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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 Fo | r the 2 | 2008 ca | lendar yea | r, or tax year beginning | 10-01-2008 | and ending 09-30-20 | 09 | | | |
|--------------------------------|-----------|---|-----------------------|---|----------------------|-----------------------------|----------------|-----------|------------------------|---|
| B Ch | eck if ap | pplicable | Please | C Name of organization GOOD SAMARITAN HEALT | H CENTER FOUN | DATION | | | D Employer | dentification number |
| ☐ Add | ress ch | ange | use IRS label or | OF MERRILL WI INC | | | | | 39-1627 E Telephone | |
| Naı | me char | nge | print or type. See | Doing Business As | | | | | • | |
| ┌ Inıt | al retur | rn | Specific | Number and street (or P | O box if mail is | not delivered to street add | ress) Roor | n/suite | (715) 536 | |
| Г Ter | mınatıo | n | Instruc- tions. | 601 SOUTH CENTER AVE | NUE | | | | G Gross rece | ipts \$ 57,391 |
| ┌ Am | ended r | return | | City or town, state or cou | ıntry, and ZIP + | 4 | | | | |
| ┌ _{App} | olication | pending | | MERRILL, WI 54452 | | | | | | |
| | | Ī | F Nan | ne and address of Princ | ıpal Officer | | H(a) | Is thi | s a group retu | rn for |
| | | | | l Hammer | | | | affilia | | ⊤Yes ∀ No |
| | | | | Center A ve WI 54452 | | | ш/ы | Aro all | affiliates inclu | ıded? |
| I Ta | x-exem | pt status | ▼ 501(c) |) (3) ◀ (insert no) | 947(a)(1) or 「 | 527 | | | | st See instructions) |
| J W | eb site | e: ► http | //www mir | nıstryhealth org/GSHC/ | home nws | | H(c) | - | • | Number ► 0928 |
| <u>к</u> Тур | e of org | anızatıon | ▽ Corporat | ion trust association | other ► | | L Yea | ar of Foi | rmation 1985 | M State of legal domicile WI |
| | | | | | | | | | | |
| Pa | rt I | Sumr | | | | | | | | |
| | 1 | • | | e organization's missio | _ | | | | | |
| <u>ခို</u> | | | | organization is to prom ina ministry of Jesus by | • • | | | | • | 39-0808503) by specially the poor, in the |
| Governance | 1 | | nities we se | | | | | | r F / 0 | , , , , , , , , , , , , , , , , , , , |
| ĕ ĕ | 2 | Checkt | hıs box 🖵 | if the organization disc | ontinued its o | perations or disposed | of more | than 2 | 5% of its ass | ets |
| | | | | members of the governi | | | | | | 17 |
| න් ගු | | | | ident voting members o | _ | | 1b) . | | | |
| Ħe He | | | | nployees (Part V , line 2 | | | | | 5 | 0 |
| Activities | | | | olunteers (estimate if ne | | | 6 | | | |
| Q. | | _ | | ted business revenue fr ness taxable income fro | | | | | 7a 7l | - |
| | В | Net um | erated busi | ness taxable income in | 01111 01111 9 9 0 | -1, IIIIe 54 | | Drio | or Year | Current Year |
| | 8 | Contril | butions and | d grants (Part VIII, line | :1h) | | | 1110 | 43,233 | |
| ₫ | 9 | | | revenue (Part VIII, line | | | | | , | 0 |
| Revenue | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | | | | | | 19,489 | 19,601 |
| ä | 11 | Other | revenue (P | art VIII, column (A), lii | | | -2,940 | 7,018 | | |
| | 12 | | evenue—a | dd lines 8 through 11 (r | must equal Pa | rt VIII, column (A), lı | ne | | F0 783 | 52.210 |
| | 13 | 12) | and cimils | ar amounts paid (Part I) | V solumn (A.) | lines 1 2) | | | 13,800 | 52,219 |
| | 14 | | | or for members (Part IX, | | | | | 13,800 | 23,427 |
| | 15 | | • | ompensation, employee | | • | 5- | | | |
| \$ | | 10) | , | | | | | | | 0 |
| Expenses | 16a | Profes | sional fund | raising fees (Part IX, co | olumn (A), lın | e 11e) | | | | 0 |
| ਡੋ | b | (Total fu | ındraising ex | penses, Part IX, column (D), | line 25 <u>3,462</u> |) | | | | |
| _ | 17 | Other | expenses (| (Part IX, column (A), lın | nes 11a-11d, | 11f-24f) | | | 8,945 | 8,964 |
| | 18 | | | add lines 13–17 (must | | | | | 22,745 | 32,391 |
| . 07 | 19 | Revenu | ue less exp | penses Subtract line 18 | 8 from line 12 | | | | 37,037 | 19,828 |
| 8 0 9 0 9 0 | | | | | | | В | eginni | ng of Year | End of Year |
| sse Jaka | 20 | | • | rt X, line 16) | | | 745,257 | 754,184 | | |
| Net Assets or Fund Balances | 21 | | , | Part X, line 26) | | | | | 152 | 43,550 |
| | 22 | Net assets or fund balances Subtract line 21 from line 20 | | | | | | | 745,105 | 710,634 |
| Pai | rt II | | ature Blo | | Lul | | | | | |
| | | | | correct, and complete Decla | | | | | | o the best of my knowledge parer has any knowledge |
| Plea | | **** | | | | | | 2010- | 08-11 | |
| Sign Here | | Signa | ature of office | er | | | | Date | | |
| 1101 | 5 | | Meehean Cha | | | | | | | |
| | | F Type | or print nam | е апи ине | 1 | | Ι. | | 1 | |
| | | Preparer' signature | | | | Date | Check if self- | | Preparer's PT] | N (See Gen Inst) |
| Paid | | | <u> </u> | | | | empolyed | <u> </u> | | |
| • | arer's | | nme (or yours | 5 | | | | | EIN Þ | |
| Use (| JIIIY | | and ZIP + 4 | r — | | | | | | |
| | | | | | | | | | Phone no 🕨 | |
| May | the IR | S discus | s this retu | rn with the preparer sho | own above? (S | ee instructions) . | | | | ┌ Yes ┌ No |

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

| 4d | Other program services (Describe in Schedule O) (Expenses \$ 9,407 including grants of \$ 9,407) (Revenue \$) Total program service expenses \$ 23,427 Must equal Part IX, Line 25, column (B). |
|----|---|
| 4d | Other program services (Describe in Schedule O) |
| | |
| | |
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| | |
| | |
| | rinancial assistance was provided to Comunidad Hispana for general operations and nealth screening costs. The social service organization provides general assistance, translation, teaching of English language, and various other services to Hispanics in the Merrill community. |
| 4c | (Code) (Expenses \$ 3,020 including grants of \$ 3,020) (Revenue \$) Financial assistance was provided to Comunidad Hispana for general operations and health screening costs. The social service organization provides general |
| | |
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| | |
| - | Financial assitance was also given to St. Vincent Free Clinic. The funds donated were used to purchase two digital thermometers, medicine, and meet various other operational needs. |
| 4b | (Code) (Expenses \$ 4,750 including grants of \$ 4,750) (Revenue \$) |
| | |
| | |
| | |
| | |
| | |
| | Good Samaritan Health Center Foundation provided funds to the Merrill Food Pantry to assist them with meeting the growing needs of the community |
| 4a | (Code) (Expenses \$ 6,250 including grants of \$ 6,250) (Revenue \$) |
| | others, the total expenses, and revenue, if any, for each program service reported |
| 4 | Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to |
| | If "Yes," describe these changes on Schedule O |
| 3 | Did the organization cease conducting or make significant changes in how it conducts any program services? |
| | If "Yes," describe these new services on Schedule O |
| | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? |
| 2 | Did the sussembles and antiles and sussembles and an armost dominates are obtained and |
| 2 | |
| 2 | The mission of the organization is to promote and support the mission of Good Samaritan Health Center (39-0808503) by furthering the healing ministry of Jesus by continually improving the health and well-being of all people, especially the poor, in the communities we serve |
| 2 | continually improving the health and well-being of all people, especially the poor, in the communities we serve |

| | art IV | Checkli | st of R | eauired | Schedules |
|--|--------|---------|---------|---------|-----------|
|--|--------|---------|---------|---------|-----------|

