia	l Statements	With Expenses	per l	Return
1	Total expenses and losses pe	r audited financial statements			1	
2	A mounts included on line 1 bu	t not on Form 990, Part IX, line 25				
а	Donated services and use of fa	acılıtıes	2a			
b	Prior year adjustments		2b			
С	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 ${f 2e}$ from line ${f 1}$.				3	
4	A mounts included on Form 99	0, Part IX, line 25, but not on line 1:				
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	4a			
	O + h = u / D = = = u h = . u D = u+ VI\/\		. 4b		1 1	
b	Other (Describe in Part XIV)		. [.5]		4	
b c	Add lines 4a and 4b				4c	
c 5	Add lines 4a and 4b Total expenses Add lines 3 and	nd 4c. (This should equal Form 990, Pa			4c 5	
c 5	Add lines 4a and 4b	nd 4c. (This should equal Form 990, Pa			\vdash	
c 5 Par	Add lines 4a and 4b Total expenses Add lines 3 are TXIV Supplemental Information of the design of the second control of the design of	nd 4c. (This should equal Form 990, Pa	rt I, line 18).	I, lines 1a and 4, Pa	5	lines 1b and 2b,
c 5 Par	Add lines 4a and 4b Total expenses Add lines 3 are TXIV Supplemental Information of the design of the second control of the design of		rt I, line 18).	I, lines 1a and 4, Pa	5 art XIV,	lines 1b and 2b,
c 5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 1 XIV Supplemental Information of the desiry, line 4, Part X, Part XI, line 8,	nd 4c. (This should equal Form 990, Pa ormation scriptions required for Part II, lines 3, ! . Part XII, lines 2d and 4b, and Part XI	rt I, line 18).	I, lines 1a and 4, Pa 4b	5 art XIV,	lines 1b and 2b,
c 5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 1 XIV Supplemental Information of the desiry, line 4, Part X, Part XI, line 8,	nd 4c. (This should equal Form 990, Pa ormation scriptions required for Part II, lines 3, ! . Part XII, lines 2d and 4b, and Part XI	rt I, line 18).	I, lines 1a and 4, Pa 4b	5 art XIV,	lines 1b and 2b,
c 5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 1 XIV Supplemental Information of the desiry, line 4, Part X, Part XI, line 8,	nd 4c. (This should equal Form 990, Pa ormation scriptions required for Part II, lines 3, ! . Part XII, lines 2d and 4b, and Part XI	rt I, line 18).	I, lines 1a and 4, Pa 4b	5 art XIV,	lines 1b and 2b,
c 5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 1 XIV Supplemental Information of the desiry, line 4, Part X, Part XI, line 8,	nd 4c. (This should equal Form 990, Pa ormation scriptions required for Part II, lines 3, ! . Part XII, lines 2d and 4b, and Part XI	rt I, line 18).	I, lines 1a and 4, Pa 4b	5 art XIV,	lines 1b and 2b,

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

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.

2008

DLN: 93493137066520

Open to Public Inspection

Name of the organization Oakes Community Hospital Foundation Employer identification number

71-0966606

ldentifier	Return Reference	Explanation
Procedures for monitoring and enforcing the COI policy	Part VI, Q 12c	All board members are required to complete an annual conflict of interest disclosure statement. In addition, any board member with a conflict is required to declare the conflict before the beginning of each board or committee meeting. The entire board or committee determines whether the affected board member should be excluded from the meeting due to the disclosed conflict.

ldentifier	Return Reference	Explanation
Process, if any, the organization uses to review Form 990	Form 990, Part VI, Q 10	THE FORM 990 WILL BE REVIEWED WITH THE FOUNDATION BOARD AFTER FILING

ldentifier	Return Reference	Explanation
Governing documents - COI Policy - Financial Statements available	Form 990, Part VI, Q 19	THE ORGANIZATION'S FINANCIAL STATEMENTS ARE INCLUDED IN CATHOLIC HEALTH INITIATIVES' CONSOLIDATED AUDITED FINANCIAL STATEMENTS THAT ARE AVAILABLE AT WWW CATHOLICHEALTHINIT ORG OR AT WWW DACBOND COM The organization's conflict of interest policy and governing documents are not made available to the public

ldentifier	Return Reference	Explanation
MEMBERS OR SHAREHOLDERS		THE SOLE MEMBER OF THE ORGANIZATION IS Oakes Community Hospital, A North Dakota NONPROFIT CORPORATION

ldentifier	Return Reference	Explanation
MEMBER ELECT ONE OR MORE MEMBERS OF GOVERNING BOARD	FORM 990, PART VI, Q 7A	THE SOLE MEMBER HAS THE POWER TO APPOINT, REPLACE OR REMOVE THE MEMBERS OF THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
Executive Committee	Form 990, Part V, Q 1A	The Executive Committee CONSISTS only OF directors of the Corporation and IS composed of the Chairperson of the Board, the Vice Chairperson of the Board, and the President and Chief Executive Officer, each of whom serve as ex officio voting members of the Executive Committee. The Executive Committee HAS such POWERs as may be delegated by the board. ALL ACTIONS TAKEN ARE CONTEMPORANEOUSLY DOCUMENTED AND REPORTED TO THE BOARD AT THE next EARLIEST MEETING.

