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|  |  |                                     |
|--|--|-------------------------------------|
| Form <b>990</b><br><br>Department of the Treasury<br>Internal Revenue Service | <b>Return of Organization Exempt From Income Tax</b><br><br><b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b> | OMB No 1545-0047<br><br><b>2008</b> |
|  | The organization may have to use a copy of this return to satisfy state reporting requirements   | <b>Open to Public Inspection</b>    |

|  |  |  |  |   |  |   |            |   |  |
|--|--|--|--|---|--|---|------------|---|--|
| <b>A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009</b>  |  |  |  |   |  |   |            |   |  |
| <b>B</b> Check if applicable<br><input checked="" type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Termination<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending |  | <b>Please use IRS label or print or type. See Specific Instructions.</b>                                       |  | <b>C Name of organization</b><br>Riverbend Regional Healthcare Foundation                         |  |   |            | <b>D Employer identification number</b><br>48-0955489 |  |
|  |  |  |  | Doing Business As   |  |   |            | <b>E Telephone number</b><br>(913) 367-6653           |  |
|  |  |  |  | Number and street (or P O box if mail is not delivered to street address)<br>800 Raven Hill Drive |  |   | Room/suite | <b>G Gross receipts</b> \$ 3,347,917                  |  |
|  |  |  |  | City or town, state or country, and ZIP + 4<br>Atchison, KS 66002                                 |  |   |            |   |  |
| <b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) <input type="checkbox"/> (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527  |  | <b>F Name and address of Principal Officer</b><br>Eugene Hegarty<br>800 RAVEN HILL DRIVE<br>ATCHISON, KS 66002 |  |   |  | <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |            |   |  |
|  |  | <b>J Web site:</b> N/A   |  |   |  | <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>(If "No," attach a list See instructions )<br><b>H(c)</b> Group Exemption Number |            |   |  |
| <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 1983   |            | <b>M</b> State of legal domicile KS                   |  |

## Part I Summary

|                             |          |   |  |              |
|-----------------------------|----------|---|--|--------------|
| Activities & Governance     | 1        | Briefly describe the organization's mission or most significant activities<br>Support for Atchison Hospital Association in it's mission and support the health of the community |  |              |
|                             | 2        | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets  |  |              |
|                             | 3        | Number of voting members of the governing body (Part VI, line 1a)   | 3  | 6            |
|                             | 4        | Number of independent voting members of the governing body (Part VI, line 1b)   | 4  | 5            |
|                             | 5        | Total number of employees (Part V, line 2a)   | 5  | 0            |
|                             | 6        | Total number of volunteers (estimate if necessary)  | 6  | 5            |
|                             | 7a       | Total gross unrelated business revenue from Part VIII, line 12, column (C)  | 7a   | -16,044      |
|                             | b        | Net unrelated business taxable income from Form 990-T, line 34  | 7b   | -16,044      |
| Revenue                     | 8        | Contributions and grants (Part VIII, line 1h)   | Prior Year   | Current Year |
|                             | 9        | Program service revenue (Part VIII, line 2g)  | 0  | 0            |
|                             | 10       | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 514,880  | -1,456,208   |
|                             | 11       | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | -20,293  | -16,044      |
|                             | 12       | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 494,587  | -1,472,252   |
|                             | Expenses | 13  | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 2,000,000    |
| 14                          |          | Benefits paid to or for members (Part IX, column (A), line 4)   | 0  | 0            |
| 15                          |          | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)   | 0  | 0            |
| 16a                         |          | Professional fundraising fees (Part IX, column (A), line 11e)   | 0  | 0            |
| b                           |          | (Total fundraising expenses, Part IX, column (D), line 25 <sup>0</sup> )  |  |              |
| 17                          |          | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)  | 68,233   | 15,798       |
| 18                          |          | Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))  | 2,068,233  | 1,015,798    |
| 19                          |          | Revenue less expenses Subtract line 18 from line 12   | -1,573,646   | -2,488,050   |
| Net Assets or Fund Balances |          |   | Beginning of Year  | End of Year  |
|                             | 20       | Total assets (Part X, line 16)  | 11,784,405   | 10,111,478   |
|                             | 21       | Total liabilities (Part X, line 26)   | 216,360  | 10,126       |
|                             | 22       | Net assets or fund balances Subtract line 21 from line 20   | 11,568,045   | 10,101,352   |

## Part II Signature Block

|                          |   |  |  |   |                                 |
|--------------------------|---|--|--|---|---------------------------------|
| Please Sign Here         | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge |  |  |   |                                 |
|                          | *****<br>Signature of officer   |  | 2010-08-16<br>Date   |   |                                 |
|                          | LORNE ARCHER CFO<br>Type or print name and title  |  |  |   |                                 |
| Paid Preparer's Use Only | Preparer's signature Michael J Engle  |  | Date   | Check if self-employed <input type="checkbox"/> | Preparer's PTIN (See Gen Inst ) |
|                          | Firm's name (or yours if self-employed), address, and ZIP + 4   |  | BKD LLP<br>1201 Walnut Suite 1700<br>Kansas City, MO 641062246 |   | EIN                             |
|                          |   |  |  |   | Phone no (816) 221-6300         |

May the IRS discuss this return with the preparer shown above? (See instructions) . . . . . ☒ Yes ☐ No

Part III

Statement of Program Service Accomplishments (See the instructions.)