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

Part IV Checklist of Required Schedules (Continued)

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

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

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 | | | |
|----|---|----|-----|----|--|--|--|
| | For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions. | | | | | | |
| 1a | Enter the number of voting members of the governing body 1a 17 | | | | | | |
| Ь | Enter the number of voting members that are independent 1b 16 | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | Νο | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | Νο | | | |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | Νο | | | |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | Νo | | | |
| 6 | Does the organization have members or stockholders? | 6 | Yes | | | | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | | | | | | |
| Ь | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | Yes | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | | | | |
| а | the governing body? | 8a | Yes | | | | |
| Ь | each committee with authority to act on behalf of the governing body? | 8b | Yes | | | | |
| 9a | Does the organization have local chapters, branches, or affiliates? | 9a | | Νο | | | |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | 9b | | Νο | | | |
| 10 | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 | 10 | | Νο | | | |
| 11 | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 11 | | Νο | | | |

Section B. Policies

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

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. value upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Wm Hinner- Rgnl VP FinanceCFO 601 Center Avenue South Merrill, WI 54452 (715) 346-5000

Part VII

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

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

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

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

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

| Check this box if the organization did no | t compens | ate any | OHIC | ei, u | mec | ισι, τι | uste | e of key employee | | |
|---|---------------------------------|-----------------------------------|---------------------|---------|--------------|---------------------------|--------|---|---|--|
| Check this box if the organization did no | (B) | Posii t | tion (| cheo | ck a | | uste | (D) Reportable | (E) Reportable | (F) Estimated amount of other |
| (A) Name and Title | Average hours per week | Individual Trustee or Director | stitutional Trustee | Officei | Ke) emplojee | nest compensated Notee | Former | compensation from the organization (W- 2/1099MISC) | compensation from related organizations (W- 2/1099- MISC) | compensation from the organization and related organizations |

Part VIII Continued

| (A) Name and Title | (B) Average hours per week | on the Institutional Trustee | appl | y) <u>F</u> | Highes: | Former | (D) Reportable compensation from the organization (W- 2/1099MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|------------------------------|--|------------------------------|------|----------------|---------|--------|--|---|--|
| 1b Total | | | | _ | | ▶ | | 239,845 | 39,651 |

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►0

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

Section B. Independent Contractors

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

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

| Part | |
|------|--|
| VIII | |

| Sta | te | me | nt | of | Re | vе | nu |
|-----|----|----|----|----|----|----|----|
|-----|----|----|----|----|----|----|----|

| | | | | | (A) Total Revenue | (B) Related or Exempt Function Revenue | (C) Unrelated Business Revenue | (D) Revenue Excluded from Tax under IRC 512, 513, or 514 |
|--|--------|--------------------------------------|--------------------------------|----------------|-----------------------------|--|--|--|
| \$ \$ | 1a | Federated camp | paigns 1a | | | | | 511 |
| 돌돌 | ь | Membership du | es . 1b | | | | | |
| e,g a⊒g | С | Fundraising eve | ents 1 c | 5,000 | | | | |
| Contributions, gifts, grants and other similar amounts | d | Related organiz | ations 1d | | | | | |
| | e | Government grants | (contributions) 1e | | | | | |
| | f | | ons, gifts, grants, and 1f | 20,600 | | | | |
| ē Ē | g | sımılar amounts no Noncash contri | butions included in | | | | | |
| 늘을 | | lines 1a-1f \$ _ | | | | | | |
| လွ မြ | h | Total (Add lines | s 1a-1f) | 🟲 | 25,600 | | | |
| | | | | Business Code | | | | |
| Program Serwce Revenue | 2a | | | | | | | |
| | ь | | | | | | | |
| | С | | | | | | | |
| ž | d | | | | | | | |
| ogram Se | е | | | | | | | |
| | f | All other progra | m service revenue | | | | | |
| <u>Ā</u> | g | Total. Add lines | 2a-2f | > \$ | | | | |
| | 3 | | ome (including dividen | _ | | | - | |
| | | | nounts) | | 19,601 | | | 19,601 |
| | 4 | | tment of tax-exempt bond | _ | 0 | | | |
| | 5 | Royalties | (ı) Papl | | 0 | | | |
| | 6a | Gross Rents | (ı) Real | (II) Personal | | | | |
| | ь | Less rental | | | | | | |
| | | expenses Rental income | | | | | | |
| | C | or (loss) | | | | | | |
| | d | Net rental incor | ne or (loss) | | 0 | | | |
| | 7a | Gross amount | (ı) Securities | (II) O ther | | | | |
| | / a | from sales of assets other | | | | | | |
| | | than inventory | | | | | | |
| | b | Less cost or other basis and | | | | | | |
| | l c | sales expenses Gaın or (loss) | | | | | | |
| | ď | | s) | | 0 | | | |
| | 8a | Gross income fr | • | | | | | |
| | | events (not incl | udıng | | | | | |
| <u>Φ</u> | | Ψ | reported on line 1c) | | | | | |
| 듄 | | See Part IV, lın | e 18 | | | | | |
| ě | | | G if total exceeds | F 000 | | | | |
| Ë. | ь | | penses b | 5,000 5,172 | | | | |
| Other Revenue | c | | loss) from fundraising | | 4,061 | 4,061 | | |
| 0 | 9a | | rom gaming activities | | | | | |
| | | See part IV, line | e 19 ule G if total exceeds | | | | | |
| | | \$15,000 | ne o n total exceeds | | | | | |
| | | | а | 2,957 | | | | |
| | ь | | penses b | | | | | |
| | C 10- | | loss) from gaming activ | vities | 2,957 | 2,957 | | |
| | 10a | Gross sales of i returns and allo | wances . | | | | | |
| | Ь | less cost of - | a pods sold b | | | | | |
| | C | | loss) from sales of inve | entory 📂 | 0 | | | |
| | | Miscellaneous | | Business Code | | | | |
| | 11a | | | | | | | |
| | ь | | | | | | | |
| | c | | | | | | | |
| | | Λ II - 4 | | | | | | |
| | d e | All other revenu | ue : 11a-11d | \$0 | | | | |
| | 12 | | Add lines 1h, 2g, 3, 4, | | 52,219 | 7,018 | | 19,601 |
| | | | .e | | · | , | | · |