Identifier	Return Reference	Explanation
GOV ERNING POWERS	FORM 990, PART VI, Q 7B	The organizations corporate member is Oakes Community Hospital (OCH) Pursuant to Section 5 4 1 of the organizations bylaws, both OCH and Catholic Health Initiatives (CHI) (OCHs 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 OCH Board. Approve members of Oakes Community Hospital Foundation (OCHF) board. Amendment of the corporate documents of OCHF Approve removal of a member of the governing body of OCHF. Adoption of long range and strategic plans for OCHF. The following rights are reserved to the CHI Board directly or through powers delegated to the CHI Chief Executive Officer. Substantial change in the mission or philosophy of OCHF. Removal of a member of the governing body of OCHF. Approval of issuance of debt by OCHF. Approval of participation of OCHF in a joint venture. Approval of formation of a new corporation by OCHF. Approval of a merger involving OCHF. Approval of the sale of all or substantially all of the assets of OCHF. To require the transfer of assets by OCHF to CHI to accomplish CHIs goals and objectives, and to satisfy CHI debts. Pursuant to Section 5.5.2 of the organizations bylaws, OCH or CHI may, in exercise of their approval powers, grant or withhold approval in whole or in part, or may, in its complete discretion, after consultation with the Board and its President and the Chief Executive Officer of the organization, recommend such other or different actions as it deems appropriate.

ldentifier	Return Reference	Explanation
FINANCIAL STATEMENTS COMPILED OR REVIEWED	Form 990, Part XI, Q 2	THE ORGANIZATIONS 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 INITIATIVES AUDIT AND FINANCE COMMITTEES ASSUME RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT

ldentifier	Return Reference	Explanation
PROCESS FOR DETERMINING COMPENSATION	· ·	During the year ended 6/30/09, no officers, directors or trustees received compensation from the organization or a related organization

ldentifier	Return Reference	Explanation
Statement of Program Service Accomplishments	form 990, part III, Q 4a	Over 2000 years ago, Jesus Christ issued a call to His followers to heal the sick and comfort the afflicted This call has echoed down through the centuries and been answered by those who started the religious orders that, in turn, founded the hospitals and nursing homes which comprise today's Catholic health care ministry. Each of the men and women who joined these orders also responded to that call to relieve the suffering of their fellow human beings. Today the call is still being answered by the thousands upon thousands of dedicated employees who work in Catholic health care facilities. Many of these committed people may never have even consciously recognized that call. But each, in his own way, has heard it - and responded. The mission of Oakes Community Hospital Foundation and Catholic Health Initiatives is "to nurture the healing ministry of the church by bringing it new life, energy and viability in the 21st Century. Fidelity to the Gospel urges us to emphasize human dignity and social justice as we move toward the creation of healthier communities." Catholic Health Initiatives' vision is "to live out its mission by transforming health care delivery and by creating new ministries for the promotion of healthy communities." Our core values, "Compassion, Reverence, Integrity, and Excellence" are the guiding principles that provide focus, direction and accountability. The core values play a vital role in creating identity, spirit and connection with one another in Catholic Health Initiatives. Oakes Community Hospital Foundation was incorporated as an Internal Revenue Code Section 501(c)(3) tax-exempt charitable organization in March, 2004 to serve as a supporting organization of Oakes Community Hospital, a not-for profit, 20-bed Critical Access Hospital (CAH), sponsored by Catholic Health Initiatives, providing selected health care services. The money raised by the Foundation was used to supplement funding for the hospital's many important community benefit programs.

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

DLN: 93493137066520

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2008

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

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

Name of the organization **Employer identification number** Oakes Community Hospital Foundation 71-0966606 Part I Identification of Disregarded Entities (D) (B) (C) Name, address, and EIN of disregarded entity Legal domicile (state End-of-year assets Direct controlling Total income Primary activity or foreign country) entity See Additional Data Table Part II **Identification of Related Tax-Exempt Organizations** (B) Name, address, and EIN of related organization Legal domicile (state Public charity status Direct controlling Primary activity Exempt Code section or foreign country) (if section 501(c)(3)) entity See Additional Data Table