1

Briefly describe the organization’s mission  
Support for Atchison Hospital Association in it's mission and support the health of the community

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 (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 1,000,000 including grants of \$ 1,000,000 ) (Revenue \$ 0 )  
Invest the Foundation Corpus, provide capital expenditure funds annually, and, upon request and approval, provide funds for new projects

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 \$ 1,000,000 Must equal Part IX, Line 25, column (B).






Form 990 (2008)

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    | Yes |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?  |     | 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  |     | No |
| 4   | Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  |     | 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  |     |    |
| 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   |     | 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   |     | No |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   |     | 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   |     | No |
| 10  | Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V   |     | 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  |     | No |
| 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   |     | No |
| 13  | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  |     | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the U S?   |     | 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  | Yes |    |
| 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  |     | No |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III      |     | No |
| 17  | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I  |     | No |
| 18  | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  |     | No |
| 19  | Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III   |     | No |
| 20  | Did the organization operate one or more hospitals? If "Yes," complete Schedule H   |     | 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    | 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   |     | No |
| 23  | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J    | 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                       |     | No |
| 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 | 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  |     | 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  |     | 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  |     | No |

**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> . . . . . |     | No |
| <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> . . . . .   |     | No |
| <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> . . . . .   |     | No |
| <b>29</b> | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .  |     | No |
| <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> . . . . .  |     | No |
| <b>31</b> | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .  |     | No |
| <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> . . . . .  |     | No |
| <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> . . . . .    |     | No |
| <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> . . . . .    | Yes |    |
| <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> . . . . .    |     | No |
| <b>36</b> | 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .    |     | No |
| <b>37</b> | 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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .                     |     | No |

Part V

Statements Regarding Other IRS Filings and Tax Compliance

|  |   |     |     |    |
|--|---|-----|-----|----|
|  |   |     | Yes | No |
| 1a   | Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .  | 1a0 | 1c  |    |
| b  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable   | 1b0 |     |    |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .   |   |     |     |    |
| 2a   | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .   | 2a0 | 2b  |    |
| b If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . .<br><b>Note:</b> <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i> |   |     |     |    |
| 3a   | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .  | 3a  | Yes |    |
| b  | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .  | 3b  | Yes |    |
| 4a   | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .  | 4a  |     | No |
| b  | If "Yes," enter the name of the foreign country _____<br>See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .  |     |     |    |
| 5a   | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .   | 5a  |     | No |
| b  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5b  |     | No |
| c  | If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ? . . . . .   | 5c  |     |    |
| 6a   | Did the organization solicit any contributions that were not tax deductible? . . . . .  | 6a  |     | No |
| b  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .   | 6b  |     |    |
| 7  | Organizations that may receive deductible contributions under section 170(c).   |     |     |    |
| a  | Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more? . . . . .   | 7a  |     | No |
| b  | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .   | 7b  |     |    |
| c  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .  | 7c  |     | No |
| d  | If "Yes," indicate the number of Forms 8282 filed during the year . . . . .   | 7d  |     |    |
| e  | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .   | 7e  |     | No |
| f  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .  | 7f  |     | No |
| g  | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . .  | 7g  |     |    |
| h  | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .   | 7h  |     |    |
| 8  | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . . | 8   |     | No |
| 9  | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.   |     |     |    |
| a  | Did the organization make any taxable distributions under section 4966? . . . . .   | 9a  |     |    |
| b  | Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .  | 9b  |     |    |
| 10   | Section 501(c)(7) organizations. Enter  |     |     |    |
| a  | Initiation fees and capital contributions included on Part VIII, line 12 . . . . .  | 10a |     |    |
| b  | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   | 10b |     |    |
| 11   | Section 501(c)(12) organizations. Enter   |     |     |    |
| a  | Gross income from members or shareholders . . . . .   | 11a |     |    |
| b  | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .  | 11b |     |    |
| 12a  | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . . .  | 12a |     |    |
| b  | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   | 12b |     |    |