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). | | | | | | | | |
|--|--|-----------------------|---|--|---------------------------------------|--|--|--|
| Do r | not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses | | | |
| 1 | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | 23,427 | 23,427 | | | | | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 0 | | | | | | |
| 3 | Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16 | 0 | | | | | | |
| 4 | Benefits paid to or for members | 0 | | | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 0 | | | | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | 0 | | | | | | |
| 7 | Other salaries and wages | 0 | | | | | | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 0 | | | | | | |
| 9 | Other employee benefits | 0 | | | | | | |
| 10 | Payroll taxes | 0 | | | | | | |
| 11 | Fees for services (non-employees) | | | | | | | |
| а | Management | 0 | | | | | | |
| ь | Legal | 0 | | | | | | |
| С | Accounting | 0 | | | | | | |
| d | Lobbying | 0 | | | | | | |
| e | Professional fundraising See Part IV, line 17 | 0 | | | | | | |
| f | Investment management fees | 0 | | | | | | |
| g | Other | 0 | | | | | | |
| 12 | Advertising and promotion | 0 | | | | | | |
| 13 | Office expenses | 3,011 | | 2,757 | 254 | | | |
| 14 | Information technology | 1,235 | | 1,235 | | | | |
| 15 | Royalties | 0 | | | | | | |
| 16 | Occupancy | 0 | | | | | | |
| 17 | Travel | 0 | | | | | | |
| 18 | Payments of travel or entertainment expenses for any Federal, state or local public officials | 0 | | | | | | |
| 19 | Conferences, conventions and meetings | 0 | | | | | | |
| 20 | Interest | 0 | | | | | | |
| 21 | Payments to affiliates | 0 | | | | | | |
| 22 | Depreciation, depletion, and amortization | 0 | | | | | | |
| 23 | Insurance | 0 | | | | | | |
| 24 | Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) | | | | | | | |
| а | Purchased Services | 560 | | 560 | | | | |
| b | LICENSES | 25 | | 25 | | | | |
| c | FUNDRAISING | 3,208 | | | 3,208 | | | |
| d | FOOD | 640 | | 640 | | | | |
| e | DUES | 285 | | 285 | | | | |
| f | All other expenses | 0 | | | | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 32,391 | 23,427 | 5,502 | 3,462 | | | |
| 26 | Joint Costs. Check if 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 | 32,331 | 23,121 | 3,302 | 5,102 | | | |

| Part X | Balance | Sheet |
|--------|----------|-------|
| | Dalalice | SHEEL |

| | | | (A) | | | B) fyear |
|-------------|----------|--|-------------------|-----|-------|-------------|
| | 1 | Cash—non-interest-bearing | Beginning of year | 1 | Ena o | o O |
| | 2 | Savings and temporary cash investments | 618,666 | 2 | | 625,647 |
| | 3 | Pledges and grants receivable, net | 310,000 | 3 | | 020,017 |
| | 4 | Accounts receivable, net | | 4 | | |
| | 5 | Receivables from current and former officers, directors, trustees, key employees or | | - | | |
| | | other related parties Complete Part II of Schedule L | | 5 | | 0 |
| | 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 | | 0 |
| | 7 | Notes and loans receivable, net | | 7 | | 0 |
| | 8 | Inventories for sale or use | | 8 | | 0 |
| \$ | 9 | Prepaid expenses and deferred charges | | 9 | | 0 |
| Assets | 10a | Land, buildings, and equipment cost basis | | | | |
| • | ь | Less accumulated depreciation Complete Part VI of Schedule D | - | 10c | | 0 |
| | 11 | Investments—publicly traded securities | | 11 | | 0 |
| | 12 | Investments—other securities See Part IV, line 11 Complete Part VII of Schedule D | | 12 | | 0 |
| | 13 | Investments—program-related See Part IV, line 11 Complete Part VIII of Schedule D | | 13 | | 0 |
| | 14 | Intangible assets | | 14 | | |
| | 15 | Other assets See Part IV , line 11 Complete Part IX of Schedule | 126,591 | | | 128,537 |
| | | D | 745,257 | 15 | | 754,184 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 152 | 16 | | 43,550 |
| | 17 | Accounts payable and accrued expenses . | 132 | | | 43,330 |
| | 18 | Grants payable | | 18 | | |
| | 19 | Deferred revenue | | 19 | | |
| Ø. | 20 | Tax-exempt bond liabilities | | 20 | | |
| Liabilities | 21 22 | Escrow account liability Complete Part IV of Schedule D | | 21 | | |
| Liab | | employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | 22 | | |
| _ | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | | |
| | 24 | Unsecured notes and loans payable | | 24 | | |
| | 25 | Other liabilities Complete Part X of Schedule D | | 25 | | |
| | 26 | Total liabilities. Add lines 17 through 25 | 152 | 26 | | 43,550 |
| | | Organizations that follow SFAS 117, check here 🕨 🔽 and complete lines 27 | | | | |
| | | through 29, and lines 33 and 34. | | | | |
| an | 27 | Unrestricted net assets | 651,690 | 27 | | 699,412 |
| Balance | 28 | Temporarily restricted net assets | 93,415 | 28 | | 11,222 |
| Ξ | 29 | Permanently restricted net assets | | 29 | | |
| r Fund | | Organizations that do not follow SFAS 117, check here ► ☐ and complete lines 30 through 34. | | | | |
| 0 | 30 | Capital stock or trust principal, or current funds | | 30 | | |
| Ą | 31 | Paid-in or capital surplus, or land, building or equipment fund | | 31 | | |
| Assets or | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | | |
| Net | 33 | Total net assets or fund balances | 745,105 | 33 | | 710,634 |
| z | 34 | Total liabilities and net assets/fund balances | 745,257 | 34 | | 754,184 |
| D- | -+ VT | Einancial Statements and Benerting | | | | |
| Ρđ | rt XI | Financial Statements and Reporting | | | V | |
| | | | | | Yes | No |

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

| | | | , | |
|----|---|----|---|----|
| 1 | Accounting method used to prepare the Form 990 | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | Νo |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | | Νο |
| 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 | | Νο |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | | Νo |
| b | If "Yes," did the organization undergo the required audit or audits? | 3b | | Νο |