Cat No 50135Y

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

Part V	Transactions with Related Organizations
--------	---

Pel	τν	Transactions with Related Organizations				
	Note.	Complete line 1 if any entity is listed in Parts II, III or IV			Ye	s No
1 Du	rıng th	e tax year, did the orgranization engage in any of the following transaction	s with one or more related organizations listed in Parts II-	IV?		T
а	Recei	pt of (i) ınterest (ii) annuıtıes (iii) royaltıes (iv) rent from a controlled entı	ity		1a	No
b	Gıft, g	rant, or capital contribution to other organization(s)			1b	No
c	Gıft, g	rant, or capital contribution from other organization(s)			1c	No
d	Loans	or loan guarantees to or for other organization(s)			1d	No
e	Loans	or loan guarantees by other organization(s)			1e	No
f	Sale o	f assets to other organization(s)			1f	No
g	Purch	ase of assets from other organization(s)		<u>:</u>	1g	No
h	Excha	nge of assets		<u>:</u>	1h	No
i 1	Lease	of facilities, equipment, or other assets to other organization(s)			1i	No
j	Lease	of facilities, equipment, or other assets from other organization(s)		<u> </u>	1j	No
k	Perfor	mance of services or membership or fundraising solicitations for other org	anızatıon(s)	<u>:</u>	1k	No
1 1	Perforr	nance of services or membership or fundraising solicitations by other orga	anization(s)		11	No
m	Sharın	g of facilities, equipment, mailing lists, or other assets		<u>:</u>	1m	No
n	Sharır	ng of paid employees		<u>:</u>	1n	No
o	Reımb	ursement paid to other organization for expenses		<u> </u>	10	No
р	Reımb	ursement paid by other organization for expenses		<u> </u>	1p	No
q	Other	transfer of cash or property to other organization(s)		<u> </u>	1q	No
r	O ther	transfer of cash or property from other organization(s)		Ĺ	1r	No
2	Ifthe	answer to any of the above is "Yes," see the instructions for information or	n who must complete this line, including covered relationsl	nips and transaction thresholds		
		(A)	(B) Transaction	(C)		
		Name of other organization(s)	type(a-r)	Amount Involved		
(1)						
(2)						
<u> </u>						
(3)						
(4)						
(+)						
(5)						
(6)					· · · · · ·	

