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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2009

Open to Public Inspection

For the 2009 calendar year, or tax year beginning , 2009, and ending ,

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type. See specific instructions.

C
MERTENS HOUSE, INC.
73 RIVER STREET
WOODSTOCK, VT 05091

D Employer Identification Number
03-0293103

E Telephone number
1-802-457-4411

G Gross receipts $ 20,694,896.

F Name and address of principal officer CAROL WASHBURN
SAME AS C ABOVE

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If 'No,' attach a list (see instructions)

I Tax-exempt status [X] 501(c) (3) ◄ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ► WWW.MERTENSHOUSE.COM

H(c) Group exemption number ►

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ► **L** Year of Formation 1984 **M** State of legal domicile VT

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: MERTENS HOUSE, INC. IS A 14-BED, LONG-TERM CARE, NURSING FACILITY PROVIDING INDIVIDUALIZED CARE 24 HRS A DAY IN A HOME-LIKE SETTING. NURSING, DIETARY SERVICES AND A VARIETY OF ACTIVITIES ARE PROVIDED TO RESIDENTS.

2 Check this box ► [ ] 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	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of employees (Part V, line 2a)	5	45
6	Total number of volunteers (estimate if necessary)	6	23
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,520.	2,310.
9	Program service revenue (Part VIII, line 2g)	781,115.	817,195.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-533,133.	252,175.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	249,502.	1,071,680.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,019,793.	1,039,657.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ► 2,850.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	491,365.	519,338.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,511,158.	1,558,995.
19	Revenue less expenses Subtract line 18 from line 12	-1,261,656.	-487,315.

Net Assets or Fund Balances

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	17,689,852.	18,803,965.
21	Total liabilities (Part X, line 26)	143,290.	137,173.
22	Net assets or fund balances Subtract line 21 from line 20	17,546,562.	18,666,792.

Part II Signature Block

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

Sign Here

► Signature of officer — Date 4/27/10

► KENNETH HOWE — TREASURER
Type or print name and title

RECEIVED
MAY 04 2010
OGDEN, UT

Paid Preparer's Use Only

Preparer's signature ► Susan E Nooney, CPA	Date 4/21/10	Check if self-employed ► [ ]	Preparer's identifying number (see instructions) N/A
Firm's name (or yours if self-employed), address, and ZIP + 4 ► SUSAN NOONEY CPA LLC 104 DEPOT ST STE 2 ANDOVER, NH 03216-3428		EIN ► N/A Phone no ► (603) 735-4380	

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. TEEA0113L 12/29/09 Form **990** (2009)

SCANNED MAY 26 2010

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If 'Yes,' describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code:) (Expenses $ 888,936. including grants of $) (Revenue $ 665,196.)
NURSING SERVICES
EACH RESIDENT IS GIVEN A CARE PLAN BASED ON THEIR SPECIFIC NEEDS. THE NURSING STAFF PROVIDES ALL RESIDENTS WITH INDIVIDUALIZED CARE WHILE ENCOURAGING AS MUCH INDEPENDENCE AS POSSIBLE. DURING 2009,3 NEW RESIDENTS WERE ADMITTED AND A TOTAL OF 15 RESIDENTS RECEIVED NURSING CARE.

4b (Code:) (Expenses $ 173,527. including grants of $) (Revenue $ 111,302.)
DIETARY SERVICES
MERTENS HOUSE,INC. EMPLOYS A REGISTERED DIETICIAN WHO CUSTOMIZES LIBERAL, GERIATRIC MENUS. MERTENS HOUSE FOLLOWS ANY SPECIAL PHYSICIAN ORDERED DIETS. INDIVIDUAL LIKES AND DISLIKES ARE ALSO TAKEN INTO CONSIDERATION.

4c (Code:) (Expenses $ 49,729. including grants of $) (Revenue $ 40,697.)
ACTIVITIES
MERTENS HOUSE, INC. EMPLOYS AN ACTIVITY DIRECTOR WHO PLANS WEEKLY ACTIVITIES FOR THE RESIDENTS. ACTIVITIES INCLUDE MUSIC, CRAFTS, POETRY, PET GAMES, REMINISCING AND FELLOWSHIP.

