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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>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>CLEARWATER VALLEY HOSPITAL AND CLINIC</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>301 CEDAR AVE</b> City or town, state or country, and ZIP + 4 <b>OROFINO, ID 83544</b>	<b>D</b> Employer identification number <b>82-0497771</b> <b>E</b> Telephone number <b>(208) 476-4555</b>
	<b>F</b> Name and address of principal officer: <b>COLLEEN MEZA</b> <b>301 CEDAR AVE OROFINO, ID 83544</b>	<b>G</b> Gross receipts \$ <b>17,238,382.</b> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶ <b>N/A</b>
	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: ▶ <b>WWW.SMH-CVHC.ORG</b>
	<b>K</b> Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation: <b>1957</b> <b>M</b> State of legal domicile <b>ID</b>

## Part I Summary

1 Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
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 12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4 11
5	Total number of employees (Part V, line 2a)	5 219
6	Total number of volunteers (estimate if necessary)	6 78
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a NONE
7b	Net unrelated business taxable income from Form 990-T, line 34	7b NONE
Revenue	8 Contribution and grants (Part VIII, line 1h)	Prior Year 127,328. Current Year 199,614.
	9 Program service revenue (Part VIII, line 2g)	15,219,210. 16,994,734.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	58,061. 6,769.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	NONE 37,265.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,404,599. 17,238,382.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	NONE NONE
	14 Benefits paid to or for members (Part IX, column (A), line 4)	NONE NONE
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,324,507. 10,026,531.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	NONE NONE
	16b Total fundraising expenses, Part IX, column (D), line 20 ▶	70,216.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	5,857,601. 6,589,768.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,182,108. 16,616,299.	
19 Revenue less expenses. Subtract line 18 from line 12	222,491. 622,083.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year 7,186,026. End of Year 8,552,135.
	21 Total liabilities (Part X, line 26)	2,417,103. 3,480,073.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,768,923. 5,072,062.

## Part II Signature Block

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: *Lenne J. Bonner*Date: *5/3/2010*Type or print name and title: *Lenne J. Bonner, CFO*

Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	EIN ▶	Phone no ▶	

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.

Form 990 (2008)

JSA  
8E1010 2.000

64995Y 751B 03/17/2010 13:47:13 V08-8.3

9/16 3

**Part III** Statement of Program Service Accomplishments (see instructions)**1** Briefly describe the organization's mission:SEE SCHEDULE O**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ 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? ☐ Yes ☒ 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 501(c)(4) organizations and section 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 \$ 14,313,369. including grants of \$ \_\_\_\_\_) (Revenue \$ 16,994,734.)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 ► \$ 14,313,369. (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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
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		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	X	
5 <b>Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
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	X	
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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U S ?		X
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		X
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		X
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		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	X	
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		X
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		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	X	
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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
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		X
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		X
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		X

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
<b>a</b> 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)? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		<b>X</b>
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		<b>X</b>
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>X</b>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	<b>X</b>	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>X</b>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		<b>X</b>

Form **990** (2008)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable. . . . .	<b>1a</b>	13
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . .	<b>1b</b>	NONE
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	X
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . . . .	<b>2a</b>	219
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	<b>2b</b>	X
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	<b>3a</b>	X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. . . . .	<b>3b</b>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>	X
<b>b</b>	If "Yes," enter the name of the foreign country: <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</u>		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>	X
<b>c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .	<b>5c</b>	
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible? . . . . .	<b>6a</b>	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? . . . . .	<b>7a</b>	X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year. . . . .	<b>7d</b>	
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>	X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>	
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	<b>7h</b>	
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	<b>8</b>	
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12. . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders. . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. . . . .	<b>12b</b>	

Form 990 (2008)

**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**

	Yes	No
<i>For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.</i>		
<b>1a</b> Enter the number of voting members of the governing body . . . . .	<b>1a</b>	<b>12</b>
<b>b</b> Enter the number of voting members that are independent . . . . .	<b>1b</b>	<b>11</b>
<b>2</b> 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? . . . . .	<b>2</b>	<b>X</b>
<b>3</b> 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? . . . . .	<b>3</b>	<b>X</b>
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	<b>4</b>	<b>X</b>
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	<b>5</b>	<b>X</b>
<b>6</b> Does the organization have members or stockholders? . . . . .	<b>6</b>	<b>X</b>
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>	<b>X</b>
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<b>7b</b>	<b>X</b>
<b>8</b> Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .		
<b>a</b> The governing body? . . . . .	<b>8a</b>	<b>X</b>
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	<b>X</b>
<b>9a</b> Does the organization have local chapters, branches, or affiliates? . . . . .	<b>9a</b>	<b>X</b>
<b>b</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? . . . . .	<b>9b</b>	
<b>10</b> 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 . . . . .	<b>10</b>	<b>X</b>
<b>11</b> 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 . . . . .	<b>11</b>	<b>X</b>

**Section B. Policies**

	Yes	No
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	<b>X</b>
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	<b>X</b>
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b>	<b>X</b>
<b>13</b> Does the organization have a written whistleblower policy? . . . . .	<b>13</b>	<b>X</b>
<b>14</b> Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	<b>X</b>
<b>15</b> 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 . . . . .		
<b>a</b> The organization's CEO, Executive Director, or top management official? . . . . .	<b>15a</b>	<b>X</b>
<b>b</b> Other officers or key employees of the organization? . . . . .	<b>15b</b>	<b>X</b>
Describe the process in Schedule O (see instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	<b>X</b>
<b>b</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? . . . . .	<b>16b</b>	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► ID

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► LENNE BONNER 301 CEDAR ST OROFINO, ID 83544  
208-476-4555



[illegible]

2	Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶	13
---	-----------------------------------------------------------------------------------------------------------------------------------------	----

- |   | Yes | No |
|---|-----|----|
| 3 |     | X  |
| 4 | X   |    |
| 5 |     | X  |

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

2	Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization	5
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**Part VIII Statement of Revenue**