Part VI Unrelated Organizations Taxable as a Partnership

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

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

Memorial Health Partners 6028 Shallowford Road

Chattanooga, TN 37421

Chattanooga, TN 37404

Pathway Hospice LLC 1050 SW 3rd Ave Suite 1600

Ontario, OR 97914 93-1310235 LincCare 8055 O Street

Lincoln, NE 68510 47-0697010

1111 6th Avenue

1111 6th Avenue

1111 6th Avenue

42-1521367

83-0397103

20-1703871

42-0680448

Des Moines, IA 50314

Des Moines, IA 50314

Mercy North ASC LLC

Des Moines, IA 50314

Mercy Pet Scanner LLC 1111 6th Avenue

Des Moines, IA 50314

St Joseph Community Health Services

St Joseph Community Health Foundation

300 Central SW Suite 300

300 Central SW Suite 300

St Joseph Healthcare System

St Elizabeth Health Services Inc

St Elizabeth Health Care Foundation

Flaget Memorial Hospital Foundation Inc

Flaget Healthcare DBA Flaget Memorial

4305 New Shepherdsville Road

4305 New Shepherdsville Road

500 Copper NW Suite 102

Albuquerque, NM87102

3325 Pocohontas Road

3325 Pocohontas Road

Baker City, OR97814

Bardstown, KY40004 56-2351341

Bardstown, KY40004 61-1345363

Lakewood Health Center

600 Main Avenue South

Breckenridge, MN56520

2400 St Francis Drive

2400 St Francis Drive

2400 St Francis Drive

Breckenridge, MN56520

Carrington Health Center

Saint Clare's Community Care

Saint Clare's Foundation Inc

Good Samaritan College of Nursing & Heal

800 North 4th Street

Carrington, ND58421

Breckenridge, MN56520

St Francis Medical Center

Breckenridge, MN56520

Healthcare and Wellness Foundation

Baudette, MN56623 41-0758434 Appletree Court

601 Oak Street

41-1850500

76-0761782 St Francis Home

41-0729978

41-0695598

45-0227311

66 Ford Road

66 Ford Road

Denville, NJ07834 22-2876836

Denville, NJ07834 22-2502997

375 Dixmyth Ave

31-1778403 Total Healthcare

PO Box 7021

84-0927232

62-0532345

62-1839548

03-0417049

23-7419853

31-1206047

66 Ford Road

66 Ford Road

31-1074519

84-0902211

84-1183335

Denver, CO80202 47-0617373

Denver, CO80202 20-8473567

Cincinnati, OH45220

2525 Desales Avenue

2525 Desales Avenue Chattanooga, TN37404

6028 Shallowford Road

Chattanooga, TN37421

Cincinnati, OH45206

Cincinnati, OH45206

Cincinnati, OH45206 31-0537486

Saint Clare's Hospital

Denville, NJ07834 22-3319886

Denville, NJ07834 22-2536017

Cincinnati, OH45206

Chattanooga, TN37404

Colorado Springs, CO80933

Memorial Health Care System Inc

Memorial Health Care System Foundation

Memorial Health Partners Foundation Inc

The Community Limited Care Dialysis Cent

Good Samaritan Foundation of Cincinnati

The Good Samaritan Hospital of Cincinnat

619 Oak Street Accounting-3 West

619 Oak Street Accounting-3 West

619 Oak Street Accounting-3 West

St Francis Life Care Corporation

Universal Health Corporation

961 East Colorado Avenue

Colorado Springs, CO80903

SET of Colorado Springs Inc

Colorado Springs, CO80903

Catholic Health Initiatives

1999 Broadway Suite 4000

1999 Broadway Suite 4000

Catholic Health Care Federation

825 E Pikes Peak Avenue Bldg 29

619 Oak Street Accounting-3 West

Catholic Health Initiatives Colorado Fou

Baker City, OR97814

Albuquerque, NM87102

Albuquerque, NM87102

71-0897107

85-0253087

85-0201285

93-0412495

94-3164869

Perinatal Center of Iowa LLC

Mercy Therapeutic Radiology Associates L

Memorial Hospital Auxiliary 2525 de Sales Avenue

62-1784262

62-1839548

Name, address, and EIN of disregarded entity

(A)

Name, address, and EIN of related organization

Additional Data

Software ID: **Software Version:** Name: Oakes Community Hospital Foundation

EIN: 71-0966606 Form 990, Schedule R, Part I - Identification of Disregarded Entities

Primary Activity

Hospice Care

Support MHCSF

Hospice Care

Hospice Care

Physician

Physician

A mbulatory

Physician

Community

Foundation

Healthcare

Hospital

Foundation

Fundraising

Hospital

LTerm Care

Senior Homes

Foundation

LTerm Care

Healthcare

Healthcare

Healthcare

Fundraising

Education

Healthcare

Hospital

Foundation

Healthcare

Hospital

Foundation

Hospital

Hospital

Elderly Care

Physicians

Foundation

LTerm Care

Healthcare

Jurdic Person

(B)

Primary Activity

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

(C) Legal Domicile

(State

or Foreign

Country)

ΤN

TN

OR

ΝE

IΑ

IΑ

IΑ

IΑ

(C)

Legal Domicile

(State

or Foreign Country)

NM

NΜ

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O R

OR

ΚY

ΚY

MN

ΜN

MN

MN

ΜN

ΝD

ΝJ

ΝJ

ΚY

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TN

TN

TN

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СО

CO

CO

СО

(D)

Total income

(\$)

0

162,658

67,355

7,138,989

-343,811

-10,993

(D)

Exempt Code

section

501(c)(3)

501(c)(2)

501(c)(3)

501(c)(3)

501(c)(3)

501(c)(3)

501(c)(3)

501(c)(3)

501(c)(3)

501(c)(3)

501(c)(3)

0

0

(E)

End-of-year assets

(\$)

142,597

1,266,816

26,159,105

1,342,382

1,712,012

(E)

Public charity

status

(If 501(c)(3))

11a

11A

3

11a

3

3

9

11a

9

3

3

11b

3

3

N/A

11a

3

3

9

11a

11a

0

MCHS

(F)