Employer identification number

SCHEDULE A

Name of the organization

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

OMB No 1545-0047

Open to Public Inspection

| | SAMAR ERRILL V | | CENTER FOUNDATION | NC | | | | 39 | -1627755 | 5 | | | |
|---|---|--|--------------------------|-----------------------------------|--------------|-------------|------------------|-------------|---------------------|-----------------|------------|----------|--|
| Pa | rt I | Reason | for Public C | harity Status (to be co | mpleted | bv all or | ganizatio | | | | | | |
| he | organız | | | ation because it is (Please | | | _ | | | | | | |
| 1 | \vdash | A church, | convention of ch | nurches, or association of ch | urches de | scribed in | Section 1 | .70(b)(1)(| (A)(i). | | | | |
| 2 | Γ | | | tion 170(b)(1)(A)(ii). (Attac | | | | | | | | | |
| 3 | | | | e hospital service organizati | | | tion 170(b |)(1)(A)(i | ii). (Attac | h Schedul | e H) | | |
| 4 | Г | A medical | research organı | zation operated in conjuncti | on with a l | hospital de | escribed in | Section | 170(b)(1) | (A)(iii). E | nter the | | |
| | | | name, city, and | | | | | | | | | | |
| 5 | Γ | An organiz | atıon operated f | or the benefit of a college or | universit | y owned o | r operated | by a gove | rnmental | unit desci | rıbed ın | | |
| | | Section 17 | 0(b)(1)(A)(iv). | (Complete Part II) | | | | | | | | | |
| 6 | A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v). | | | | | | | | | | | | |
| 7 | Γ | An organiz | ation that norma | ally receives a substantial p | art of its s | support fro | m a gover | nmental u | ınıt or fron | n the gene | ral public | 2 | |
| | | described | ın Section 170(E | o)(1)(A)(vi) (Complete Par | tII) | | | | | | | | |
| 8 | Γ | A commun | ıty trust describ | ed in Section 170(b)(1)(A) | (vi) (Com | plete Part | tII) | | | | | | |
| 9 | Γ | An organiz | ation that norma | ally receives (1) more than | 331/3% 0 | fits supp | ort from co | ntribution | ıs, membe | rship fees | , and gro | SS | |
| | | receipts fr | om activities rel | ated to its exempt functions | s—subject | to certair | exceptio | ns, and (2 |) no more | than 331/ | 3% of | | |
| | | ıts support | from gross inve | estment income and unrelate | ed busines | s taxable | ıncome (I | ess sectio | on 511 tax | () from bu | sınesses | | |
| | | acquired b | y the organization | on after June 30, 1975 See | Section 5 | 09(a)(2). | (Complete | e Part III |) | | | | |
| 10 | Γ | An organiz | atıon organızed | and operated exclusively to | test for p | ublic safe | ty See Se | ct ion 509(| (a)(4). (Se | e instruct | tions) | | |
| 11 🔽 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes | | | | | | | | | | | | | |
| 11 | | one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See Section 509(a)(3). Check | | | | | | | | | | | |
| | | the box that describes the type of supporting organization and complete lines 11e through 11h a | | | | | | | | | | | |
| e | Г | • | | rtify that the organization is | | | | | ne or mor | e disquali | fied pers | ons | |
| | · | | - ' | agers and other than one or | | | | | | | | | |
| | | section 50 | | d | th . IDC | | - T I | T II . | | | | | |
| f | | check this | | d a written determination fro | m the IKS | that it is | a Type I, | Type II o | r Type III | supportin | ig organiz | zation, | |
| g | | | | as the organization accepte | d any gift | or contribi | ution from | any of the | ! | | | • | |
| | | following p | | | | | | | | | | | |
| | | | • | r indirectly controls, either a | | - | th persons | describe | d in (ii) | | Yes | No | |
| | | • • | , - | ng body of the the supported | - | tion7 | | | | 11g | | No | |
| | | | | erson described in (i) above | | | | | | 11g(| | No | |
| | | | | ty of a person described in (| | | | | | 11g(| III) | No | |
| h | | Provide the | e following infor | nation about the organizatio | ns the org | janization | supports | | | | | | |
| | (i) N a | me of | (ii) EIN | (iii) Type of organization | (iv) I | s the | (v) Did y | ou notify | (vi) I | s the | (vii) An | nount of | |
| | | orted | | (described on lines 1-9 | | ation in | , - | nızatıon | - | ation in | supp | ort? | |
| | Organ | ızatıon | | above or IRC section | | listed in | |) of your | | rganized US? | | | |
| | | (See Instructions)) your governing support? i | | | | | | 0 0 . | | | | | |
| | | | | | Yes | No | Yes | No | Yes | No | 1 | | |
| | d Samarı th Cente | | 390808503 | 3 | Yes | | | No | | No | | 23427 | |
| | | | | | | | | | | | | | |

23,427

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

| Pι | ıblic Support | | , , | , | | | | |
|------|---|--------------------|-------------------|-------------------|------------------|--------------|----------|------------|
| Cale | endar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) | 2008 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | | |
| | membership fees received (Do not | | | | | | | |
| | include any "unusual grants ") | | | | | | | |
| 2 | Tax revenues levied for the organization's | | | | | | | |
| | benefit and either paid to or expended on | | | | | | | |
| _ | its behalf The value of services or facilities | | | | | | | |
| 3 | furnished by a governmental unit to the | | | | | | | |
| | organization without charge | | | | | | | |
| 4 | Total. Add line 1-3 | | | | | <u> </u> | | |
| 5 | The portion of total contribution by each | | | | | | | |
| 5 | person (other than a government unit or | | | | | | | |
| | publicly supported organization) included | | | | | | | |
| | on line 1 that exceed 2% of the amount | | | | | | | |
| | shown on line 11, column | | | | | | | |
| | · (f) | | | | | | | |
| 6 | Public Support subtract line 5 from line | | | | | | | |
| | 4 | | | | | | | |
| | otal Support | | 1 | | T | | | |
| | endar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) : | 2008 | (f) Total |
| 7 | A mounts from line 4 | | | | | | | |
| 8 | Gross income from interest, dividends, | | | | | | | |
| | payments received on securities loans, | | | | | | | |
| | rents, royalties and income from similar | | | | | | | |
| _ | sources | | | | | | | |
| 9 | Net income from unrelated business | | | | | | | |
| | activities, whether or not the business is regularly carried on | | | | | | | |
| 10 | Other income Do not include gain or loss | | | | | | | |
| 10 | from the sale of capital assets (Explain in | | | | | | | |
| | Part IV) | | | | | | | |
| 11 | Total Support (Add lines 7 through 10) | | | | | | | |
| 12 | Gross receipts from related activities, etc | (See instructio | ns) | | • | 12 | | |
| 13 | First Five Years. If the Form 990 is for the | organization's f | irst second thu | d fourth or fifth | ntay vearas a F | | 3) | |
| | organization, check this box and stop here | | mat, second, tim | u, rouren, or mer | rtax year as a s | /O1(C)(C | • • | ▶ □ |
| | | | | | | | | • |
| Co | omputation of Public Support Perc | entage | | | | | | |
| 14 | Public Support Percentage for 2008 (line 6 | 5 column (f) dıvı | ded by line 11 c | olumn (f)) | | 14 | | |
| 15 | Public Support Percentage for 2007 School | dule A , Part IV - | A, line 26f | | | 15 | | |
| 16a | 33 1/3% Test - 2008. If the organization di | d not check the | box on line 13. | and line 14 is 3 | 3 1/3% or more. | | this box | |
| | and stop here. The organization qualifies a | | | | , | | | ▶ □ |
| b | 33 1/3% Test - 2007. If the organization d | | | | 15 is 33 1/3% d | r more, | check th | |
| | box and stop here. The organization qualifi | es as a publicly | supported orga | nızatıon | | | | ▶ □ |
| 17a | 10% Facts and Circumstances Test - 2008. | | | | | | | |
| | more, and if the organization meets the "fa | | • | | | | | · — |
| | organization meets the "facts and circums | | | | | | | ► □ |
| Ь | 10% Facts and Circumstances Test - 2007. | | | | | | | |
| | more, and if the organization meets the "fa | | · | | | | | _ |
| 4.0 | the organization meets the "facts and circu | | | | | | | n ▶ |
| 18 | Private Foundation. If the organization did | not check the b | oux on line 13, 1 | oa, 160, 1/a or | 1/D, check this | oox an | u see | ▶ □ |
| | ınstructions | | | | | | | F-1 |

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

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

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

Open to Public

SCHEDULE D

Department of the Treasury

(Form 990)