Part VI

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

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

|    |   |     |    |
|----|---|-----|----|
|    |   | Yes | No |
| 1a | Enter the number of voting members of the governing body . . . . .  |     |    |
| 1b | Enter the number of voting members that are independent . . . . .   |     |    |
| 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? . . . . .   |     | No |
| 3  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . . |     | No |
| 4  | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .   |     | No |
| 5  | Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .   |     | No |
| 6  | Does the organization have members or stockholders? . . . . .   |     | No |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .   |     | No |
| 7b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .   |     | No |
| 8  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .  |     |    |
| 8a | the governing body? . . . . .   | Yes |    |
| 8b | each committee with authority to act on behalf of the governing body? . . . . .   | Yes |    |
| 9a | Does the organization have local chapters, branches, or affiliates? . . . . .   |     | No |
| 9b | 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? . . . . .  |     |    |
| 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 . . . . .       |     | No |
| 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 . . . . .      |     | No |

Section B. Policies

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

Section C. Disclosure

|    |  |
|----|--|
| 17 | List the States with which a copy of this Form 990 is required to be filed _____   |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply.<br><input type="checkbox"/> own website <input type="checkbox"/> another's website <input checked="" type="checkbox"/> upon request |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.   |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization.<br>Patsy Porter<br>800 RAVEN HILL RD<br>Atchison, KS 66002<br>(913) 367-2707   |

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

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

Form 990 (2008)



| (A)<br>Name and Title | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        |  | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|--|---|---|
|                       |                               | Individual Trustee or Director         | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |  |   |   |
|                       |                               |  |                       |         |              |                              |        |  |  |   |   |
|                       |                               |  |                       |         |              |                              |        |  |  |   |   |
|                       |                               |  |                       |         |              |                              |        |  |  |   |   |
|                       |                               |  |                       |         |              |                              |        |  |  |   |   |
|                       |                               |  |                       |         |              |                              |        |  |  |   |   |
|                       |                               |  |                       |         |              |                              |        |  |  |   |   |
|                       |                               |  |                       |         |              |                              |        |  |  |   |   |
|                       |                               |  |                       |         |              |                              |        |  |  |   |   |
| <b>1b Total</b>       |                               |  |                       |         |              |                              |        |  | 0  | 291,394   | 99,688  |

**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* . . . . .

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

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

| (A)                       | (B)                     | (C)          |
|---------------------------|-------------------------|--------------|
| Name and business address | Description of services | Compensation |
|                           |                         |              |
|                           |                         |              |
|                           |                         |              |
|                           |                         |              |
|                           |                         |              |

0

| Part VIII  |  |   | Statement of Revenue  |   |                                   |   |
|--|--|---|---|---|-----------------------------------|---|
|  |  |   | (A)<br>Total Revenue  | (B)<br>Related or Exempt Function Revenue | (C)<br>Unrelated Business Revenue | (D)<br>Revenue Excluded from Tax under IRC 512, 513, or 514 |
| Contributions, gifts, grants and other similar amounts | 1a   | Federated campaigns . . . . .   | 1a  |   |                                   |   |
|  | b  | Membership dues . . . . .   | 1b  |   |                                   |   |
|  | c  | Fundraising events . . . . .  | 1c  |   |                                   |   |
|  | d  | Related organizations . . . . .   | 1d  |   |                                   |   |
|  | e  | Government grants (contributions)   | 1e  |   |                                   |   |
|  | f  | All other contributions, gifts, grants, and similar amounts not included above  | 1f  | 0   |                                   |   |
|  | g  | Noncash contributions included in lines 1a-1f \$ _____  |   |   |                                   |   |
|  | h  | Total (Add lines 1a-1f) . . . . .   |   | 0   |                                   |   |
| Program Service Revenue                                | 2a   | _____   | Business Code _____   |   |                                   |   |
|  | b  | _____   |   |   |                                   |   |
|  | c  | _____   |   |   |                                   |   |
|  | d  | _____   |   |   |                                   |   |
|  | e  | _____   |   |   |                                   |   |
|  | f  | All other program service revenue _____   |   |   |                                   |   |
|  | g  | Total. Add lines 2a-2f . . . . . \$ 0   |   |   |                                   |   |
|  | Other Revenue  | 3   | Investment income (including dividends, interest other similar amounts) . . . . . |   | 363,961                           |   |
| 4  |  | Income from investment of tax-exempt bond proceeds . . . . .  |   | 0   |                                   |   |
| 5  |  | Royalties . . . . .   |   | 0   |                                   |   |
| 6a   |  | Gross Rents   | (i) Real (ii) Personal  |   |                                   |   |
| b  |  | Less rental expenses  |   |   |                                   |   |
| c  |  | Rental income or (loss)   |   |   |                                   |   |
| d  |  | Net rental income or (loss) . . . . .   |   |   |                                   |   |
| 7a   |  | Gross amount from sales of assets other than inventory  | (i) Securities (ii) Other   |   |                                   |   |
| b  |  | Less cost or other basis and sales expenses   |   |   |                                   |   |
| c  |  | Gain or (loss)  |   |   |                                   |   |
| d  |  | Net gain or (loss) . . . . .  |   | -1,820,169                                |                                   | -1,820,169  |
| 8a   |  | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 . . . . . | a   |   |                                   |   |
| b  |  | Less direct expenses . . . . .  | b   |   |                                   |   |
| c  |  | Net income or (loss) from fundraising events . . . . .  |   | 0   |                                   |   |
| 9a   |  | Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 . . . . .  | a   |   |                                   |   |
| b  |  | Less direct expenses . . . . .  | b   |   |                                   |   |
| c  |  | Net income or (loss) from gaming activities . . . . .   |   | 0   |                                   |   |
| 10a  |  | Gross sales of inventory, less returns and allowances . . . . .   | a   |   |                                   |   |
| b  |  | Less cost of goods sold . . . . .   | b   |   |                                   |   |
| c  |  | Net income or (loss) from sales of inventory . . . . .  |   | 0   |                                   |   |
| Miscellaneous Revenue                                  |  | Business Code   |   |   |                                   |   |
| 11a  | PARTNERSHIP INCOME   | 525,990   | -16,044   |   | -16,044                           |   |
| b  | _____  |   |   |   |                                   |   |
| c  | _____  |   |   |   |                                   |   |
| d  | All other revenue _____  |   |   |   |                                   |   |
| e  | Total. Add lines 11a-11d . . . . . \$ -16,044                                    |   |   |   |                                   |   |
| 12   | Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . . |   | -1,472,252  | 0   | -16,044                           | -1,456,208  |