Direct Controlling

Entity

Return to Form

мнсѕ CHI St EHS

CHI-IA Corp CHI-IA Corp CHI-IA Corp CHI-IA Corp

(F) Direct Controlling Entity CHI SJCHS

CHI

CHI

SEHS

CHI

CHI

SFH

SFMC

CHI

CHI

CHI

SCHS

SCHS

GHS

CHI

MHCS

MHCS

CHI Colorado

GSH GSH TRI-HEALTH

CHI

SCHS

GSH

CHI Colorado

CHI Colorado

СНІ

СНІ

Form 990, Schedule R, Part II - Identification of Related T	ax-Exempt Organiza				
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
Global Health Initiatives 1999 Broadway Suite 4000 Denver, C080202 20-1536108 Health SET	Ministries	со	501(c)(3)	11a	СНІ
4200 West Conejos Place 436 Denver, CO80204 84-1102943 Bishop Drumm Retirement Center	Low Inc Care	со	501(c)(3)	7	CHI Colorado
	LTerm Care	IA	501(c)(3)	9	CHI-IA Corp
Des Moines, IA 50314 42-0680448	Hospital	IA	501(c)(3)	3	CHI-IA Corp
House of Mercy 1111 6th Avenue Des Moines, IA 50314 42-1323808 Mercy Auxiliary of Central Iowa	Shelter	IA	501(c)(3)	7	CHI-IA Corp
	A uxiliary	IA	501(c)(3)	11a	CHI-IA Corp
1111 6th Avenue Des Moines, IA50314 42-1193699	Physician	IA	501(c)(3)	9	CHI-IA Corp
Mercy College of Health Sciences 1111 6th Avenue Des Moines, IA50314 42-1511682	Education	IA	501(c)(3)	2	CHI-IA Corp
Mercy Foundation of Des Moines IA 1111 6th Avenue Des Moines, IA50314 23-7358794 Mercy Medical Center - Centerville FKA	Foundation	IA	501(c)(3)	7	CHI-IA Corp
	Hospital	IA	501(c)(3)	3	CHI-IA Corp
1111 6th Avenue Des Moines, IA50314 42-1470935	Physician	IA	501(c)(3)	9	CHI-IA Corp
Mercy Hospital of Devils Lake 1031 East Seventh Street Devils Lake, ND58301 45-0227012	Healthcare	ND	501(c)(3)	3	СНІ
St Joseph's Lifecare Foundation 30 West 7th Street Dickinson, ND58601 36-3418207	Foundation	ND	501(c)(3)	11a	sэннс
Dickinson, ND58601 45-0226429	Healthcare	ND	501(c)(3)	3	СНІ
Mercy Regional Medical Center of Durango 1010 Three Springs Blvd Durango, C081301 84-0405515	Hospital	CO	501(c)(3)	3	СНІ
CHI Kentucky Inc 3900 Olympic Blvd Suite 400 Erlanger, KY41018 20-2741651	Healthcare	КҮ	501(c)(3)	11a	СНІ
Villa Nazareth Inc 801 Page Drive Fargo, ND58103 45-0226714	LT Care	ND	501(c)(3)	9	СНІ
Garden City, KS67846 48-0543721	Hospital	KS	501(c)(3)	3	СНІ
St Catherine Hospital Development Found 401 East Spruce Street Garden City, KS67846 20-0598702	Foundation	KS	501(c)(3)	11a	sch
Saint Francis Medical Center Foundation PO Box 9804 Grand Island, NE68802 47-0630267	Foundation	ΝE	501(c)(3)	7	SFMC
Saint Francis Medical Center PO Box 9804 Grand Island, NE68802 47-0376601	H e a l t h C a r e	NE	501(c)(3)	3	CHI Nebraska
Great Bend, KS67530 48-0543724	Hospital	KS	501(c)(3)	3	СНІ
Central Kansas Medical Center Foundation 3515 Broadway Great Bend, KS67530 48-6120330	Fundraising	KS	501(c)(3)	11c	N/A
Larned, KS67550 48-1253246	Hospital	KS	501(c)(3)	3	СКМС
Columbus, KS66725 48-1216238	Hospital	KS	501(c)(3)	3	SJRMC
Joplin, MO 64804 43-1305163	Property Mgmt	мо	501(c)(3)	11a	SJRMC
St John's Medical Group 2727 McClelland Blvd Joplin, MO 64804 43-1882377	Phys Practice	МО	501(c)(3)	9	SJRMC
St John's Mercy Regional Foundation 2727 McClelland Blvd Joplin, MO 64804 43-1308084	Foundation	МО	501(c)(3)	7	SJRMC
St John's Regional Medical Center 2727 McClelland Blvd Joplin, MO64804 44-0545809	Hospital	МО	501(c)(3)	3	СНІ
Good Samaritan Health Systems Inc PO Box 1990 Kearney, NE68848 47-0659441	Community	NE	501(c)(3)	11a	CHI Nebraska

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations								
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity			
Kearney, NE68848 47-0379755	H ealth Care	NE	501(c)(3)	3	CHI Nebraska			
Kearney, NE68848 47-0659443	Foundation	NE	501(c)(3)	7	GSН			
Bachmann Realty Corporation 2135 Noll Drive Suite C Lancaster, PA17603 23-3019013	Real estate	DE	501(c)(3)	11a	SJHM			
Lancaster, PA 17603 23-2342997	Health	РА	501(c)(3)	11a	SJHM			
Lancaster, PA 17603 23-2605579	Fundraising	РА	501(c)(3)	11a	SJHM			
St Joseph Health Services Inc 2135 Noll Drive Suite C Lancaster, PA17603 20-1425375	Dental care	PA	501(c)(3)	11a	SJHM			
Lexington, KY40509 61-1400619	LTACH	КҮ	501(c)(3)	3	SJHS			
Saint Joseph Berea Hospital Foundation 305 Estill Street Berea, KY40403 26-0152877	Foundation	КҮ	501(c)(3)	7	SJHS			
Lexington, KY40509 61-1334601	Hospital	КҮ	501(c)(3)	3	СНІ			
Lexington, KY40504 61-1159649	Foundation	KY	501(c)(3)	11a	SJHS			
Lexington, KY40504 31-1539059	Phy Practices	KY	501(c)(3)	3	SJHS			
Sparta, NJ07871 22-1768334	Home Health	ŊĴ	501(c)(3)	9	schs			
Lincoln, NE68510 47-0625523	Foundation	NE	501(c)(3)	7	SERMC			
Lincoln, NE68510 36-3233120	Healthcare	NE	501(c)(3)	3	SERMC			
Lincoln, NE68510 36-3233121	Healthcare	NE	501(c)(3)	11a	СНІ			
Lincoln, NE68510 47-0379836	Healthcare	NE	501(c)(3)	3	CHI Nebraska			
Lincoln, NE68510 47-0780857	Healthcare	NE	501(c)(3)	11a	CHI Nebraska			
Lisbon Area Health Services 905 Main Street Lisbon, ND58054 82-0558836	H e a l th c a r e	ND	501(c)(3)	3	СНІ			
Little Falls, MN 56345 41-1351177	Lterm Care	MN	501(c)(3)	9	СНІ			
Little Falls, MN56345 41-0721642	Healthcare	MN	501(c)(3)	3	СНІ			
Morrilton, AR72110 71-0245507	Healthcare	AR	501(c)(3)	3	SVIMC			
Little Rock, AR72205 71-0236917	Healthcare	AR	501(c)(3)	3	СНІ			
Little Rock, AR72205 71-0830696	Healthcare	AR	501(c)(3)	9	SVIMC			
Dayton, OH45416 31-0935118	Healthcare	ОН	501(c)(3)	9	SHP			
Marymount Medical Center Foundation 310 East Ninth Street London, KY40741 26-0438748	Foundation	KY	501(c)(3)	11a	SJHS			
Samaritan Behavioral Health 601 S Edwin C Moses Blvd Dayton, OH45408 02-0633634	Hospital	он	501(c)(3)	3	SHP			
Nampa, ID83686 82-0200896	Hospital	ID	501(c)(3)	3	СНІ			
Nampa, ID83686 45-0381803	Foundation	ID	501(c)(3)	11a	Mercy Med Ct			
Mercy Physician Group Inc 1512 12th Avenue Road Nampa, ID83686 20-8192593	Phys Group	ID	501(c)(3)	9	Mercy Med Ct			
St Mary's Hospital 1314 3rd Avenue Nebraska City, NE68410 47-0443636	Hospital	N E	501(c)(3)	3	CHI Nebraska			