82-0497771

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions) . . . . .	<b>1e</b>	109,730.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	89,884.			
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ . . . . .		26,336.			
	<b>h</b>	<b>Total. Add lines 1a-1f . . . . .</b>		199,614.			
<b>Program Service Revenue</b>	<b>2a</b>	<b>HOSPITAL &amp; CLINIC SERVICES</b>	<b>Business Code</b> 621110	16,994,734.	16,994,734.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue . . . . .					
	<b>g</b>	<b>Total. Add lines 2a-2f . . . . .</b>		16,994,734.			
	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		6,769.			6,769.
<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .		NONE				
<b>5</b>	Royalties . . . . .		NONE				
<b>Other Revenue</b>			(i) Real (ii) Personal				
	<b>6a</b>	Gross Rents . . . . .					
	<b>b</b>	Less rental expenses . . . . .					
	<b>c</b>	Rental income or (loss) . . . . .					
	<b>d</b>	Net rental income or (loss) . . . . .		NONE			
			(i) Securities (ii) Other				
	<b>7a</b>	Gross amount from sales of assets other than inventory . . . . .					
	<b>b</b>	Less cost or other basis and sales expenses . . . . .					
	<b>c</b>	Gain or (loss) . . . . .					
	<b>d</b>	Net gain or (loss) . . . . .		NONE			
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>				
	<b>b</b>	Less direct expenses . . . . .	<b>b</b>				
	<b>c</b>	Net income or (loss) from fundraising events . . . . .		NONE			
	<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>				
	<b>b</b>	Less direct expenses . . . . .	<b>b</b>				
	<b>c</b>	Net income or (loss) from gaming activities . . . . .		NONE			
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>				
	<b>b</b>	Less cost of goods sold . . . . .	<b>b</b>				
<b>c</b>	Net income or (loss) from sales of inventory . . . . .		NONE				
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11a</b>	<b>VENDING SALES</b>	722210	16,525.			16,525.	
<b>b</b>	<b>MEDICAL RECORD COPIES</b>	561439	11,058.			11,058.	
<b>c</b>	<b>FITNESS DUES</b>	713940	9,205.			9,205.	
<b>d</b>	All other revenue . . . . .	900099	477.			477.	
<b>e</b>	<b>Total. Add lines 11a-11d . . . . .</b>		37,265.				
<b>12</b>	<b>Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .</b>		17,238,382.	16,994,734.		44,034.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	NONE			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	NONE			
4 Benefits paid to or for members . . . . .	NONE			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	60,583.		60,583.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages . . . . .	8,095,971.	7,160,627.	884,161.	51,183.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions). .	369,170.	326,793.	40,041.	2,336.
9 Other employee benefits . . . . .	923,082.	818,352.	98,881.	5,849.
10 Payroll taxes . . . . .	577,725.	507,836.	66,259.	3,630.
11 Fees for services (non-employees)				
a Management . . . . .	NONE			
b Legal . . . . .	261.		261.	
c Accounting . . . . .	33,644.		33,644.	
d Lobbying . . . . .	2,107.		2,107.	
e Professional fundraising services See Part IV, line 17	NONE			
f Investment management fees . . . . .	169.		169.	
g Other . . . . .	1,939,150.	1,404,159.	534,007.	984.
12 Advertising and promotion . . . . .	22,250.	2,671.	19,496.	83.
13 Office expenses . . . . .	2,426,044.	2,077,053.	345,052.	3,939.
14 Information technology . . . . .	72,620.		72,620.	
15 Royalties . . . . .	NONE			
16 Occupancy . . . . .	114,910.	114,518.		392.
17 Travel . . . . .	150,800.	109,024.	39,956.	1,820.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings . . . .	48,529.	41,190.	7,339.	
20 Interest . . . . .	16,530.	16,530.		
21 Payments to affiliates . . . . .	NONE			
22 Depreciation, depletion, and amortization . . .	463,802.	463,802.		
23 Insurance . . . . .	265,922.	265,922.		
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 <b>BAD DEBT EXPENSE</b> . . . . .	936,993.	936,993.		
b <b>DUES &amp; SUBSCRIPTIONS</b> . . . . .	68,085.	40,965.	27,120.	
c <b>MISCELLANEOUS</b> . . . . .	27,952.	26,934.	1,018.	
d . . . . .				
e . . . . .				
f All other expenses . . . . .				
<b>25 Total functional expenses.</b> Add lines 1 through 24f	16,616,299.	14,313,369.	2,232,714.	70,216.
<b>26 Joint Costs.</b> Check here <input 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) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing . . . . .	902.	1	7,177.
	2 Savings and temporary cash investments . . . . .	755,456.	2	2,052,725.
	3 Pledges and grants receivable, net . . . . .	31,355.	3	114,728.
	4 Accounts receivable, net . . . . .	3,294,416.	4	3,724,042.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L . . . . .		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 . . . . .	NONE	7	25,400.
	8 Inventories for sales or use . . . . .	470,837.	8	459,591.
	9 Prepaid expenses and deferred charges . . . . .	18,935.	9	32,334.
	10a Land, buildings, and equipment cost basis . . . . .	10a 4,418,946.		
	b Less accumulated depreciation. Complete Part VI of Schedule D. . . . .	10b 2,282,808.		
		2,272,480.	10c	2,136,138.
	11 Investments - publicly traded securities . . . . .	7,701.	11	NONE
	12 Investments - other securities. See Part IV, line 11 . . . . .		12	
	13 Investments - program-related. See Part IV, line 11 . . . . .		13	
	14 Intangible assets . . . . .		14	
15 Other assets. See Part IV, line 11 . . . . .	333,944.	15	NONE	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	7,186,026.	16	8,552,135.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses . . . . .	979,454.	17	2,041,131.
	18 Grants payable . . . . .		18	
	19 Deferred revenue . . . . .		19	
	20 Tax-exempt bond liabilities . . . . .		20	
	21 Escrow account liability. Complete Part IV of Schedule D . . . . .		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		22	
	23 Secured mortgages and notes payable to unrelated third parties . . . . .	320,543.	23	320,266.
	24 Unsecured notes and loans payable . . . . .		24	
	25 Other liabilities. Complete Part X of Schedule D . . . . .	1,117,106.	25	1,118,676.
	26 <b>Total liabilities.</b> Add lines 17 through 25. . . . .	2,417,103.	26	3,480,073.
<b>Net Assets or Fund Balances</b>	<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>			
	27 Unrestricted net assets . . . . .	4,449,979.	27	5,072,062.
	28 Temporarily restricted net assets . . . . .	318,944.	28	NONE
	29 Permanently restricted net assets . . . . .		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds . . . . .		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31	
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .		32	
	33 <b>Total net assets or fund balances</b> . . . . .	4,768,923.	33	5,072,062.
	34 <b>Total liabilities and net assets/fund balances.</b> . . . . .	7,186,026.	34	8,552,135.

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	2a	X
b	Were the organization's financial statements audited by an independent accountant? . . . . .	2b	X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .	2c	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	3a	X
b	If "Yes," did the organization undergo the required audit or audits? . . . . .	3b	



**Part II** **Support Schedule for Organizations Described in Sections 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.)

**Section A. 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") . . . . .						
<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</b> Total. Add lines 1-3 . . . . .						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6</b> Public support. Subtract line 5 from line 4						

**Section B. 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 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<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) . . . . .						
<b>11</b> Total support. Add lines 7 through 10 . . . . .						
<b>12</b> Gross receipts from related activities, etc. (See instructions) . . . . .					<b>12</b>	
<b>13</b> First 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. 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>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . .	<b>15</b>	%
<b>16a 33 1/3% support 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 type="checkbox"/>		
<b>b 33 1/3% support test - 2007.</b> If the organization did not check a 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 "fact-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 a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") . . . . .						
2 Gross receipts from admissions, 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 Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
b Amounts 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 . . . . .						
c Add lines 7a and 7b. . . . .						
8 Public support (Subtract line 7c from line 6) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts 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 June 30, 1975 . . . . .						
c 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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . <input type="checkbox"/>						

**Section C. 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 from 2007 Schedule A, Part IV-A, line 27g . . . . .	16	%

**Section D. 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% support 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 . . . . . <input type="checkbox"/>		
b 33 1/3% support 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 . . . . . <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . <input type="checkbox"/>		

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

[illegible]

**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), then**

- 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 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(cy)(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), then**

- Section 501(c)(4), (5), or (6) organizations. Complete Part III

Name of organization

Employer identification number

**CLEARWATER VALLEY HOSPITAL AND CLINICS, INC.****82-0497771****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 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 funds contributed to other organizations for section 527 exempt function 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 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 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 (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a Enter -0- if line g is more than line a . . . . .														
<b>i</b>	Subtract line 1f from line 1c Enter -0- if line f is more than line c . . . . .														
<b>j</b>	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 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 2a through 2f 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
<b>2 a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2008

**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
<b>1</b> 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:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?	X		2,107.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		X	
<b>i</b> Other activities? If "Yes," describe in Part IV		X	
<b>j</b> Total lines 1c through 1i			2,107.
<b>2 a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		X	

**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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> 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 Schedule C instructions for details.