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

Supplemental Financial Statements

| nterna | l Revenue Service | districted les, to re | 7111 990, Part 14, line 0, 7, 0, 9, 10, 11, 01 1 | | Inspection |
|--------|-------------------|---|---|-----------------------|-----------------------------------|
| | me of the organi | zation TH CENTER FOUNDATION | | Employer identifi | ication number |
| | MERRILL WI INC | THE CENTER I CONDALION | | 39-1627755 | |
| Pa | | | dvised Funds or Other Similar Fu | | ts. Complete if the |
| | organiz | ation answered "Yes" to Form 99: | 0, Part IV, line 6. (a) Donor advised funds | (h) Eunda see | d other accounts |
| 1 | Total number at | t and of year | (a) Donor advised lunds | (b) Funds and | other accounts |
| 2 | | tributions to (during year) | | | |
| 3 | | nts from (during year) | | | |
| 4 | Aggregate valu | , , , | | | |
| 5 | | | sors in writing that the assets held in donc organization's exclusive legal control? | or advised | ┌ Yes ┌ No |
| 6 | used only for cl | | donor advisors in writing that grant funds i efit of the donor or donor advisor or other | may be | ┌ Yes ┌ No |
| Pa | ttill Conse | rvation Easements. Complete | ıf the organızatıon answered "Yes" to | Form 990, Part | IV, line 7. |
| 1 | | onservation easements held by the or | | | |
| | <u> </u> | on of land for public use (e g , recreati | · <u>-</u> | | • |
| | _ | of natural habitat | Preservation of cer | tified historic struc | ture |
| _ | | on of open space | | _ | |
| 2 | on the last day | <u>-</u> | fied conservation contribution in the form | | asement at the End of the Year |
| а | Tatal mumban | of conservation easements | | 2a | at the End of the Year |
| ь | | | _ | 2b | |
| c | _ | restricted by conservation easements | | 2b 2c | |
| d | | nservation easements on a certified hi | . , | 2d | |
| | | nservation easements included in (c) a | | | |
| 3 | the taxable yea | · | rred, released, extinguished, or terminated | by the organization | on during |
| | • | | | | |
| 4 | | es where property subject to conserva | | | |
| 5 | _ | itization have a written policy regarding the conservation easements it holds? | g the periodic monitoring, inspection, viola o | tions, and | ┌ Yes ┌ No |
| 6 | | | cting and enforcing easements during the | | |
| 7 | · | -, . | ng, and enforcing easements during the ye | · | |
| 8 | | servation easement reported on line 2) and 170(h)(4)(B)(ii)? | (d) above satisfy the requirements of sect | cion | ┌ Yes |
| 9 | balance sheet, | - · · · · · · · · · · · · · · · · · · · | onservation easements in its revenue and he footnote to the organization's financial nents | • | • |
| Par | | | ns of Art, Historical Treasures, o 'Yes" to Form 990, Part IV, line 8. | or Other Simila | r Assets. |
| 1a | art, historical t | reasures, or other similar assets held | 116, not to report in its revenue statemer for public exhibition, education or researc ancial statements that describes these ite | h ın furtherance of | |
| b | historical treas | · · | 116, to report in its revenue statement ar public exhibition, education, or research in | | • |
| | (i) Revenues ir | ncluded in Form 990, Part VIII, line 1 | | ► \$ | |
| | (ii) Assets incl | uded in Form 990, Part X | | ► \$ | |
| 2 | | cion received or held works of art, histonts required to be reported under SFAS | orical treasures, or other similar assets foi S 116 relating to these items | r financial gain, pro | vide the |
| а | Revenues inclu | ided in Form 990, Part VIII, line 1 | | ► \$ | |

b Assets included in Form 990, Part X

| Organizations Maintaining Collections of Art, | His | <u>tori</u> | <u>cal Treasur</u> | es, or on | <u> 161 21</u> | illilla i A | ssets (c | ontinuea, |
|---|-------------|------------------------|---|--|-----------------|-------------|--|-------------|
| Using the organization's accession and other records, check any items (check all that apply) | of th | e foll | owing that are | a sıgnıfıcan | t use o | fits collec | tion | |
| Public exhibition | d | Γ | Loan or excha | inge prograi | ns | | | |
| Scholarly research | e | Γ | Other | | | | | |
| Preservation for future generations | | | | | | | | |
| Provide a description of the organization's collections and explain Part XIV | n how | v the | / further the or | ganızatıon's | exemp | ot purpose | ın | |
| During the year, did the organization solicit or receive donations of assets to be sold to raise funds rather than to be maintained as p | | | | | ımılar | | ┌ Yes | ┌ No |
| Trust, Escrow and Custodial Arrangements. C | | | | ızatıon ans | swere | d "Yes" to | Form 9 | 90, |
| Part IV, line 9, or reported an amount on Form 990 | | | | - 4 1 4 | | | | |
| Is the organization an agent, trustee, custodian or other intermed included on Form 990, Part X? | liary | TOT C | ontributions or | otner asset | s not | | ☐ Yes | ┌ No |
| If "Yes," explain why in Part XIV and complete the following table | <u>!</u> | | | | | | | |
| | | | | | | Aı | nount | |
| Beginning balance | | | | 10 | С | | | |
| Additions during the year | | | | 10 | d | | | |
| Distributions during the year | | | | 10 | e | | | |
| Ending balance | | | | 11 | F | | | |
| Did the organization include an amount on Form 990, Part X, line | 21? | | | | | | ┌ Yes | ┌ No |
| If "Yes," explain the arrangement in Part XIV | | | | | | | | |
| rt V Endowment Funds. Complete if the organization | ans | were | ed "Yes" to Fo | rm 990, P | art IV | ', lıne 10. | | |
| (a)Current Year | (b) | Prior ' | rear (c)Two | Years Back (| d) Three | Years Back | (e) Four Y | ears Back |
| Beginning of year balance | | | | | | | | |
| Contributions | | | | | | | | |
| Investment earnings or losses | | | | | | | | |
| Grants or scholarships | | | | | | | | |
| Other expenditures for facilities and programs | | | | | | | | |
| Administrative expenses | | | | | | | | |
| End of year balance | | | | | | | | |
| Provide the estimated percentage of the year end balance held as | 5 | | | | | | | |
| Board designated or quasi-endowment 🕨 | | | | | | | | |
| Permanent endowment 🕨 | | | | | | | | |
| Term endowment ▶ | | | | | | | | |
| Are there endowment funds not in the possession of the organization by | ion t | hat a | re held and ad | mınıstered f | or the | | Yes | No |
| (i) unrelated organizations | | • | | | | 3a | (i) | |
| (ii) related organizations | | | | | | _ | <u> </u> | |
| | | | | | | . 3a | ` | |
| If "Yes" to 3a(II), are the related organizations listed as required | on S | ched | ule R? | | | 3a | ` | |
| If "Yes" to 3a(II), are the related organizations listed as required Describe in Part XIV the intended uses of the organization's endo | on S wme | ched ent fu | ule R? nds | + V line 1 | | | ` | |
| If "Yes" to 3a(II), are the related organizations listed as required | on S wme | ched ent fu ee F | ule R? nds orm 990, Par | i ' | | | ` | |
| If "Yes" to 3a(II), are the related organizations listed as required Describe in Part XIV the intended uses of the organization's endo | on S wme | ched ent fu ee F | ule R? nds | t X, line 10 (b)Cost or or basis (othe | her , | | b | Book value |
| If "Yes" to 3a(II), are the related organizations listed as required Describe in Part XIV the intended uses of the organization's endo | on S wme | ched ent fu ee F | ule R? nds orm 990, Par a) Cost or other | (b)Cost or of | her , | 3 | b | Book value |
| If "Yes" to 3a(II), are the related organizations listed as required pescribe in Part XIV the intended uses of the organization's endot VI Investments—Land, Buildings, and Equipmen Description of investment | on S wme | ched ent fu ee F | ule R? nds orm 990, Par a) Cost or other | (b)Cost or of | her , | 3 | b | Book value |
| If "Yes" to 3a(II), are the related organizations listed as required Describe in Part XIV the intended uses of the organization's endo **T VI Investments—Land, Buildings, and Equipmen Description of investment Land | on S wme | ched ent fu ee F | ule R? nds orm 990, Par a) Cost or other | (b)Cost or of | her , | 3 | b | Book value |
| If "Yes" to 3a(II), are the related organizations listed as required to Describe in Part XIV the intended uses of the organization's endot to VI Investments—Land, Buildings, and Equipmen Description of investment Land | on S wme | ched ent fu ee F | ule R? nds orm 990, Par a) Cost or other | (b)Cost or of | her , | 3 | b | Book value |