Form 990, Schedule R, Part II - Identification of Related T	ax-Exempt Organiza		<u> </u>		
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
Nebraska City, NE68410 47-0707604	Foundation	NE	501(c)(3)	7	SMH
O akes, ND58474 45-0231675	Hospital	ND	501(c)(3)	3	СНІ
Oakes, ND58474 71-0966606	Foundation	N D	501(c)(3)	11a	осн
Ontario, OR97914 93-0433692	Hospital	OR	501(c)(3)	3	СНІ
Ontario, OR97914 20-2683560	Foundation	OR	501(c)(3)	11a	HRMC
St Joseph's Area Health Services 600 Pleasant Avenue Park Rapids, MN56470 41-0695603	Hospital	MN	501(c)(3)	3	СНІ
St Anthony Hospital 1601 SE Court Avenue Pendleton, OR97801 93-0391614	Hospital	OR	501(c)(3)	3	СНІ
St Anthony Hospital Foundation 1601 SE Court Avenue Pendleton, OR97801 93-0992727	Foundation	O R	501(c)(3)	11a	SA Hospital
Gettysburg Medical Center 606 East Garfield Avenue Gettysburg, SD57442 46-0234354	Hospital	SD	501(c)(3)	3	SMHC
St Mary's Healthcare Center 801 East Sioux Avenue Pierre, SD57501 46-0230199	Healthcare	SD	501(c)(3)	3	СНІ
Mt St Joseph Inc 3060 SE Stark Street Portland, 0R97214 93-0386870	Nursing Care	O R	501(c)(3)	9	СНІ
Pueblo Stepup 1925 East Orman Avenue Suite G52 Pueblo, C081004 84-1234295	Community	СО	501(c)(3)	7	СНІ
Bornemann Healthcare Corporation 2500 Bernville Road PO Box 316 Reading, PA19603 23-2187242	Healthcare	PA	501(c)(3)	11a	СНІ
St Joseph Medical Center Foundation 2500 Bernville Road PO Box 316 Reading, PA19603 23-2649362	Foundation	PA	501(c)(3)	11a	SJRHN
St Joseph Medical Group 2500 Bernville Road PO Box 316 Reading, PA19603 20-8544021	Healthcare	PA	501(c)(3)	9	внс
St Joseph Regional Health Network 2500 Bernville Road PO Box 316 Reading, PA19603 23-1352211	Healthcare	PA	501(c)(3)	3	СНІ
Roseburg, OR97470 93-0821381	Senior Living	OR	501(c)(3)	9	ммс
Mercy Foundation Inc 2700 Stewart Parkway Roseburg, OR97470 93-6088946	Foundation	OR	501(c)(3)	7	ммс
Roseburg, OR97470 93-0386868	Hospital	OR	501(c)(3)	3	СНІ
Franciscan Villa of South Milwuakee Inc 3601 South Chicago Avenue South Milwuakee, WI53172 39-1093829	Healthcare	WI	501(c)(3)	9	СНІ
Enumclaw, WA 98022 91-0715805	Hospital	WA	501(c)(3)	3	FHS
Tacoma, WA 98405 91-1145592	Fundraising	WA	501(c)(3)	9	FHS
Tacoma, WA98405 91-0564491	Healthcare	WA	501(c)(3)	3	СНІ
Tacoma, WA 98405 91-1939739	Healthcare	WA	501(c)(3)	9	FHS
Towson, MD21204 52-1681044	Fundraising	MD	501(c)(3)	7	SJMC
Towson, MD21204 52-0591461	Hospital	MD	501(c)(3)	3	СНІ
Towson, MD21204 52-1311775	Physicians	MD	501(c)(3)	11a	СНІ
Dayton, OH45406 23-7296923	Foundation	он	501(c)(3)	7	SHP
Mercy Hospital of Valley City 570 Chautauqua Boulevard Valley City, ND58072 45-0226553	Hospital	ND	501(c)(3)	3	СНІ
Mercy Medical Center 1301 15th Avenue West Willison, ND58801 45-0231183	H ealthcare	ND	501(c)(3)	3	СНІ