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

SCHEDULE C, PART II-B

CLEARWATER VALLEY HOSPITAL AND CLINICS, INC. PAYS DUES TO CERTAIN

ORGANIZATIONS RELATED TO THE INDUSTRY WHICH HAVE LOBBYING EXPENSES. THE

AMOUNT LISTED IS THE PERCENTAGE OF THE DUES PAID THAT WERE USED FOR

LOBBYING.

**Part IV**   **Supplemental Information** *(continued)*[illegible]

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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**

**CLEARWATER VALLEY HOSPITAL AND CLINICS, INC.**

Employer identification number

**82-0497771**

**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? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**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)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06 . . . . .	2d

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? . . . . . ☐ Yes ☐ No

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)? . . . . . ☐ Yes ☐ No

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      d ☐ Loan or exchange programs  
 b ☐ Scholarly research      e ☐ Other \_\_\_\_\_  
 c ☐ Preservation for future generations

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 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 the arrangement in Part XIV and complete the following table

	Amount
c Beginning balance . . . . .	1c
d Additions during the year . . . . .	1d
e Distributions during the year . . . . .	1e
f Ending balance . . . . .	1f

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if 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 . . . . .					
b Contributions . . . . .					
c Investment earnings or losses . . . . .					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ► \_\_\_\_\_ %  
 b Permanent endowment ► \_\_\_\_\_ %  
 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 . . . . .

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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 . . . . .		30,738.		30,738.
b Buildings . . . . .		1,030,614.	422,651.	607,963.
c Leasehold improvements . . . . .				
d Equipment . . . . .		3,304,989.	1,835,915.	1,469,074.
e Other . . . . .		52,605.	24,242.	28,363.
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c) ) . . . . .				2,136,138.

Schedule D (Form 990) 2008

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

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

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

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

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
_____	
_____	
_____	
_____	
_____	
_____	
_____	
_____	
_____	
_____	
_____	
_____	
<b>Total.</b> (Column (b) should equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
<b>BUILDING LEASE LIABILITY</b>	<b>819,278</b>
<b>AMOUNTS OWED TO RELATED TAX-EXEMPT</b>	<b>299,398</b>
_____	
_____	
_____	
_____	
_____	
_____	
_____	
<b>Total.</b> (Column (b) should equal Form 990, Part X, col. (B) line 25.)	<b>1,118,676</b>

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	
<b>9</b>	Total adjustments (net) Add lines 4-8	<b>9</b>	
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12)	<b>5</b>	

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Losses reported on Form 990, Part IX, line 25	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18)	<b>5</b>	

**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 IV, 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

**SEE PAGE 5**

**Part XIV** Supplemental Information (continued)SCHEDULE D, PART X

CLEARWATER VALLEY HOSPITAL AND CLINICS, INC. FINANCIAL STATEMENTS WERE  
AUDITED BY AN INDEPENDENT ACCOUNTANT AS PART OF ESSENTIA HEALTH'S  
CONSOLIDATED FINANCIAL STATEMENTS. DURING 2008, ESSENTIA ADOPTED FASB  
INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAX - AN  
INTERPRETATION OF FASB STATEMENT NO. 109, ACCOUNTING FOR INCOME TAXES.  
THE ADOPTING OF THIS INTERPRETATION HAD NO MATERIAL IMPACT ON THE  
CONSOLIDATED FINANCIAL STATEMENTS.

# SCHEDULE H

(Form 990)

## Hospitals

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

► To be completed by organizations that answer "Yes" to Form 990,

Part IV, line 20.

► Attach to Form 990.

Name of the organization

Employer identification number

CLEARWATER VALLEY HOSPITAL AND CLINICS, INC.

82-0497771

### Part I Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)

	Yes	No
1a Does the organization have a charity care policy? If "No," skip to question 6a	1a	
b If "Yes," is it a written policy?	1b	
2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals		
<input type="checkbox"/> Applied uniformly to all hospitals		
<input type="checkbox"/> Applied uniformly to most hospitals		
<input type="checkbox"/> Generally tailored to individual hospitals		
3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients		
a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care	3a	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Does the organization use FPG to determine eligibility for providing discounted care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care	3b	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care		
4 Does the organization's policy provide free or discounted care to the "medically indigent"?	4	
5a Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	
b If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	
c If "Yes" to 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a Does the organization prepare an annual community benefit report?	6a	
b If "Yes," does the organization make it available to the public?	6b	

Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H

7 Charity Care and Certain Other Community Benefits at Cost						
Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2) . . . . .						
b Unreimbursed Medicaid (from Worksheet 3, column a) . . . . .						
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b) . . . . .						
d Total Charity Care and Means-Tested Government Programs . . . . .						
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4) .						
f Health professions education (from Worksheet 5) . . . . .						
g Subsidized health services (from Worksheet 6) . . . . .						
h Research (from Worksheet 7) . .						
i Cash and in-kind contributions to community groups (from Worksheet 8)						
j Total Other Benefits . . . . .						
k Total (line 7d and 7j) . . . . .						

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

Schedule H (Form 990) 2008

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities. (Optional for 2008)

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

**Part III Bad Debt, Medicare, & Collection Practices** (Optional for 2008)**Section A. Bad Debt Expense**

	Yes	No
1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .		
2 Enter the amount of the organization's bad debt expense (at cost) . . . . .		
3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy . . . . .		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit		

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) . . . . .	5	
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	
7 Enter line 5 less line 6 - surplus or (shortfall) . . . . .	7	
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6, and indicate which of the following methods was used <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

9a Does the organization have a written debt collection policy? . . . . .	9a	
b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI. . . . .	9b	

**Part IV Management Companies and Joint Ventures** (Optional for 2008)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				



**Part VI** Supplemental Information (Optional for 2008)

Complete this part to provide the following information

- 1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

**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

**CLEARWATER VALLEY HOSPITAL AND CLINICS, INC.**

Employer identification number

**82-0497771**

**Part I Questions Regarding Compensation**

**1a** 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.

- |                                                                    |                                                                          |
|--------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .

**2** 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? . . . . .

**3** 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.

- |                                                                         |                                                                                     |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment? . . . . .
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .
- c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**

**5** 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:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" to line 5a or 5b, describe in Part III.

**6** 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:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" to line 6a or 6b, describe in Part III.

**7** 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 . . . . .

**8** 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 . . . . .

Yes No

**1b**

**2**

**4a**

**4b**

**4c**

**5a**

**5b**

**6a**

**6b**

**7**

**8**

**X**

**X**

**X**

**X**

**X**

**X**

**X**

**X**

**X**

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

Schedule J (Form 990) 2008



**Part III Supplemental Information**

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

FORM 990, PART I, LINE 3

CLEARWATER VALLEY HOSPITAL AND CLINICS, INC. RELIED ON ECHC'S, SUPPORTING

ORGANIZATION OF CLEARWATER VALLEY HOSPITAL AND CLINICS, INC., METHODS FOR

ESTABLISHING CLEARWATER VALLEY HOSPITAL AND CLINICS, INC.'S CEO'S

COMPENSATION: A COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION

CONSULTANT, WRITTEN EMPLOYMENT CONTRACT, COMPENSATION SURVEY OR STUDY,

AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.