Part IX

Statement of Functional Expenses

| Section 501(c)(3) and 501(c)(4) organizations must complete all columns.<br>All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). |  |                       |                                 |  |                             |
|--|--|-----------------------|---------------------------------|--|-----------------------------|
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   |  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
| 1  | Grants and other assistance to governments and organizations in the U S See Part IV, line 21   | 1,000,000             | 1,000,000                       |  |                             |
| 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)  |                       |                                 |  |                             |
| a  | Management . . . . .   | 0                     |                                 |  |                             |
| b  | Legal . . . . .  | 0                     |                                 |  |                             |
| c  | Accounting . . . . .   | 0                     |                                 |  |                             |
| d  | Lobbying . . . . .   | 0                     |                                 |  |                             |
| e  | Professional fundraising See Part IV, line 17 . . . . .  | 0                     |                                 |  |                             |
| f  | Investment management fees . . . . .   | 6,708                 |                                 | 6,708                                  |                             |
| g  | Other . . . . .  | 9,010                 |                                 | 9,010                                  |                             |
| 12   | Advertising and promotion . . . . .  | 0                     |                                 |  |                             |
| 13   | Office expenses . . . . .  | 80                    |                                 | 80                                     |                             |
| 14   | Information technology . . . . .   | 0                     |                                 |  |                             |
| 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 )  |                       |                                 |  |                             |
| f  | All other expenses   |                       |                                 |  |                             |
| 25   | Total functional expenses. Add lines 1 through 24f   | 1,015,798             | 1,000,000                       | 15,798                                 | 0                           |
| 26   | Joint Costs. Check <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)<br>Beginning of year  |                      | (B)<br>End of year   |
|-----------------------------|---|---|----------------------|----------------------|
| Assets                      | <b>1</b>  | Cash—non-interest-bearing . . . . .   |                      | <b>1</b>             |
|                             | <b>2</b>  | Savings and temporary cash investments . . . . .  | 374,301              | <b>2</b> 662,636     |
|                             | <b>3</b>  | Pledges and grants receivable, net . . . . .  |                      | <b>3</b>             |
|                             | <b>4</b>  | Accounts receivable, net . . . . .  |                      | <b>4</b>             |
|                             | <b>5</b>  | Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i> . . . . .                           |                      | <b>5</b>             |
|                             | <b>6</b>  | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i> . . . . .    |                      | <b>6</b>             |
|                             | <b>7</b>  | Notes and loans receivable, net . . . . .   | 672,043              | <b>7</b> 479,226     |
|                             | <b>8</b>  | Inventories for sale or use . . . . .   |                      | <b>8</b>             |
|                             | <b>9</b>  | Prepaid expenses and deferred charges . . . . .   | 0                    | <b>9</b> 185,514     |
|                             | <b>10a</b>  | Land, buildings, and equipment cost basis   |                      |                      |
|                             |   | <b>10a</b>  |                      |                      |
|                             | <b>b</b>  | Less accumulated depreciation <i>Complete Part VI of Schedule D</i> . . . . .   |                      | <b>10c</b>           |
|                             |   | <b>10b</b>  |                      |                      |
|                             | <b>11</b>   | Investments—publicly traded securities . . . . .  | 10,738,061           | <b>11</b> 8,741,579  |
|                             | <b>12</b>   | Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i> . . . . .  |                      | <b>12</b>            |
|                             | <b>13</b>   | Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i> . . . . .  |                      | <b>13</b>            |
| <b>14</b>                   | Intangible assets . . . . .   |   | <b>14</b>            |                      |
| <b>15</b>                   | Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i> . . . . .   | 0   | <b>15</b> 42,523     |                      |
| <b>16</b>                   | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)  | 11,784,405  | <b>16</b> 10,111,478 |                      |
| Liabilities                 | <b>17</b>   | Accounts payable and accrued expenses . . . . .   | 216,360              | <b>17</b> 10,126     |
|                             | <b>18</b>   | Grants payable . . . . .  |                      | <b>18</b>            |
|                             | <b>19</b>   | Deferred revenue . . . . .  |                      | <b>19</b>            |
|                             | <b>20</b>   | Tax-exempt bond liabilities . . . . .   |                      | <b>20</b>            |
|                             | <b>21</b>   | Escrow account liability <i>Complete Part IV of Schedule D</i> . . . . .  |                      | <b>21</b>            |
|                             | <b>22</b>   | Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i> . . . . . |                      | <b>22</b>            |
|                             | <b>23</b>   | Secured mortgages and notes payable to unrelated third parties . . . . .  |                      | <b>23</b>            |
|                             | <b>24</b>   | Unsecured notes and loans payable . . . . .   |                      | <b>24</b>            |
|                             | <b>25</b>   | Other liabilities <i>Complete Part X of Schedule D</i> . . . . .  |                      | <b>25</b>            |
|                             | <b>26</b>   | <b>Total liabilities.</b> Add lines 17 through 25 . . . . .   | 216,360              | <b>26</b> 10,126     |
| Net Assets or Fund Balances | <b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b> |   |                      |                      |
|                             | <b>27</b>   | Unrestricted net assets . . . . .   | 11,568,045           | <b>27</b> 10,101,352 |
|                             | <b>28</b>   | Temporarily restricted net assets . . . . .   |                      | <b>28</b>            |
|                             | <b>29</b>   | Permanently restricted net assets . . . . .   |                      | <b>29</b>            |
|                             | <b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>                          |   |                      |                      |
|                             | <b>30</b>   | Capital stock or trust principal, or current funds . . . . .  |                      | <b>30</b>            |
|                             | <b>31</b>   | Paid-in or capital surplus, or land, building or equipment fund . . . . .   |                      | <b>31</b>            |
|                             | <b>32</b>   | Retained earnings, endowment, accumulated income, or other funds . . . . .  |                      | <b>32</b>            |
|                             | <b>33</b>   | Total net assets or fund balances . . . . .   | 11,568,045           | <b>33</b> 10,101,352 |
|                             | <b>34</b>   | Total liabilities and net assets/fund balances . . . . .  | 11,784,405           | <b>34</b> 10,111,478 |