| Part VIII Investments—Other Securities. Sec | Form 990, Part X, line | | |
|---|--------------------------|-----------------|---------------------------------------|
| (a) Description of security or cateory (including name of security) | (b)Book value | | d of valuation · year market value |
| Financial derivatives and other financial products | | Cost of end-of- | year market value |
| | | | |
| Closely-held equity interests | + | | |
| Other | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 12) | | | |
| | | | |
| Part VIII Investments—Program Related. Se | ee Form 990, Part X, lın | e 13. | |
| (a) Description of investment type | (b) Book value | | d of valuation |
| (4, 2 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | (2) 20011 12120 | Cost or end-of- | year market value |
| | | | |
| | | | |
| | | | |
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| | | | |
| | | | |
| | | | |
| Table (Caluma (h) abauti anual Form (000, Bort V, ani (0) to a 10.) | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, I | | | |
| Part IX Other Assets. See Form 990, Part X, I (a) Descri | | | (b) Book value |
| | трегоп | | |
| MISCELLANEOUS ACCTS RECEIVABLE | | | 11,660 |
| Edward Jones Investment Account | | | 116,877 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line | 15.) | | 128,537 |
| Part X Other Liabilities. See Form 990, Part | | | · |
| (a) Description of Liability | (b) A mount | | |
| Federal Income Taxes | | 7 | |
| | | | |
| | | \dashv | |
| | | \dashv | |
| _ | | \dashv | |
| | | \dashv | |
| | | _ | |
| | | _ | |
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| | | | |
| | | | |
| | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25) | , | 7 | |

| | · | nange in Net Assets from Fori | n 990 | to Financial Stateme | | <u> </u> |
|------|--|--|-----------|----------------------|---------|--------------------|
| 1 | Total revenue (Form 990, Part V | | | | 1 | |
| 2 | Total expenses (Form 990, Par | t IX, column (A), line 25) | | | 2 | |
| 3 | Excess or (deficit) for the year | Subtract line 2 from line 1 | | | 3 | |
| 4 | Net unrealized gains (losses) or | n investments | | | 4 | |
| 5 | Donated services and use of fac | cilities | | | 5 | |
| 6 | Investment expenses | | | | 6 | |
| 7 | Prior period adjustments | | | | 7 | |
| 8 | Other (Describe in Part XIV) | | | | 8 | |
| 9 | Total adjustments (net) Add Iir | nes 4 - 8 | | | 9 | |
| 10 | Excess or (deficit) for the year i | 9 | 10 | | | |
| Part | XIII Reconciliation of Re | evenue per Audited Financial | State | ments With Revenue p | er Re | turn |
| 1 | Total revenue, gains, and othe | r support per audited financial stateme | nts . | | 1 | |
| 2 | A mounts included on line 1 bu | t not on Form 990, Part VIII, line 12 | | | | |
| а | Net unrealized gains on invest | ments | . [| 2a | | |
| b | Donated services and use of fa | acılıtıes | | 2b | | |
| C | Recoveries of prior year grants | | | 2c | | |
| d | Other (Describe in Part XIV) | | . [| 2d |] | |
| e | Add lines 2a through 2d . | | | | 2e | |
| 3 | Subtract line ${f 2e}$ from line ${f 1}$. | | | | 3 | |
| 4 | A mounts included on Form 99 | 0, Part VIII, line 12, but not on line 1 | • | | | |
| а | Investment expenses not incl | uded on Form 990, Part VIII, line 7b | . | 4a |] | |
| b | Other (Describe in Part XIV) | | | 4b | | |
| C | Add lines 4a and 4b | | | | 4c | |
| 5 | | d 4c. (This should equal Form 990, Par | | | 5 | |
| | | kpenses per Audited Financia | | | s per | Return |
| 1 | | raudited financial statements | | | 1 | |
| 2 | | t not on Form 990, Part IX, line 25 | | l I | | |
| а | | acilities | | 2a | 4 | |
| b | • | | • • | 2b | 4 | |
| C | · | Part IX, line 25 | | 2c | 4 | |
| d | Other (Describe in Part XIV) | | • | 2d | 4 | |
| e | Add lines 2a through 2d | | | | 2e | |
| 3 | Subtract line 2e from line 1 . | | • | | 3 | |
| 4 | | 0, Part IX, line 25, but not on line 1: | | l I | | |
| а | • | , , | | 4a | 4 | |
| b | Other (Describe in Part XIV) | | • | 4b | 4 | |
| С | Add lines 4a and 4b | | • | | 4c | |
| 5 | | nd 4c. (This should equal Form 990, Pa | rt I, lın | e 18) | 5 | |
| | XIV Supplemental Inf | | | | | |
| | | criptions required for Part II, lines 3, Part XII, lines 2d and 4b, and Part XI | | | art XIV | , lines 1b and 2b, |
| ıaıı | | | II, IIIIe | | | |
| | Ident if ier | Return Reference | | Explanat | ion | |

| Ident if ier | Return Reference | Explanation |
|-----------------|------------------|--|
| Part XI, Line 8 | | Reclassification of Temporarily Restricted Funds \$ -44247 Market Adjustments \$ -10052 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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Schedule I (Form 990)