FORM 990, PART I, LINE 4B

THE FOLLOWING INDIVIDUALS LISTED IN FORM 990, PART VII, SECTION A, LINE

1A RECEIVED PAYMENT FROM A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

DURING THE YEAR:

COLLEEN MEZA (ECHC) \$46,412

MICHAEL HEDRIX (ECHC) \$35,721

**Part III Supplemental Information**

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

ECHC'S NONQUALIFIED RETIREMENT PLAN IS OFFERED TO ECHC EXECUTIVES. THERE

IS A MINIMUM TWO YEAR VESTING DATE, BENEFITS ARE SUBJECT TO INCOME TAXES

UPON VESTING, AND BENEFITS ARE PAYABLE FROM ECHC'S GENERAL ASSETS.

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

**2008**

**Open to Public Inspection**

Name of the Organization

Employer Identification number

**CLEARWATER VALLEY HOSPITAL AND CLINICS, INC.**

**82-0497771**

**Part I** Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<u>GORDON HARMAN</u>										
<u>BOARD CHAIR</u>	1.	X		X				NONE	NONE	NONE
<u>MARJORIE KUCHYNKA</u>										
<u>BOARD VICE CHAIR</u>	1.	X		X				NONE	NONE	NONE
<u>MARGUERITE MCLAUGHLIN</u>										
<u>BOARD SECRETARY/TREASURER</u>	1.	X		X				NONE	NONE	NONE
<u>LARRY COONTS</u>										
<u>BOARD DIRECTOR</u>	1.	X						NONE	NONE	NONE
<u>MAURICE MASAR</u>										
<u>BOARD DIRECTOR</u>	1.	X						NONE	NONE	NONE
<u>GARY REHDER</u>										
<u>BOARD DIRECTOR</u>	1.	X						NONE	NONE	NONE
<u>DAN DAVIS</u>										
<u>BOARD DIRECTOR</u>	1.	X						NONE	1,500.	NONE
<u>SISTER MARY ROCHEFORT</u>										
<u>BOARD DIRECTOR</u>	1.	X						NONE	NONE	NONE
<u>SISTER BARBARA JEAN GLODOWSKI</u>										
<u>BOARD DIRECTOR</u>	1.	X						NONE	NONE	NONE
<u>BRYAN HIGGINS</u>										
<u>BOARD DIRECTOR</u>	1.	X						NONE	NONE	NONE
<u>LEE PIPPENGER</u>										
<u>BOARD DIRECTOR</u>	1.	X						NONE	NONE	NONE
<u>MICHAEL HEDRIX</u>										
<u>BOARD DIRECTOR</u>	1.	X						NONE	302,231.	69,446.
<u>COLLEEN MEZA</u>										
<u>CHIEF EXECUTIVE OFFICER</u>	40.			X				NONE	252,281.	58,790.
<u>LENNE BONNER</u>										
<u>CHIEF FINANCIAL OFFICER</u>	40.			X				91,276.	NONE	22,889.
<u>CLAYTON BUNT, MD</u>										
<u>PHYSICIAN</u>	40.					X		170,425.	NONE	30,211.
<u>CHRISTOPHER JENKINS, MD</u>										
<u>D.O.</u>	40.					X		156,965.	NONE	20,390.
<u>MICHAEL MEZA, MD</u>										
<u>PHYSICIAN</u>	40.					X		192,201.	NONE	28,690.
<u>TRENT MORGAN</u>										
<u>CRNA</u>	40.					X		171,481.	NONE	14,432.
<u>PHILLIP PETERSON, MD</u>										
<u>PHYSICIAN</u>	40.					X		147,038.	NONE	29,375.

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

Schedule J-2 (Form 990) 2008

JSA

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**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Non-Cash Contributions**

► To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.

OMB No. 1545-0047

**2008**

**Open To Public  
Inspection**

Name of the organization

**CLEARWATER VALLEY HOSPITAL AND CLINICS, INC.**

Employer identification number

**82-0497771**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art . . . . .				
2 Art-Historical treasures . . . . .				
3 Art-Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities-Publicly traded . . . . .				
10 Securities-Closely held stock . . . . .				
11 Securities-Partnership, LLC, or trust interests . . . . .				
12 Securities-Miscellaneous . . . . .				
13 Qualified conservation contribution (historic structures) . . . . .				
14 Qualified conservation contribution (other) . . . . .				
15 Real estate-Residential . . . . .				
16 Real estate-Commercial . . . . .				
17 Real estate-Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( <u>ELECTRONICS</u> )	<b>X</b>	<b>1</b>	<b>26,336.</b>	<b>FMV</b>
26 Other ► ( _____ )				
27 Other ► ( _____ )				
28 Other ► ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29** **NONE**

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		<b>X</b>
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .		<b>X</b>
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		<b>X</b>
b If "Yes," describe in Part II		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

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

Schedule M (Form 990) 2008

JSA

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**Part II** **Supplemental information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE M, PART I, LINE 25, COLUMN B

NUMBER OF CONTRIBUTIONS

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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**

Employer identification number

**CLEARWATER VALLEY HOSPITAL AND CLINICS, INC.**

**82-0497771**

FORM 990, PART I, LINE 1

CLEARWATER VALLEY HOSPITAL AND CLINICS, INC. IS A HEALTH & HUMAN SERVICE

ORGANIZATION ENTRUSTED WITH A MISSION OF PROVIDING OF COMPETENT &

COMPASSIONATE HEALTH & WELLNESS SERVICES IN AN ENVIRONMENT WHICH ENHANCES

HUMAN WORTH. THIS MISSION IS ACCOMPLISHED THROUGH THE IMPLEMENTATION OF

THE VALUES OF RESPECT, HOSPITALITY, JUSTICE & STEWARDSHIP. THE HOSPITAL

& CLINICS ARE COMMITTED TO WITNESS GOD'S LOVE FOR ALL PEOPLE, WITH A

SPECIAL CONCERN FOR THE POOR & POWERLESS.

Name of the organization

Employer identification number

**CLEARWATER VALLEY HOSPITAL AND CLINICS, INC.****82-0497771****FORM 990, PART III, LINE 1****CLEARWATER VALLEY HOSPITAL AND CLINICS, INC. IS A HEALTH & HUMAN SERVICE****ORGANIZATION ENTRUSTED WITH A MISSION OF PROVIDING OF COMPETENT &****COMPASSIONATE HEALTH & WELLNESS SERVICES IN AN ENVIRONMENT WHICH ENHANCES****HUMAN WORTH. THIS MISSION IS ACCOMPLISHED THROUGH THE IMPLEMENTATION OF****THE VALUES OF RESPECT, HOSPITALITY, JUSTICE & STEWARDSHIP. THE HOSPITAL****& CLINICS ARE COMMITTED TO WITNESS GOD'S LOVE FOR ALL PEOPLE, WITH A****SPECIAL CONCERN FOR THE POOR & POWERLESS.**