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

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
Mercy Medical Foundation					
1301 15th Avenue West Willison, ND58801 45-0381803	Foundation	ND	501(c)(3)	11a	ммс
Samarıtan Health Partners					
2222 Philadelphia Drive Dayton, OH45406 31-1107411	Healthcare	он	501(c)(3)	11a	СНІ
St Vincent Foundation					
Two St Vincent Circle Little Rock, AR72205 51-0169537	Fundraising	AR	501(c)(3)	11a	SVIMC
Auxiliary of Holy Rosary Hospital Inc					
351 SW 9th Street Ontario, OR97914 94-3059469	Hospital	O R	501(c)(3)	9	HRMC
The Mercy Hospital of Devils Lake Fdn					
1031 East Seventh Street Devils Lake, ND58301 35-2367360	Foundation	ND	501(c)(3)	11a	MHDL
Alegent Health - Bergan Mercy Health Sys					
7500 Mercy Road Omaha, NE68124 47-0484764	Hospital	NE	501(c)(3)	3	СНІ
Alegent Health - Mercy Hospital Corning					
PO Box 368 Corning, IA 50841 42-0782518	Hospital	IA	501(c)(3)	3	AHBMHS
Mercy Health Care Foundation					
PO Box 368 Corning, IA 50841 42-1461064	Foundation	NE	501(c)(3)	11a	АНМН
Mercy Hospital Foundation Council Bluff					
800 Mercy Drive Council Bluffs, IA51503 42-1178204	Foundation	IA	501(c)(3)	11a	N/A

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (H) **(J) (I)** (G) (D) Legal Disproprtionate Code V-UBI amount General or (A) (B) (F) Direct Predominant Share of end-of-year Domicile Name, address, and EIN of allocations? Managing Primary activity Share of total income on (State Controlling ncome(related, assets Partner? Box 20 of Schedule related organization (\$) Entity ınvestment, (\$) or K-1 (Form 1065) Foreign unrelated) (\$) Country) No Yes Yes No Superior Medical Imaging LLC SERMC Related 5000 North 26th Street OP Diagnostics ΝE 0 2,091,929 Νo Νo Lincoln, NE68521 26-2884555 Central Nebraska Rehab Services CHI ΝE Related 15,827,712 4,183,006 Νo Νo Physical Therapy 3004 W Faidley Ave Grand Island, NE68802 81-0653461 Mercy West Endoscopy LLC CHI-IA Corp 1601 NW 114th St Suite 244 IΑ Related 1,690,849 Νo Νo Ambulatory Surg 2,016,353 Clive, IA50325 90-0129077 Audubon Land Company LLC 5390 N Academy Blvd Suite тнс Real Estate CO Related Νo Νo 0 9,259,533 300 Colorado Springs, CO80918 84-1513085 Breckenridge Medical Clinic LLC THC СО 0 Νo Νo 555 South Park Avenue Plaza Medical Clinic Related 0 Breckenridge, CO80424 65-1295958 Penrad Imaging THC СО Related Νo Nο 1390 Kelly Johnson Blvd 314,771 9,836,292 Medical Imaging Colorado Springs, CO80920 84-1072619 St Anthony Regional Mtn Cancer Center THC Cancer Center CO 546,966 Νo