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

OMB No 1545-0047

DLN: 93493223012250

2008

Open to Public

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| lame of the organization | | | | | | Employer identif | ication number |
|---|---|--|------------------------------|---|---|--|---|
| GOOD SAMARITAN HEALTH C OF MERRILL WI INC | ENTER FOUNDA | IION | | | | 39-1627755 | |
| Part I General Inform | nation on Gran | its and Assistance |) | | | ' | |
| Does the organization mai the selection criteria used Describe in Part IV the or | l to award the gran ganızatıon's proce | ts or assistance? dures for monitoring th | e use of grant funds in th | e United States | | | |
| Form 990, Part I' Part IV and Sche | V, line 21 for an edule I-1 if addit | y recipient that rece ional space is | | 00. Check this box if | es. Complete if the of no one recipient rec | | |
| 1(a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| St Vincent Free Clinic100 East Main St Merrill, WI 54452 | | | 4,750 | 0 | | | Assist with the operational needs of the clinc Includes me |
| Others | | | 1,927 | 0 | | | |
| North Central Health Care 607 N Sales St Merrill, WI 54452 | | | 2,500 | 0 | | | Suicide Awareness & Prevention |
| Merrill Senior Center1004 East First St Merrill, WI 54452 | | | 1,000 | 0 | | | Our Time program |
| Merrill High School1201 N Sales St Merrill, WI 54452 | | | 1,000 | 0 | | | Fit for Life Program |
| Lincoln County RespitePO Box 925 Merrill, WI 54452 | | | 1,500 | 0 | | | Take a Break program |
| Lincoln Country Services Center801 N Sales St Suite 101 Merrill, WI 54452 | | | 1,000 | 0 | | | After the Bell program |
| Lincoln Country Health Department607 N SALES ST MERRILL, WI 54452 | | | 480 | 0 | | | Cribs for Kids |
| Comunidad Hispana608 E Second St Merrill, WI 54452 | | | 3,020 | 0 | | | Support various programs that assist the Hispanic population |
| Community Food Pantry of Merrill Inc608 E Second St Merrill, WI 54452 | 26-0585293 | 501(c)(3) | 6,250 | 0 | | | Filling food pantry shelves as needed |
| | | | | | | | |
| | | | | | | | |
| 2 Enter total number of sect | | | | | | | 1 |
| organizations 3 Enter total number of othe | | | | | | | • 0 |

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

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

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

See Additional Data Table

| Ident if ier | Return Reference | Explanation |
|--|------------------|--|
| Grantmaker's Description of How Grants are Used | | Interim reports and a final summary of activities, including financial accounting, will be submitted to the Foundation office at the end of the project or prior to application for continued funding Reports will include measurable outcomes achieved over the funding period, including cost per unit of service, when applicable |
| | | |
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DLN: 93493223012250

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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.

Compensation Information

Open to Public Inspection

2008

Name of the organization GOOD SAMARITAN HEALTH CENTER FOUNDATION OF MERRILL WI INC

Employer identification number

39-1627755

| Pa | It I Questions Regarding Compensati | ion | | | | |
|----|---|-------------|--|----|-----|-----|
| | | | | | Yes | Νo |
| 1a | Check the appropriate box(es) if the organization p 990, Part VII, Section A, line 1a Complete Part | | ny of the following to or for a person listed in Form vide any relevant information regarding these items | | | |
| | First class or charter travel | Γ | Housing allowance or residence for personal use | | | |
| | Travel for companions | Γ | Payments for business use of personal residence | | | |
| | Tax idemnification and gross-up payments | Γ | Health or social club dues or initiation fees | | | |
| | Discretionary spending account | Γ | Personal services (e g , maid, chauffeur, chef) | | | |
| b | If line 1a is checked, did the organization follow a provision of all the expenses described above? If | | | 1b | | |
| 2 | Did the organization require substantiation prior t officers, directors, trustees, and the CEO/Execution | 2 | | | | |
| 3 | Indicate which, if any, of the following the organization's CEO/Executive Director Check all | | · | | | |
| | Compensation committee | | Written employment contract | | | |
| | ☑ Independent compensation consultant | <u> </u> | • | | | |
| | Form 990 of other organizations | ⊽ | Approval by the board or compensation committee | | | |
| 4 | During the year, did any person listed in Form 990 | 0, Part VII | I, Section A, line 1a | | | |
| а | Receive a severance payment or change of contro | ol payment | t? | 4a | | Νo |
| b | Participate in, or receive payment from, a supplen | mental non | qualified retirement plan? | 4b | Yes | |
| c | Participate in, or receive payment from, an equity | -based co | mpensation arrangement? | 4c | | Νο |
| | If "Yes" to any of lines 4a-c, list the persons and | provide th | ne applicable amounts for each item in Part III | | | |
| | 501(c)(3) and 501(c)(4) organizations only must | complete | lines 5-8. | | | |
| 5 | For persons listed in form 990, Part VII, Section compensation contingent on the revenues of | A, line 1a, | , did the organization pay or accrue any | | | |
| а | The organization? | | | 5a | | Νo |
| b | Any related organization? | | | 5b | | Νo |
| | If "Yes," to line 5a or 5b, describe in Part III | | | | | |
| 6 | For persons listed in form 990, Part VII, Section compensation contingent on the net earnings of | A, line 1a, | , did the organization pay or accrue any | | | |
| а | The organization? | | | 6a | | Νο |
| b | Any related organization? | | | 6b | | Νο |
| | If "Yes," to line 6a or 6b, describe in Part III | | | | | |
| 7 | For persons listed in form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes, | | • | 7 | | No |
| 8 | Were any amounts reported in Form 990, Part VII subject to the initial contract exception described in Part III | , . | • | 8 | | N o |

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

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

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

| (A) Name | (B) Breakdown of | W-2 and/or 1099-MI | SC compensation | (C) Deferred | (D) Nontaxable | (E) Total of columns | (F) Compensation reported in prior Form | |
|--------------------|--------------------------|---|-----------------------------|--------------|----------------|----------------------|--|--|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other compensation | compensation | benefits | (B)(ı)-(D) | 990 or Form 990-EZ | |
| Michael Hammer (i) | | 16,300 | 41,050 | 21,978 | 17,673 | 279,496 | | |
| (ii) | | | | | | | | |
| (i) | | | | | | | | |
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Part III Supplemental Information

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

| Ident if ier | Return Reference | Explanat ion |
|--------------|---------------------|--------------|
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SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for

responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

DLN: 93493223012250

2008

Inspection

Name of the organization
GOOD SAMARITAN HEALTH CENTER FOUNDATION OF MERRILL WI INC

Employer identification number

39-1627755

| ldentifier | Return Reference | Explanation |
|------------|--|--|
| | Form 990, Part XI, Line 1, Financial Stm | Previously Good Samaritan Health Center Foundation had marked cash basis for their accounting method. For the fiscal year ending 9/30/09, wie switched the accounting method to an accrual basis. During fiscal year 2009 the accounting function was centralized. At this time wie worked on standardizing the accounting procedures throughout the organization. |

| | ldentifier | Return Reference | Explanation |
|---|---------------------------------|---|--|
| F | form 990, Part VI, Line 9 | Form 990, Part VI, Line 19 Other Organization Documents Publicly Available | The Ministry Web Page is available to the public for inspection with a good deal of information regarding whom Ministry Health Care is and the entities included along with our mission. The Articles of Incorporation, Bylaws, Conflicts policy, and financial statements are not included on any wieb page. However, if an inquiry is made for any documents, they are shared as appropriate |

| ldentifier | Return Reference | Explanation |
|-----------------------------------|--|--|
| Form 990, Part VI, Line 15b | Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees | The Ministry Board of Directors has a compensation committee that is assisted by an independent outside consulting firm, Sullivan Cotter Sullivan Cotter, in partnership with the compensation committee of the Board of Directors, reviews market data for compensation and benefits and comparability data on every Ministry Health Care executive |

| ldentifier | Return Reference | Explanation |
|--------------------------------|--|--|
| Form 990, Part VI, Line 12c | Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts | The Board members complete each year a Board of Directors Conflict of Interest & Insider Transaction Policy Questionnaire A standard annual refresher is completed each year in the fall Any significant reported items are corrected promptly through the Ministry Corporate Compliance Officer and local administrator |

| ldentifier | Return Reference | Explanation |
|------------|--------------------|--|
| | 10 Form 990 Review | The 990 is completed thorugh joint efforts of shared finance function with review and guidance of legal council and corporate oversight. The form was not presented to the governing body because it was with our attorneys for review at the time of the last meeting before the August deadline. |