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

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2008

Open to Public Inspection

|  |  |
|--|--|
| Name of the organization<br>Riverbend Regional Healthcare Foundation | Employer identification number<br>48-0955489 |
|--|--|

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

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

|    |                                     |  |
|----|-------------------------------------|--|
| 1  | <input type="checkbox"/>            | A church, convention of churches, or association of churches described in <b>Section 170(b)(1)(A)(i).</b>  |
| 2  | <input type="checkbox"/>            | A school described in <b>Section 170(b)(1)(A)(ii).</b> (Attach Schedule E )  |
| 3  | <input type="checkbox"/>            | A hospital or a cooperative hospital service organization described in <b>Section 170(b)(1)(A)(iii).</b> (Attach Schedule H )  |
| 4  | <input type="checkbox"/>            | A medical research organization operated in conjunction with a hospital described in <b>Section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state  |
| 5  | <input type="checkbox"/>            | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>Section 170(b)(1)(A)(iv).</b> (Complete Part II )   |
| 6  | <input type="checkbox"/>            | A federal, state, or local government or governmental unit described in <b>Section 170(b)(1)(A)(v).</b>  |
| 7  | <input type="checkbox"/>            | An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>Section 170(b)(1)(A)(vi)</b> (Complete Part II )  |
| 8  | <input type="checkbox"/>            | A community trust described in <b>Section 170(b)(1)(A)(vi)</b> (Complete Part II )   |
| 9  | <input type="checkbox"/>            | An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See <b>Section 509(a)(2).</b> (Complete Part III )   |
| 10 | <input type="checkbox"/>            | An organization organized and operated exclusively to test for public safety See <b>Section 509(a)(4).</b> (See instructions )   |
| 11 | <input checked="" type="checkbox"/> | An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See <b>Section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h<br>a <input type="checkbox"/> Type I      b <input checked="" type="checkbox"/> Type II      c <input type="checkbox"/> Type III - Functionally Integrated      d <input type="checkbox"/> Type III - Other |
| e  | <input checked="" type="checkbox"/> | By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)  |
| f  | <input type="checkbox"/>            | If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box   |
| g  | <input type="checkbox"/>            | Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?<br>(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?<br>(ii) a family member of a person described in (i) above?<br>(iii) a 35% controlled entity of a person described in (i) or (ii) above?  |
| h  | <input type="checkbox"/>            | Provide the following information about the organizations the organization supports  |