Related

Related

Related

Related

Related

Related

Related

Investment

SJ HospitalLex Related

Mercy Medical Related

тнс

THC

MMC

FHS

CHI

SVIMC

CHI

СО

СО

ΙD

WA

ΝE

ΚY

ΟR

AR

СО

Real Estate

Ortho Hospital

Surgery Center

Laundry

Diagnostic

Day Surgery

Ambul Surg Ctr

Investments

4231 W 16th Avenue Denver, CO80112 37-1568013

300

26-3134100 OrthoColorado LLC

Center LLC

Oncology

11

St Francis Land Company

5390 N Academy Blvd Suite

Colorado Springs, CO80918

11650 West 2nd Place

Mercy Outpateint Surgery

1512 12th Avenue Road Nampa, ID83686 84-1380439

314 Martin Luther King Jr Way Healthcare Srvc

Penninsula Radiation

Tacoma, WA98405 87-0808610

PO Box 9804

72-1546196

Center

310

Healthcare Support Services

Grand Island, NE688029804

Bluegrass Regional Imaging

1218 South Broadway Suite

Ambulatory Surgery Cntr Rsbg

North River Surgery Center

2209 Wildwood Avenue Sherwood, AR72120 71-0799771

CHI Operating Investment

9780 Mt Pyramid Court 3rd

Englewood, CO80112

Lexington, KY40504 61-1386736

2750 W Harvard Roseburg, OR97471 93-1293442

Program LP

47-0727942

Floor

Lakewood, CO80255 37-1577105

-242,741

-66,738

-484,585

282,899

73,817

260,714

190,224

-42,795

58,022

0

Νo

Νο

Νo

Yes

Yes

Yes

-88,608

15,439,923

2,821,680

1,129,360

2,387,702

3,912,695

4,317,057

2,092,370

1,650,592

4,069,968

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (A) (G) (D) (H) (B) (C) Name, address, and EIN of related Primary activity Legal Domicile Direct Controlling Type of entity Share of total income Share of Percentage organization (State or (C corp, S corp, end-of-year Entity (\$) ownership Foreign or trust) assets Country) (\$) Mercy Health Services Corporation 2727 McClelland Blvd St John's RMC DME МΟ C Corp -17,953 2,093,683 100 % Joplin, MO64804 43-1457881 Mountain Management Services Inc MHCS 6028D Shallowford Road TNC Corp 383,380 11,783,040 100 % mgmt svc org Chattanooga, TN37421 62-1570739 MedQ uest 1602 West 11th Street MHof Williston C Corp Sale of DME ND 38,645 921,119 100 % Williston, ND58801 45-0392137 St Anthony Development Company 1415 Southgate St Anthony H Athletic Club OR C Corp 17,998 3,142,823 100 % Pendleton, OR97801 93-1216943 Healthcare Management Inc 555 South 70th Street NΑ Billing Services 0 0 ΝE C Corp Lincoln, NE68510 47-0662703 GOOD SAMARITAN OUTREACH SERVICES MEDICAL GSHS PO BOX 1990 ΝE 0 100 % C Corp 0 KEARNEY, NE68848 CLINIC 47-0659440 HEALTH SYSTEMS ENTERPRISES INC PO BOX 1990 MANAGEMENT GSHS NΕ C Corp 17,676 1,769,891 100 % KEARNEY, NE68848 47-0664558 Mercy Park Apartments Ltd 1111 6th Avenue CHI-IA Corp IΑ C Corp 23,229 1,878,898 100 % Housing Des Moines, IA 50314 42-1202422 Des Moines Medical Center Inc 1111 6th Avenue CHI-IA Corp ΙΑ C Corp -56,189 1,093,386 91 13 % Real Estate Des Moines, IA 50314 42-0837382 Comcare Services CHIC 4261 W 16th Avenue C Corp СО 0 0 Inactive 100 % Denver, CO80204 84-0904813 Mednow Inc 1512 12th Avenue Road Outpat Mercy Med Ctr ΙD C Corp 4,534,408 5,348,476 100 % Nampa, ID83686 Pharmacy 82-0389927 Saint Clare's Primary Care Inc 66 Ford Road sccc Billing Services ΝJ C Corp -483,820 2,590,487 100 % Denville, NJ07834 22-2441202 Healthcare Mgmt Services Org Inc FHS 1149 Market St Health Org WA C Corp 0 0 100 % Tacoma, WA98402 91-1865474 Physician Health System Network 1149 Market St FHS 100 % Health Org WA C Corp 0 0 Tacoma, WA98402 91-1746721 Saint Clare's Health Care Solutions Inc schcs 66 Ford Road ΝJ C Corp -81,617 0 100 % Nursing Denville, NJ07834 20-4969477 Mercy Services Corp 2700 Stewart Parkway Mercy Medical Retail Sales OR C Corp -276,939 1,649,984 100 % Roseburg, OR97471 93-0824308 Caduceus Medical Associates Inc 6028 Shallowford Road Suite D MHCS Healthcare TNC Corp 0 1,008 100 % Chattanooga, TN37422 62-1570736 CENTRAL KANSAS HEALTH SERVICES ASSOCIATI MEDICAL CKMCC Corp 100 % 3515 Broadway KS 100 -309,321 EQUIPMENT Great Bend, KS67530 48-1042853 St Vincent Community Health Services In Two St Vincent Circle SVIMC ΑR C Corp 1,018,000 10,399,000 100 % Healthcare Little Rock, AR72205 71-0710785 Alternative Insurance Management Service 3900 Olymic Boulevard Suite 400 Management СО N/A 0 C Corp 4,445,439 100 % Erlanger, KY41018 Servic 84-1112049 Nazareth Assurance Company 76 St Paul Street Suite 500 CHI Insurance VΤ C Corp 262 5,695 100 % Burlington, VT05401 03-0304831 Franciscan Services Inc 9780 Mt Pyramid Ct CHI C Corp 7,815,631 Healthcare СО -252,887 100 % Englewood, CO80112 23-2487967 SJH Services Corporation 9780 Mt Pyramid Ct FSI 106,864 Healthcare CO C Corp 3,481,247 100 % Englewood, CO80112 23-2307408 St Joseph Development Company Inc 1717 South J Street FSI Rental WA C Corp 1,153,946 11,984,725 100 % Tacoma, WA98405 94-1480569 Towson Management Inc FSI 7601 Osler Drive Management ΜD C Corp 74,937 474,456 100 % Towson, MD21204 Servic 52-1710750