| ldentifier | Return Reference | Explanation |
|----------------------------------|------------------|---|
| Form 990, Part VI, Line 7a | How Members or | Good Samartitan Health Center has the reserved power to recommend to Ministry Health Care Inc the appointment and removal of the Foundation's directors. Ministry Health Care Inc has the reserved power to appoint and remove, with or without cause, the directors, authorize vacancies, and determine the number of directors. |

| Identifier | Return Reference | Explanation |
|------------------------------|------------------|---|
| Form 990, Part VI, Line 6 | | Good Samaritan Health Center of Merrill Wisconsin Inc (39-0808503) serves as the foundation's corporate member with certain reserved powers |

| ldentifier | Return Reference | Explanation |
|-----------------------------------|--|--|
| Form 990, Part III, Line 4d | Form 990, Part III, Line 4d Other Program Services Description | OTHER PROGRAM SERVICES 4 Financial support was given to various Lincoln County programs. They include "Cribs for Kids" through the Health Department, "Take a Break" and additional funds for families with special needs children through Lincoln County Respite, and "After the Bell" through Services Center. OTHER PROGRAM SERVICES 5 Funds were used to purchase gas gift cards or taxi rides for patients of Good Samaritan Health Center that are in need of financial assistance. OTHER PROGRAM SERVICES 6 Funds were given to Our Way Group Home to purchase training materials for their staff. OTHER PROGRAM SERVICES 7 Funds were distributed to area schools to support different programs. The programs supported include "Fit 4 Life" at the Merrill High School and "Healthy Snacks After School" at Washington Elementary School. OTHER PROGRAM SERVICES 8 Funds were distributed to the Merrill Senior Center to support the "Our Time" program. OTHER PROGRAM SERVICES 9 Funds were given to the Merrill Area Healthy Lifestyle organization to assist them with their organizational needs. OTHER PROGRAM SERVICES 10 Funds were given to North Central Health Care for their "Suicide Aw areness and Prevention" program. |

DLN: 93493223012250

2008

OMB No 1545-0047

Open to Public Inspection

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

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

| Name of the organization GOOD SAMARITAN HEALTH CENTER FOUNDATION DF MERRILL WI INC | Employer ident | tification number | | | |
|---|--|---|----------------------------------|---|--|
| Part I Identification of Disregarded Entities | | | | 7 7 102,7,00 | |
| (A) Name, address, and EIN of disregarded entity | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Total income E | (E) ind-of-year assets | (F) Direct controlling entity |
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| Part II Identification of Related Tax-Exempt Organiza | tions | | | | |
| (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 sta (if section 501(c) | atus (F) Direct controlling ((3)) entity |
| Ministry Health Care | Management support for | | | | |
| 11925 West Lake Park Drive Suite 1 Milwaukee, WI53224 39-1490371 | integrated healthcare system | WI | 501(c)(3) | III-FI | N/A |
| Good Samaritan Health Center of Merrill 601 S Center Ave Merrill, WI54452 39-0808503 | Provide various health care service to the community | WI | 501(c)(3) | 3 | N/A |
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| (A) Name, address, and EIN of related organization | Prim | (B) nary activity | (C) Legal domicile (state or foreign country) | (D) Direct controlling entity | (E) Predominant income(related, investment, unrelated) | | (F) Share of total income | | (G) Share of end-of- year assets | (H) Disproprtionate allocations? | | (I) Code V—UBI amount on Box 20 of K-1 | Gene mana part | agıng |
|---|---------|------------------------------|---|---|--|----------------------------|-------------------------------------|--|---|--|--|---|----------------------|-------|
| | | | | | | | | | | Yes | No | | Yes | No |
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| Part IV Identification of R | Related | l Organizations | Taxable as | a Corporation | ı or Tr | ust | | | | | | | | |
| (A) Name, address, and EIN of related organ | | (B) Primary activity | | (C) Legal domicile (state or foreign country) | | (D) Direct contro | olling | (E) Type of entity (C corp, S corp or trust) | (F) Share of total income | end | (G) hare of l-of-yea assets | (H) Percentage r ownership | | |
| | | | | | | | | | | | | | | |
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(6)

| Part V Transactions with Related Organiza |
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| Pa | rt V | Transactions with Related Organizations | | | | | | | |
|------------|---|---|--|---------------------------------|----|-----|----|--|--|
| | Note. | Complete line 1 if any entity is listed in Parts II, III or IV | | | | Yes | No | | |
| 1 D | uring th | e tax year, did the orgranization engage in any of the following transactions | s with one or more related organizations listed in Parts II- | IV? | | | | | |
| а | a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity | | | | | | | | |
| b | b Gift, grant, or capital contribution to other organization(s) | | | | | | | | |
| c | Gıft, gı | rant, or capital contribution from other organization(s) | | | 1c | | No | | |
| d | Loans | or loan guarantees to or for other organization(s) | | | 1d | | No | | |
| е | e Loans or loan guarantees by other organization(s) | | | | | | | | |
| | | | | | | | | | |
| f | Sale of | fassets to other organization(s) | | | 1f | | No | | |
| g | g Purchase of assets from other organization(s) | | | | | | | | |
| h | h Exchange of assets | | | | | | | | |
| i | Lease | of facilities, equipment, or other assets to other organization(s) | | | 1i | | No | | |
| | | | | | | | | | |
| j | Lease | of facilities, equipment, or other assets from other organization(s) | | | 1j | | No | | |
| k | Perfor | mance of services or membership or fundraising solicitations for other orga | anızatıon(s) | | 1k | Yes | | | |
| 1 | Perforn | nance of services or membership or fundraising solicitations by other orga | nization(s) | | 11 | | No | | |
| m | Sharın | g of facilities, equipment, mailing lists, or other assets | | | 1m | Yes | | | |
| n | Sharın | g of paid employees | | | 1n | Yes | | | |
| | | | | | | | | | |
| o | Reımb | ursement paid to other organization for expenses | | | 10 | Yes | | | |
| р | Reımb | ursement paid by other organization for expenses | | | 1р | Yes | | | |
| | | | | | | | | | |
| q | Other | transfer of cash or property to other organization(s) | | | 1q | | No | | |
| r | r Other transfer of cash or property from other organization(s) | | | | | | | | |
| | | | | | | | | | |
| 2 | If the a | answer to any of the above is "Yes," see the instructions for information on | who must complete this line, including covered relationsh | nips and transaction thresholds | | | | | |
| | | (A) | (B) | (C) | | | | | |
| | | Name of other organization(s) | Transaction type(a-r) | Amount Involved | | | | | |
| (1) | | | | | | | | | |
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| (2) | | | | | | | | | |
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| (3) | | | | | | | | | |
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| (4) | | | | | | | | | |
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| (5) | | | | | | | | | |

Part VI Unrelated Organizations Taxable as a Partnership

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

| | T | ı | (5) | | · - | | | 1 | 1 | |
|--|-------------------------|---|---|----|---|----------------------------------|----|---|--|----|
| (A) Name, address, and EIN of entity | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Are all partners section 501(c)(3) organizations? | | (E) Share of end-of-year assets | (F) Disproprtionate allocations? | | (G) Code V—UBI amount on Box 20 of K-1 | (H) General o managing partner? | |
| | | | Yes | No | | Yes | No | | Yes | No |
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