| (i) Name of Supported Organization | (ii) EIN  | (iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions)) | (iv) Is the organization in col (i) listed in your governing document? |    | (v) Did you notify the organization in col (i) of your support? |    | (vi) Is the organization in col (i) organized in the U S ? |    | (vii) Amount of support? |
|------------------------------------|-----------|--|--|----|---|----|--|----|--------------------------|
|                                    |           |  | Yes  | No | Yes   | No | Yes  | No |                          |
| SEE PART IV                        | 480561974 | 03   | Yes  |    | Yes   |    | Yes  |    | 1000000                  |
|                                    |           |  |  |    |   |    |  |    |                          |
|                                    |           |  |  |    |   |    |  |    |                          |
|                                    |           |  |  |    |   |    |  |    |                          |
|                                    |           |  |  |    |   |    |  |    |                          |
|                                    |           |  |  |    |   |    |  |    |                          |
| Total                              |           |  |  |    |   |    |  |    | 1,000,000                |

Part II

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

| Public Support  |          |          |          |          |          |           |
|---|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)   | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 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   |          |          |          |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge   |          |          |          |          |          |           |
| 4 Total. Add line 1-3   |          |          |          |          |          |           |
| 5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f) |          |          |          |          |          |           |
| 6 Public Support subtract line 5 from line 4  |          |          |          |          |          |           |

| Total Support  |          |          |          |          |          |                          |
|--|----------|----------|----------|----------|----------|--------------------------|
| Calendar year (or fiscal year beginning in)  | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total                |
| 7 Amounts 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 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 instructions )   |          |          |          |          | 12       |                          |
| 13 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 stop here |          |          |          |          |          | <input type="checkbox"/> |

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

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

| Section A. Public Support   |          |          |          |          |          |           |
|---|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)   | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")  |          |          |          |          |          |           |
| 2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose       |          |          |          |          |          |           |
| 3Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| 4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| 5The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| 6Total Add lines 1-5  |          |          |          |          |          |           |
| 7aAmounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 |          |          |          |          |          |           |
| cTotal of lines 7a and 7b   |          |          |          |          |          |           |
| 8Public Support (Subtract line 7c from line 6)  |          |          |          |          |          |           |

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

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

| Computation of Investment Income Percentage   |    |  |
|---|----|--|
| 17Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))   | 17 |  |
| 18Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h   | 18 |  |
| 19a33 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        |    |  |
| b33 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 |    |  |
| 20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions  |    |  |

Part IV

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

| Facts and Circumstances Test  |
|---|
| (I) NAME OF SUPPORTED ORGANIZATION   ATCHISON HOSPITAL ASSOCIATION (II) EIN   48-0561974 (III) TYPE OF ORGANIZATION   03 (IV) ORGANIZATION LISTED IN GOV DOCS   YES (V) NOTIFY ORGANIZATION OF SUPPORT   YES (VI) ORGANIZATION ORGANIZED IN U S   YES (VII) AMOUNT OF SUPPORT   \$1,000,000 |



**3** Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed )

For Paperwork Reduction Act Notice, see the instructions for Form 990. Cat No 50082W Schedule F (Form 990) 2008

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 . . . . . ☐ ☐  
Use Schedule F-1 if additional space is needed.

[illegible]

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ► \_\_\_\_\_

3 Enter total number of other organizations or entities . . . . . ►





Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

OMB No 1545-0047

2008

Open to Public  
Inspection

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

Name of the organization  
Riverbend Regional Healthcare Foundation

Employer identification number  
48-0955489

Part I General Information on Grants and Assistance

1

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

☒ Yes ☐ No

2

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

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

| 1(a) Name and address of organization or government                         | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| Atchison Hospital<br>Associaltion800 Raven Hill Drive<br>ATCHISON, KS 66002 | 48-0561974 | 501(C)(3)                     | 1,000,000                |                                   |   |  | PROVIDE HEALTHCARE PROGRAMS        |
|   |            |                               |                          |                                   |   |  |                                    |
|   |            |                               |                          |                                   |   |  |                                    |
|   |            |                               |                          |                                   |   |  |                                    |
|   |            |                               |                          |                                   |   |  |                                    |
|   |            |                               |                          |                                   |   |  |                                    |
|   |            |                               |                          |                                   |   |  |                                    |
|   |            |                               |                          |                                   |   |  |                                    |
|   |            |                               |                          |                                   |   |  |                                    |
|   |            |                               |                          |                                   |   |  |                                    |
|   |            |                               |                          |                                   |   |  |                                    |
|   |            |                               |                          |                                   |   |  |                                    |
|   |            |                               |                          |                                   |   |  |                                    |
|   |            |                               |                          |                                   |   |  |                                    |