Name of the organization

Employer identification number

**CLEARWATER VALLEY HOSPITAL AND CLINICS, INC.****82-0497771****FORM 990, PART III, LINE 4A****CLEARWATER VALLEY HOSPITAL AND CLINICS, INC. IS CREATED & ORGANIZED****EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL & SCIENTIFIC****PURPOSES. CLEARWATER VALLEY HOSPITAL AND CLINICS, INC. IS CREATED &****ORGANIZED TO OWN, MAINTAIN, OPERATE & CONDUCT, DIRECTLY OR INDIRECTLY, &****TO ASSIST & COORDINATE ACTIVITIES OF FACILITIES FOR HEALTH CARE,****EDUCATION, CARE FOR THE AGED & SOCIAL SERVICES.****IN KEEPING WITH ITS MISSION, CLEARWATER VALLEY IS COMMITTED TO SERVE ALL****MEMBERS OF ITS COMMUNITIES BY PROVIDING FREE CARE AND/OR SUBSIDIZED CARE,****CARE FOR THE PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST, &****PROVIDING HEALTH ACTIVITIES & PROGRAMS TO SUPPORT THE COMMUNITY. DURING****FISCAL YEAR 2009, CLEARWATER VALLEY HAD 1,072 ADMISSIONS INVOLVING 3,898****HOSPITAL PATIENT DAYS & 37,267 OUTPATIENT VISITS IN THE HOSPITAL,****EMERGENCY ROOM, & CLINICS.****CHARITY CARE IS PROVIDED THROUGH MANY REDUCED PRICE SERVICES & FREE****PROGRAMS OFFERED THROUGHOUT THE YEAR BASED UPON ACTIVITIES & SERVICES****WHICH CLEARWATER VALLEY BELIEVES WILL SERVE A BONA FIDE NEED. THESE****INCLUDE HEALTH FAIRS, IMMUNIZATIONS CLINICS, HEALTH EDUCATION CLASSES,****RURAL EDUCATION TRAINING, & WELLNESS PROGRAMS. CLEARWATER VALLEY PROVIDED****NEARLY \$155,000 IN CHARITY CARE AS WELL AS AN ADDITIONAL \$87,000 OF COSTS****INCURRED IN EXCESS OF MEDICAID PAYMENTS RECEIVED DURING THE FISCAL YEAR****ENDED JUNE 30, 2009. FURTHER COMMUNITY BENEFITS PROVIDED DURING THE****FISCAL YEAR INCLUDE EDUCATION AND WORKFORCE DEVELOPMENT OF OVER \$12,000,****COMMUNITY SERVICES OF NEARLY \$200,000, AND CASH & IN-KIND DONATIONS OF****OVER \$30,000.**

Name of the organization

Employer identification number

**CLEARWATER VALLEY HOSPITAL AND CLINICS, INC.****82-0497771**FORM 990, PART VI, LINE 2LENNE BONNER, CURRENT OFFICER, & BRYAN HIGGINS, CURRENT DIRECTOR, HAVE AFAMILY RELATIONSHIP.

Name of the organization

Employer identification number

**CLEARWATER VALLEY HOSPITAL AND CLINICS, INC.****82-0497771****FORM 990, PART VI, LINE 7B**

**CLEARWATER VALLEY HOSPITAL AND CLINICS, INC. IS A SUBSIDIARY OF ESSENTIA HEALTH, WHOSE BOARD OF DIRECTORS HAS RESERVED POWERS WITH RESPECT TO THIS CORPORATION AND ITS SUBSIDIARIES, AND ALL OF THE OTHER DIRECT AND INDIRECT SUBSIDIARIES OF ESSENTIA HEALTH (COLLECTIVELY, THE "SYSTEM").**

**ESSENTIA HEALTH'S RESERVED POWERS ARE AS FOLLOWS:**

**STRATEGIC AND BUSINESS PLANS. AUTHORITY TO CREATE, AND TO APPROVE, THE SYSTEM'S STRATEGIC AND BUSINESS PLANS.**

**MISSION. AUTHORITY TO CREATE, AND TO APPROVE, THE MISSION, PURPOSE AND VISION STATEMENTS FOR ALL ENTITIES IN THE SYSTEM BY THE AFFIRMATIVE VOTE OF AT LEAST 67% OF THE ESSENTIA HEALTH BOARD OF DIRECTORS.**

**DEBT. APPROVAL OF THE INCURRENCE OF DEBT BY, AND THE CREATION OF ALL MORTGAGES, LIENS, SECURITY INTERESTS, OR OTHER ENCUMBRANCES ON THE ASSETS OF, ALL ENTITIES IN THE SYSTEM IN EXCESS OF THE SINGLE OR ANNUAL AGGREGATE DOLLAR LIMITS PRESCRIBED IN WRITING BY THE ESSENTIA HEALTH BOARD OF DIRECTORS, AND THE AUTHORITY TO CAUSE ALL ENTITIES IN THE SYSTEM TO PARTICIPATE IN SYSTEM BORROWING.**

**GOVERNING INSTRUMENTS. AUTHORITY TO CAUSE, AND TO APPROVE, AMENDMENTS OF THE ARTICLES OF INCORPORATION AND BYLAWS OF ALL ENTITIES IN THE SYSTEM.**

**MERGERS AND ACQUISITIONS. AUTHORITY TO CAUSE, AND TO APPROVE, ALL MERGERS, CONSOLIDATIONS, AND DISSOLUTIONS OF ALL ENTITIES IN THE SYSTEM.**

**AFFILIATIONS AND JOINT VENTURES. AUTHORITY TO CAUSE, AND TO APPROVE, ALL AFFILIATIONS, JOINT VENTURES AND OTHER ALLIANCES WITH THIRD PARTIES OF ALL ENTITIES IN THE SYSTEM.**

**TRANSFER OF ASSETS WITHIN THE SYSTEM. AUTHORITY TO TRANSFER ASSETS, INCLUDING CASH, BETWEEN AND AMONG ENTITIES WITHIN THE SYSTEM; PROVIDED,**

Name of the organization

Employer identification number

CLEARWATER VALLEY HOSPITAL AND CLINICS, INC.

82-0497771

HOWEVER, THAT ESSENTIA HEALTH SHALL NOT HAVE AUTHORITY TO REQUIRE ANY ENTITY IN THE SYSTEM TO TRANSFER ASSETS (A) THAT WOULD CAUSE SUCH ENTITY TO BE IN DEFAULT OF ITS COVENANTS OR OBLIGATIONS UNDER ANY BOND OR OTHER FINANCING DOCUMENTS; (B) FROM THE CATHOLIC ENTITIES TO THE SECULAR ENTITIES OR FROM THE SECULAR ENTITIES TO THE CATHOLIC ENTITIES IN A MANNER OR TO AN EXTENT THAT WOULD CAUSE THE CATHOLIC ENTITIES TO BE IN VIOLATION OF THE ETHICAL AND RELIGIOUS DIRECTIVES FOR CATHOLIC HEALTH CARE SERVICES IN THE JUDGMENT OF THE LOCAL ORDINARY; OR (C) SUCH THAT MONEY GENERATED BY SERVICES AT SECULAR FACILITIES WITHIN THE SYSTEM BY PROCEDURES THAT ARE CONTRARY TO THE ETHICAL AND RELIGIOUS DIRECTIVES FOR CATHOLIC HEALTH CARE SERVICES WOULD BE USED AT THE CATHOLIC ENTITIES OR MONEY GENERATED BY CATHOLIC ENTITIES WOULD BE USED IN THE PROVIDING OF SERVICES CONTRARY TO THE ETHICAL AND RELIGIOUS DIRECTIVES FOR CATHOLIC HEALTH CARE SERVICES AT SECULAR FACILITIES WITHIN THE SYSTEM. TRANSFER OF ASSETS OUTSIDE THE SYSTEM. AUTHORITY TO CAUSE, AND TO APPROVE, THE SALE, LEASE OR OTHER TRANSFER OF ASSETS OF ALL ENTITIES IN THE SYSTEM TO PARTIES OUTSIDE OF THE SYSTEM WHEN THE ASSET'S VALUE EXCEEDS THE SINGLE OR ANNUAL AGGREGATE DOLLAR LIMITS PRESCRIBED IN WRITING BY THE ESSENTIA HEALTH BOARD OF DIRECTORS. SERVICES. AUTHORITY TO CAUSE, AND TO APPROVE, THE ADDITION OF NEW SERVICES AND SERVICE LOCATIONS AND THE DISCONTINUANCE OF SERVICES AND SERVICE LOCATIONS WITHIN ALL ENTITIES IN THE SYSTEM. BUDGETS. APPROVAL OF CAPITAL AND OPERATING BUDGETS OF ALL ENTITIES IN THE SYSTEM. PROFESSIONAL SERVICES. SELECTION OF THE GENERAL LEGAL COUNSEL AND EXTERNAL AUDITORS OF ALL ENTITIES IN THE SYSTEM. ACQUISITIONS. AUTHORITY TO CAUSE, AND TO APPROVE, ALL ACQUISITIONS BY AND