2

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

1

3

Enter total number of other organizations

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)Amount of cash grant | (d)Amount of non-cash assistance | (e) Method of valuation (book, FMV , appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|-------------------------|-------------------------|----------------------------------|--|---------------------------------------|
|                                |                         |                         |                                  |  |                                       |
|                                |                         |                         |                                  |  |                                       |
|                                |                         |                         |                                  |  |                                       |
|                                |                         |                         |                                  |  |                                       |
|                                |                         |                         |                                  |  |                                       |
|                                |                         |                         |                                  |  |                                       |
|                                |                         |                         |                                  |  |                                       |

**Part IV**

**Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.  
See Additional Data Table

| Identifier        | Return Reference           | Explanation   |
|-------------------|----------------------------|---|
| MONITORING GRANTS | SCHEDULE I, PART I, LINE 2 | ALL GRANTS ARE PROVIDED TO ATCHISON HOSPITAL ASSOCIATION, A RELATED TAX-EXEMPT ORGANIZATION AND THEREFORE IS ABLE TO MONITOR THE USE OF THE PROVIDED GRANTS DUE TO THEIR RELATIONSHIP |
|                   |                            |   |
|                   |                            |   |
|                   |                            |   |
|                   |                            |   |
|                   |                            |   |
|                   |                            |   |
|                   |                            |   |
|                   |                            |   |
|                   |                            |   |
|                   |                            |   |

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  
Riverbend Regional Healthcare Foundation

Employer identification number  
48-0955489

| Part I |   | Questions Regarding Compensation |    |
|--------|---|----------------------------------|----|
|        |   | Yes                              | No |
| 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"/> Travel for companions  |                                  |    |
|        | <input type="checkbox"/> Tax idemnification and gross-up payments   |                                  |    |
|        | <input type="checkbox"/> Discretionary spending account   |                                  |    |
|        | <input type="checkbox"/> Housing allowance or residence for personal use  |                                  |    |
|        | <input type="checkbox"/> Payments for business use of personal residence  |                                  |    |
|        | <input type="checkbox"/> Health or social club dues or initiation fees  |                                  |    |
|        | <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 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 type="checkbox"/> Compensation committee   |                                  |    |
|        | <input checked="" type="checkbox"/> Independent compensation consultant   |                                  |    |
|        | <input type="checkbox"/> Form 990 of other organizations  |                                  |    |
|        | <input checked="" type="checkbox"/> Written employment contract   |                                  |    |
|        | <input type="checkbox"/> Compensation survey or study   |                                  |    |
|        | <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?   |                                  | No |
| b      | Participate in, or receive payment from, a supplemental nonqualified retirement plan?   |                                  | No |
| c      | Participate in, or receive payment from, an equity-based compensation arrangement?  |                                  | No |
|        | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.   |                                  |    |
|        | <b>501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.</b>  |                                  |    |
| 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?   |                                  | No |
| b      | Any related organization?   |                                  | No |
|        | 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?   |                                  | No |
| b      | Any related organization?   |                                  | No |
|        | 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.            |                                  |    |

Part II

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

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

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

| (A) Name      |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                          | (C) Deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|---------------|------|--|-------------------------------------|--------------------------|---------------------------|-------------------------|---------------------------------|--|
|               |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other compensation |                           |                         |                                 |  |
| John Jacobson | (i)  | 0  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0  |
|               | (ii) | 173,550  | 15,000                              | 712                      | 25,676                    | 50,492                  | 265,430                         | 0  |
|               | (ii) |  |                                     |                          |                           |                         |                                 |  |
|               | (i)  |  |                                     |                          |                           |                         |                                 |  |
|               | (ii) |  |                                     |                          |                           |                         |                                 |  |
|               | (i)  |  |                                     |                          |                           |                         |                                 |  |
|               | (ii) |  |                                     |                          |                           |                         |                                 |  |
|               | (i)  |  |                                     |                          |                           |                         |                                 |  |
|               | (ii) |  |                                     |                          |                           |                         |                                 |  |
|               | (i)  |  |                                     |                          |                           |                         |                                 |  |
|               | (ii) |  |                                     |                          |                           |                         |                                 |  |
|               | (i)  |  |                                     |                          |                           |                         |                                 |  |
|               | (ii) |  |                                     |                          |                           |                         |                                 |  |
|               | (i)  |  |                                     |                          |                           |                         |                                 |  |
|               | (ii) |  |                                     |                          |                           |                         |                                 |  |
|               | (i)  |  |                                     |                          |                           |                         |                                 |  |
|               | (ii) |  |                                     |                          |                           |                         |                                 |  |





SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

► **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

2008

Open to Public Inspection

|   |   |
|---|---|
| <b>Name of the organization</b><br>Riverbend Regional Healthcare Foundation | <b>Employer identification number</b><br>48-0955489 |
|---|---|

| Identifier                   | Return Reference                                  | Explanation   |
|------------------------------|---|---|
| AUDITED FINANCIAL STATEMENTS | FORM 990, PART IV, LINE 12 & PART XI, LINE 2B & C | THE ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPENDENT ACCOUNTANT ON A CONSOLIDATED BASIS. THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF THE INDEPENDENT ACCOUNTANT. |

| Identifier              | Return Reference                      | Explanation  |
|-------------------------|---------------------------------------|--|
| FORM 990 REVIEW PROCESS | FORM 990, PART VI, SECTION A, LINE 10 | AN INDEPENDENT ACCOUNTING FIRM PREPARES AND REVIEWS THE 990. THE 990 IS THEN REVIEWED BY THE ORGANIZATION'S MANAGEMENT. ANY QUESTIONS AND CONCERNS THE ORGANIZATION'S MANAGEMENT HAVE ARE ADDRESSED AND ANY CORRECTIONS OR CLARIFICATIONS THAT NEED TO BE MADE ARE MADE PRIOR TO FILING. |

| Identifier                  | Return Reference                       | Explanation  |
|-----------------------------|--|--|
| CONFLICT OF INTEREST POLICY | FORM 990, PART VI, SECTION B, LINE 12C | AT THE TIME OF ELECTION AND ANNUALLY THEREAFTER, THE GOVERNING BOARD MEMBERS SHALL PROVIDE THE APPLICABLE CONFLICT OF INTEREST DISCLOSURES WHICH SHALL BE COMPLETED TO IDENTIFY ANY RELATIONSHIPS, POSITIONS, OR CIRCUMSTANCES IN WHICH IT IS BELIEVED A CONFLICT MAY ARISE. IF A CONFLICT ARISES, THE BOARD MEMBER ABSTAINS FROM THE VOTE OF THE CONFLICTED POSITION. |

| Identifier           | Return Reference                      | Explanation  |
|----------------------|---------------------------------------|--|
| WHISTLEBLOWER POLICY | FORM 990, PART VI, SECTION B, LINE 13 | AS OF SEPTEMBER 30, 2009, THE ORGANIZATION HAD NOT ADOPTED A WRITTEN WHISTLEBLOWER POLICY. THE ORGANIZATION IS IN THE PROCESS OF IMPLEMENTING THE WRITTEN WHISTLEBLOWER POLICY AND PLANS TO HAVE THE POLICY IN PLACE BY FISCAL YEAR ENDING SEPTEMBER 30, 2010. |

| Identifier                                | Return Reference                      | Explanation  |
|---|---------------------------------------|--|
| DOCUMENT RETENTION AND DESTRUCTION POLICY | FORM 990, PART VI, SECTION B, LINE 14 | AS OF SEPTEMBER 30, 2009, THE ORGANIZATION HAD NOT ADOPTED A WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY. THE ORGANIZATION IS IN THE PROCESS OF IMPLEMENTING THE WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY AND PLANS TO HAVE THE POLICY IN PLACE BY FISCAL YEAR ENDING SEPTEMBER 30, 2010. |

| Identifier                | Return Reference                      | Explanation   |
|---------------------------|---------------------------------------|---|
| AVAILABILITY OF DOCUMENTS | FORM 990, PART VI, SECTION C, LINE 19 | THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC. |

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization  
Riverbend Regional Healthcare Foundation

Employer identification number  
48-0955489

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

| Part II Identification of Related Tax-Exempt Organizations                                   |                         |  |                            |   |                                  |
|--|-------------------------|--|----------------------------|---|----------------------------------|
| (A)<br>Name, address, and EIN of related organization  | (B)<br>Primary activity | (C)<br>Legal domicile (state or foreign country) | (D)<br>Exempt Code section | (E)<br>Public charity status (if section 501(c)(3)) | (F)<br>Direct controlling entity |
| Atchison Hospital Association<br><br>800 Raven Hill Drive<br>ATCHISON, KS66002<br>43-0561974 | Hospital                | KS   | 501(C)(3)                  | 3   | NA                               |
|  |                         |  |                            |   |                                  |
|  |                         |  |                            |   |                                  |
|  |                         |  |                            |   |                                  |
|  |                         |  |                            |   |                                  |
|  |                         |  |                            |   |                                  |
|  |                         |  |                            |   |                                  |

**Part III** Identification of Related Organizations Taxable as a Partnership

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

**Part IV** Identification of Related Organizations Taxable as a Corporation or Trust

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

Part V

Transactions with Related Organizations

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

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

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

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

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

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

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

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

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

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

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

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

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

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

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

Yes

Yes

No

No

No

No

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

Schedule R (Form 990) 2008

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

[illegible]

Software ID:

Software Version:

EIN: 48-0955489

Name: Riverbend Regional Healthcare Foundation

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

| (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|--|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
|--------------------------|--|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|