Name of the organization

Employer identification number

**CLEARWATER VALLEY HOSPITAL AND CLINICS, INC.****82-0497771**FORMATIONS OF ENTITIES IN THE SYSTEM.MARKETING, AUTHORITY TO IMPLEMENT SYSTEM-WIDE MARKETING AND PROMOTIONAL  
ACTIVITIES.COMPLIANCE PLANS. AUTHORITY TO CREATE, AND TO APPROVE, CORPORATECOMPLIANCE, SAFETY AND RISK MANAGEMENT PLANS FOR ENTITIES WITHIN THE  
SYSTEM.QUALITY PLAN. AUTHORITY TO CREATE, AND TO APPROVE, THE SYSTEM'S QUALITY  
PLAN.NON-BUDGETED PURCHASES. APPROVAL OF NON-BUDGETED CAPITAL PURCHASES AND  
LEASES IN EXCESS OF THE SINGLE OR ANNUAL AGGREGATE DOLLAR LIMITSPRESCRIBED IN WRITING BY ESSENTIA HEALTH FOR ENTITIES WITHIN THE SYSTEM.HUMAN RESOURCES. AUTHORITY TO CREATE HUMAN RESOURCE POLICIES AND  
PROCEDURES WITHIN THE SYSTEM.RESERVED POWERS. AUTHORITY TO CREATE ADDITIONAL ESSENTIA HEALTH RESERVED  
POWERS BY THE AFFIRMATIVE VOTE OF AT LEAST 80% OF THE ESSENTIA HEALTHBOARD OF DIRECTORS (EXCLUDING THE ESSENTIA HEALTH CEO); PROVIDED,HOWEVER, THAT ANY ADDITIONAL ESSENTIA HEALTH RESERVED POWERS SHALL NOTCONTRAVENE OR HINDER THE RESERVED POWERS OF BENEDICTINE SISTERSBENEVOLENT ASSOCIATION.

Name of the organization

Employer identification number

CLEARWATER VALLEY HOSPITAL AND CLINICS, INC.82-0497771FORM 990, PART VI, LINE 10

THE 2008 FORM 990 INCLUDING ALL SCHEDULES WERE REVIEWED BY CLEARWATER  
VALLEY HOSPITAL AND CLINICS, INC.'S MANAGEMENT AND GOVERNING BODY ON  
TUESDAY, APRIL 13TH, 2010 PRIOR TO FILING WITH THE INTERNAL REVENUE  
SERVICE. EACH CURRENT DIRECTOR OF THE GOVERNING BODY, AS LISTED IN PART  
VII SECTION A LINE 1A, RECEIVED A COPY OF THE 2008 FORM 990. CLEARWATER  
VALLEY HOSPITAL AND CLINICS, INC.'S CHIEF FINANCIAL OFFICER LED THE  
REVIEW OF THE FORMS AND SCHEDULES AND ANY QUESTIONS WERE DISCUSSED.

Name of the organization

Employer identification number

CLEARWATER VALLEY HOSPITAL AND CLINICS, INC.

82-0497771

FORM 990, PART VI, LINE 12C

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE AND NATURE OF ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST TO THE DIRECTORS AND MEMBERS OF COMMITTEES CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT.

AFTER DISCLOSURE OF THE ACTUAL OR POSSIBLE CONFLICT OF INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, THE INTERESTED PERSON SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.

IF IT IS DETERMINED THAT A CONFLICT OF INTEREST EXISTS, THE INTERESTED PERSON MAY MAKE A PRESENTATION AT THE BOARD OR COMMITTEE MEETING BUT AFTER SUCH A PRESENTATION, THE INTERESTED PERSON SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT THAT RESULTS IN THE CONFLICT OF INTEREST.

IF IT IS DETERMINED THAT A CONFLICT OF INTEREST DOES NOT EXIST, THE INTERESTED PERSON SHALL BE INVITED TO PARTICIPATE IN SUBSEQUENT DISCUSSION AND VOTING.

NOTWITHSTANDING THE ABOVE, IF THE CONFLICT OF INTEREST INVOLVES A CONTRACT OR TRANSACTION BETWEEN CLEARWATER VALLEY AND AN ORGANIZATION IN WHICH THE INTERESTED PERSON IS A DIRECTOR, OFFICER OR LEGAL REPRESENTATIVE BUT THE CONTRACT OR TRANSACTION WILL NOT BENEFIT THE PRIVATE INTEREST OF THE INTERESTED PERSON AND THE INTERESTED PERSON DOES NOT HAVE A FINANCIAL INTEREST IN THE OTHER ORGANIZATION, THE BOARD OR COMMITTEE MAY PERMIT THE INTERESTED PERSON TO DECLARE THAT THE INTEREST

Name of the organization

Employer identification number

CLEARWATER VALLEY HOSPITAL AND CLINICS, INC.

82-0497771

OF CLEARWATER VALLEY ARE PARAMOUNT AND THAT THE INTERESTED PERSON WILL NOT PARTICIPATE IN ANY MANNER IN THE CONTRACT OR TRANSACTION ON BEHALF OF THE OTHER ORGANIZATION. IF THE BOARD OR COMMITTEE SO PERMITS AND THE INTERESTED PERSON MAKES SUCH DECLARATION, THE INTERESTED PERSON MAY THEN PARTICIPATE IN DISCUSSION AND VOTE UPON THE PROPOSED CONTRACT OR TRANSACTION BUT THE INTERESTED PERSON WILL NOT BE CONSIDERED A DISINTERESTED PERSON, DISINTERESTED DIRECTOR OR DISINTERESTED COMMITTEE MEMBER. IF THE BOARD OR COMMITTEE DOES NOT SO PERMIT THE INTERESTED PERSON TO DECLARE THAT THE INTERESTS OF CLEARWATER VALLEY ARE PARAMOUNT AND/OR IF THE INTERESTED PERSON MAKES NO SUCH DECLARATION, THEN, AS PROVIDED ABOVE, THE INTERESTED PERSON SHALL REMAIN OUTSIDE THE ROOM DURING ALL DISCUSSIONS AND VOTING UPON THE PROPOSED TRANSACTION OR ARRANGEMENT.

THE CHAIRPERSON OF THE BOARD OR COMMITTEE MAY APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT.

THE BOARD OR COMMITTEE SHALL CONSIDER WHETHER CLEARWATER VALLEY SHOULD PURSUE A TRANSACTION OR ARRANGEMENT WITH A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST.

IF THE BOARD OR COMMITTEE DETERMINES NOT TO PURSUE A TRANSACTION OR ARRANGEMENT WITH A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST, THE BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS OR COMMITTEE MEMBERS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN CLEARWATER VALLEY'S BEST INTEREST AND FOR ITS OWN BENEFIT AND WHETHER THE TRANSACTION IS FAIR AND REASONABLE TO CLEARWATER VALLEY AND SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT IN CONFORMITY WITH SUCH

Name of the organization

CLEARWATER VALLEY HOSPITAL AND CLINICS, INC.

Employer identification number

82-0497771

DETERMINATION.

IF THE BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE THAT AN  
INTERESTED PERSON HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF  
INTEREST, IT SHALL INFORM THE PERSON OF THE BASIS FOR SUCH BELIEF AND  
AFFORD THE PERSON AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO  
DISCLOSE.

IF, AFTER HEARING THE RESPONSE OF THE PERSON AND MAKING SUCH FURTHER  
INVESTIGATION AS MAY BE WARRANTED UNDER THE CIRCUMSTANCES, THE BOARD OR  
COMMITTEE DETERMINES THAT THE PERSON HAS IN FACT FAILED TO DISCLOSE AN  
ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE  
DISCIPLINARY AND CORRECTIVE ACTION, UP TO AND INCLUDING REMOVAL FROM  
OFFICE.

Name of the organization

Employer identification number

**CLEARWATER VALLEY HOSPITAL AND CLINICS, INC.****82-0497771****FORM 990, PART VI, LINE 13****CLEARWATER VALLEY HOSPITAL AND CLINICS, INC. DID NOT HAVE A WRITTEN****WHISTLEBLOWER POLICY IN PLACE AS OF JUNE 30, 2009. A WRITTEN****WHISTLEBLOWER POLICY HAS SUBSEQUENTLY BEEN ADOPTED.**

Name of the organization

Employer identification number

CLEARWATER VALLEY HOSPITAL AND CLINICS, INC.

82-0497771

FORM 990, PART VI, LINE 14

CLEARWATER VALLEY HOSPITAL AND CLINICS, INC. DID HAVE A WRITTEN DOCUMENT

RETENTION &amp; DESTRUCTION PLAN IN PLACE AS OF JUNE 30, 2009. HOWEVER, UPON

SUBSEQUENT REVIEW, THE POLICY WAS LIMITED IN SCOPE. A NEW WRITTEN

DOCUMENT RETENTION &amp; DESTRUCTION POLICY, NOW BROADER IN SCOPE, HAS

SUBSEQUENTLY BEEN ADOPTED.

Name of the organization

Employer identification number

**CLEARWATER VALLEY HOSPITAL AND CLINICS, INC.****82-0497771****FORM 990, PART VI, LINE 15A****AS AN EMPLOYEE OF ECHC, CLEARWATER VALLEY HOSPITAL AND CLINICS, INC.****CEO'S COMPENSATION IS REVIEWED AND APPROVED BY THE ECHC'S COMPENSATION COMMITTEE.****THE PURPOSE OF THE ECHC COMPENSATION COMMITTEE (THE "COMMITTEE") IS TO****DETERMINE THE REASONABLENESS OF AND APPROVE THE COMPENSATION OF ECHC****EXECUTIVES CONSISTENT WITH THE ECHC AND ESSENTIA HEALTH COMPENSATION****PHILOSOPHY. THE PHILOSOPHY IS TO INSURE THAT THE ORGANIZATION IS ABLE****TO ATTRACT, RETAIN AND MOTIVATE EMPLOYEES AS WELL AS PROVIDE THE****OPPORTUNITY FOR ADJUSTMENTS TO COMPENSATION BASED UPON PERFORMANCE.****THE COMMITTEE WILL CONSIST OF MEMBERS OF THE ECHC BOARD OF DIRECTORS WHO****ARE NOT ECHC EMPLOYEES.****THE COMPENSATION REVIEW WILL INCLUDE ALL BENEFITS PAID TO THE ECHC****EXECUTIVES.****THE ECHC EXECUTIVES TO BE REVIEWED WILL INCLUDE ALL SENIOR/EXECUTIVE VICE****PRESIDENTS, ALL VICE PRESIDENTS, ALL DIRECTORS AND ALL ECHC FACILITY****ADMINISTRATORS/CEOS. THE ECHC CEO AND CFO COMPENSATION WILL BE REVIEWED****AND APPROVED BY THE ESSENTIA HEALTH BOARD OF DIRECTORS COMPENSATION****COMMITTEE.****THE COMMITTEE WILL MEET AT LEAST ANNUALLY TO DETERMINE THE REASONABLENESS****OF EXECUTIVE COMPENSATION AS PROPOSED BY ECHC MANAGEMENT CONSISTENT WITH****THE ECHC COMPENSATION PHILOSOPHY AND TO APPROVE THE PROPOSED****COMPENSATION.****ECHC MANAGEMENT (HR) WILL (I) MONITOR TRENDS IN THE MARKETPLACE ON AN****ANNUAL BASIS AND, WHEN APPROPRIATE, MAKE RECOMMENDATIONS TO THE COMMITTEE****REGARDING OVERALL SALARY RANGE ADJUSTMENTS PRIOR TO THE ANNUAL BUDGETING**

Name of the organization

Employer identification number

**CLEARWATER VALLEY HOSPITAL AND CLINICS, INC.****82-0497771**

PROCESS; AND (II) REVIEW THE MARKET COMPETITIVENESS OF ALL ECHC EXECUTIVE  
POSITIONS AT LEAST ONCE EVERY TWO YEARS.

PRIOR TO MAKING ITS DETERMINATION, THE COMMITTEE WILL OBTAIN AND RELY  
UPON APPROPRIATE DATA AS TO COMPARABILITY. ECHC WILL CONTRACT WITH AN  
OUTSIDE THIRD PARTY TO CONDUCT MARKET PRICING ANALYSIS FOR THE ECHC  
EXECUTIVES AS WELL AS SALARY RANGE DEVELOPMENT.

THE COMMITTEE WILL ADEQUATELY DOCUMENT THE BASIS FOR ITS DETERMINATION  
CONCURRENTLY WITH MAKING THAT DETERMINATION. THE COMMITTEE MINUTES SHALL  
INCLUDE:

A. THE TERMS OF THE APPROVED COMPENSATION AND THE DATE APPROVED;

B. THE COMMITTEE MEMBERS PRESENT DURING THE REVIEW, DISCUSSION AND  
APPROVAL OF THE PROPOSED COMPENSATION AND THOSE WHO VOTED ON THE PROPOSED  
COMPENSATION;

C. IDENTIFICATION OF THE COMPARABILITY DATA OBTAINED AND RELIED UPON  
BY THE COMMITTEE AND HOW THE DATA WAS OBTAINED;

D. ANY ACTIONS BY A COMMITTEE MEMBER HAVING A CONFLICT OF INTEREST;

AND

E. DOCUMENTATION OF THE BASIS FOR THE DETERMINATION BEFORE THE LATER  
OF THE NEXT MEETING OF THE ECHC BOARD OF DIRECTORS OR SIXTY (60) DAYS  
AFTER THE FINAL ACTIONS OF THE COMMITTEE ARE TAKEN. THE ECHC BOARD OF  
DIRECTORS SHALL APPROVE THE MINUTES AS REASONABLE, ACCURATE AND COMPLETE  
WITHIN A REASONABLE TIME THEREAFTER

THE YEAR THIS PROCESS WAS LAST UNDERTAKEN FOR CLEARWATER VALLEY HOSPITAL  
AND CLINICS, INC.'S CEO WAS 2009.

Name of the organization

Employer identification number

**CLEARWATER VALLEY HOSPITAL AND CLINICS, INC.****82-0497771****FORM 990, PART VI, LINE 19**

**CLEARWATER VALLEY HOSPITAL AND CLINICS, INC. MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC. CLEARWATER VALLEY HOSPITAL AND CLINICS, INC. GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. CLEARWATER VALLEY HOSPITAL AND CLINICS, INC. IS PART OF ESSENTIA HEALTH'S CONSOLIDATED FINANCIALS STATEMENTS WHICH ARE INCLUDED IN ESSENTIA HEALTH'S ANNUAL REPORT WHICH IS POSTED ON ESSENTIA HEALTH'S WEB SITE.**

Name of the organization

Employer identification number

**CLEARWATER VALLEY HOSPITAL AND CLINICS, INC.****82-0497771**FORM 990, PART XI, LINE 2

CLEARWATER VALLEY HOSPITAL AND CLINICS, INC. FINANCIAL STATEMENTS WERE  
AUDITED BY AN INDEPENDENT ACCOUNTANT AS PART OF ESSENTIA HEALTH'S  
CONSOLIDATED FINANCIAL STATEMENTS ONLY. THE CONSOLIDATED AUDIT IS  
REVIEWED BY THE ESSENTIA HEALTH FINANCE PLANNING & AUDIT COMMITTEES.

Name of the organization

Employer identification number

CLEARWATER VALLEY HOSPITAL AND CLINICS, INC.

82-0497771

FORM 990, PART XI, LINE 3

CLEARWATER VALLEY HOSPITAL AND CLINICS, INC., AS PART OF ESSENTIA  
HEALTH'S CONSOLIDATED FINANCIAL STATEMENTS, WAS REQUIRED & UNDERWENT A  
CONSOLIDATED AUDIT SET FORTH IN THE SINGLE AUDIT ACT & OMB CIRCULAR  
A-133. THE CONSOLIDATED AUDIT IS REVIEWED BY THE ESSENTIA HEALTH AUDIT  
COMMITTEE.

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

**Employer identification**  
**82-0497771**

**CLEARWATER VALLEY HOSPITAL AND CLINICS, INC.**

## Part I Identification of Disregarded Entities

[illegible]

## Part II Identification of Related Tax-Exempt Organizations

[illegible]

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

Schedule R (Form 990) 2008



**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?

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity . . . . .	<b>1a</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Gift, grant, or capital contribution to other organization(s) . . . . .	<b>1b</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Gift, grant, or capital contribution from other organization(s) . . . . .	<b>1c</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Loans or loan guarantees to or for other organization(s) . . . . .	<b>1d</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Loans or loan guarantees by other organization(s) . . . . .	<b>1e</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> Sale of assets to other organization(s) . . . . .	<b>1f</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>g</b> Purchase of assets from other organization(s) . . . . .	<b>1g</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>h</b> Exchange of assets . . . . .	<b>1h</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s) . . . . .	<b>1i</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s) . . . . .	<b>1j</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) . . . . .	<b>1k</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) . . . . .	<b>1l</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets . . . . .	<b>1m</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>n</b> Sharing of paid employees . . . . .	<b>1n</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>o</b> Reimbursement paid to other organization for expenses . . . . .	<b>1o</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>p</b> Reimbursement paid by other organization for expenses . . . . .	<b>1p</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>q</b> Other transfer of cash or property to other organization(s) . . . . .	<b>1q</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>r</b> Other transfer of cash or property from other organization(s) . . . . .	<b>1r</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>

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

	(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)	ST. MARY'S HOSPITAL & CLINICS, INC.	N	1,276,838.
(2)	ST. MARY'S HOSPITAL & CLINICS, INC.	O	510,321.
(3)	ST. MARY'S HOSPITAL & CLINICS, INC.	P	299,037.
(4)	ECHC	L	341,543.
(5)	ECHC	O	1,513,685.
(6)			

Schedule R (Form 990) 2008



**Part II** Continuation of 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 section 501(c)(3))	(F) Direct controlling entity
BRAINERD LAKES INTEGRATED HEALTH SYSTEM 37-1532145 2024 S 6TH ST BRAINERD, MN 56401	SUPPORTING	MN	501(C)(3)	11 TYPE II	ECHC
BRAINERD MEDICAL CENTER 37-1532148 2024 S 6TH ST BRAINERD, MN 56401	CLINIC	MN	501(C)(3)	3	BLIHS
BRIDGES MEDICAL CENTER 20-0479568 201 9TH ST W ADA, MN 56510	CLINIC/HOSP	MN	501(C)(3)	3	ECHC
DIVINE MEDICAL SERVICES 20-2773717 709 N LINCOLN JEROME, ID 83338	EMERGENCY SRID		501(C)(3)	3	SBFMC
DL SURGERY CENTER 26-3837203 1027 WASHINGTON AVE DETROIT LAKES, MN 56501	ASC	MN	501(C)(3)	3	ECHC
ECHC FOUNDATION 26-3359418 502 E 2ND ST DULUTH, MN 55805	FOUNDATION	MN	501(C)(3)	11 TYPE I	ECHC
ECHC 26-1219624 503 E 3RD STE 400 DULUTH, MN 55805					
ST. BENEDICT'S FAMILY MEDICAL CENTER 82-0227163 709 N LINCOLN JEROME, ID 83338	SUPPORTING	MN	501(C)(3)	11 TYPE II	ESSENTIA
ST. JOSEPH'S MEDICAL CENTER 41-0695602 523 N 3RD ST BRAINERD, MN 56401	CLINIC/HOSP ID	ID	501(C)(3)	3	ECHC
ST. MARY'S EMS 41-1805811 1027 WASHINGTON AVE DETROIT LAKES, MN 56501	HOSPITAL	MN	501(C)(3)	3	BLIHS
ST. MARY'S HOSPITAL & CLINICS, INC. 82-0226453 PO BOX 137 COTTONWOOD, ID 83522	EMERGENCY SRMN		501(C)(3)	9	SMRHC
ST. MARY'S INNOVIS HEALTH 26-2861321 1027 WASHINGTON AVE DETROIT LAKES, MN 56501	CLINIC/HOSP ID	ID	501(C)(3)	3	ECHC
ST. MARY'S REGIONAL HEALTH CENTER 41-1620386 1027 WASHINGTON AVE DETROIT LAKES, MN 56501	CLINIC	MN	501(C)(3)	3	ECHC
ESSENTIA HEALTH 20-0360007 502 E 2ND ST DULUTH, MN 55805	CLINIC/HOSP	MN	501(C)(3)	3	ECHC
INNOVIS HEALTH, LLC (11/1/08 - 6/30/09) 26-1175213 1702 S UNIVERSITY DR FARGO, ND 58103	SUPPORTING	MN	501(C)(3)	11 TYPE II	N/A
	CLINIC/HOSP	DE	501(C)(3)	3	ESSENTIA

Schedule R-1 (Form 990) 2008







**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-r)	(C) - Amount involved
(7)		
(8)		
(9)		
(10)		
(11)		
(12)		
(13)		
(14)		
(15)		
(16)		
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		

Schedule R-1 (Form 990) 2008