4d Other program services. (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ► 1,112,192.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If 'Yes,' complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If 'Yes,' complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If 'Yes,' complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If 'Yes,' complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If 'Yes,' complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If 'Yes,' complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If 'Yes,' complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If 'Yes,' complete Schedule D, Part V*	10	X	
11	Is the organization's answer to any of the following questions 'Yes'? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? *If 'Yes,' complete Schedule D, Part VI*			
	• Did the organization report an amount for investments– other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VII*			
	• Did the organization report an amount for investments– program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VIII*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part IX*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If 'Yes,' complete Schedule D, Part X*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organizaiton's liability for uncertain tax positions under FIN 48? If *'Yes,' complete Schedule D, Part X*			
12	Did the organization obtain separate, independent audited financial statement for the tax year? *If 'Yes,' complete Schedule D, Parts XI, XII, and XIII*	12		X
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? *If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional* (Yes / No: 12 A — No)			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If *'Yes,' complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If 'Yes,' complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If 'Yes,' complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If 'Yes,' complete Schedule F, Part III*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If 'Yes,' complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If 'Yes,' complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If 'Yes,' complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If 'Yes,' complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If 'Yes,' complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If 'Yes,' complete Schedule I, Parts I and III*	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If 'Yes,' complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, and that was issued after December 31, 2002? *If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If 'Yes,' complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If 'Yes,' complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If 'Yes,' complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? *If 'Yes,' complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If 'Yes,' complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If 'Yes,' complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If 'Yes,' complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? *If 'Yes,' complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If 'Yes,' complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If 'Yes,' complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S. Information Returns Enter -0- if not applicable	3		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	45		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		X
b	If 'Yes' has it filed a Form 990-T for this year? *If 'No,' provide an explanation in Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If 'Yes,' enter the name of the foreign country: ►			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
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		X
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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	X	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	X	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make any 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 other 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** *For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a 9		
b	Enter the number of voting members that are independent	1b 9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: SEE SCHEDULE O			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	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*	9		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O			
12a	Does the organization have a written conflict of interest policy? *If 'No,' go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If 'Yes,' describe in Schedule O how this is done* SEE SCHEDULE O	12c	X	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers of key employees of the organization SEE SCHEDULE O	15b	X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed ► NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

► CAROL WASHBURN 73 RIVER STREET WOODSTOCK VT 05091 1-802-457-4411

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organizations's tax year Use Schedule J-2 if additional space is needed.

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BETH FINLAYSON PRESIDENT	1.5	X		X				0.	0.	0.
SUE HOTTENSTEIN VICE PRESIDENT	1.5	X		X				1,063.	0.	0.
KENNETH HOWE TREASURER	2	X		X				0.	0.	0.
VIRGINIA EAMES SECRETARY	1.5	X		X				0.	0.	0.
MR. DENNIS SHILLEN TRUSTEE	1	X						0.	0.	0.
KERMIT HUMMEL TRUSTEE	1	X						0.	0.	0.
MR. W. DEAN MERRILL TRUSTEE	1	X						0.	0.	0.
CHRIS NICHOLS TRUSTEE	1	X						0.	0.	0.
HAROLD BOOTH TRUSTEE	1	X						0.	0.	0.
CAROL WASHBURN ADMINISTRATOR	40				X			70,270.	0.	0.

Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(cont.)*

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ►								71,333.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ► 0

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If 'Yes,' complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If 'Yes' complete Schedule J for such individual*		X
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*		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of Services	(C) Compensation
TRUMBELL-NELSON CONSTRUCTION PO BOX 1000 HANOVER, NH 03755	BUILDING RENOVATIONS	977,917.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ► 1

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 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	2,310.			
	g Noncash contribns included in lns 1a-1f: $					
	h **Total.** Add lines 1a-1f		2,310.			
PROGRAM SERVICE REVENUE		Business Code				
	2a NET PATIENT REVENUE	623000	817,195.	817,195.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f		817,195.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		594,397.			594,397.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	19280994.				
	b Less: cost or other basis and sales expenses	19623216.				
	c Gain or (loss)	-342,222.				
	d Net gain or (loss)		-342,222.			-342,222.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19.	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	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					
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d					
	12 **Total revenue.** See instructions		1,071,680.	817,195.	0.	252,175.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	71,333.	0.	71,333.	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.	0.	0.	0.
7 Other salaries and wages	755,178.	651,119.	104,059.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	12,578.	9,909.	2,669.	
9 Other employee benefits	137,629.	108,423.	29,206.	
10 Payroll taxes	62,939.	49,583.	13,356.	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	5,300.		5,300.	
d Lobbying				
e Prof fundraising svcs See Part IV, ln 17				
f Investment management fees	82,496.		82,496.	
g Other	2,583.	2,036.	547.	
12 Advertising and promotion				
13 Office expenses	5,009.		5,009.	
14 Information technology	3,024.		3,024.	
15 Royalties				
16 Occupancy	48,867.	38,739.	10,128.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,476.		2,476.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	84,946.	60,775.	24,171.	
23 Insurance	52,120.	33,554.	18,566.	
24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a SUPPLIES	98,929.	73,076.	25,853.	
b PROVIDER TAXES	55,477.	55,477.		
c CONTRACTED SERVICES	37,822.	29,501.	5,471.	2,850.
d MAINTENANCE	36,779.		36,779.	
e DUES AND SUBSCRIPTIONS	2,499.		2,499.	
f All other expenses	1,011.		1,011.	
25 **Total functional expenses.** Add lines 1 through 24f	1,558,995.	1,112,192.	443,953.	2,850.
26 **Joint costs.** Check here ► ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
ASSETS	1	Cash — non-interest-bearing		73,421.	1	52,460.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		18,019.	4	5,444.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		10,032.	8	8,966.
	9	Prepaid expenses and deferred charges		40,154.	9	45,445.
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 3,466,882.			
	b	Less: accumulated depreciation.	10b 1,489,007.	1,017,909.	10c	1,977,875.
	11	Investments — publicly-traded securities		16,530,317.	11	16,713,775.
	12	Investments — other securities. See Part IV, line 11			12	
	13	Investments — program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets** Add lines 1 through 15 (must equal line 34)		17,689,852.	16	18,803,965.
LIABILITIES	17	Accounts payable and accrued expenses		96,790.	17	104,933.
	18	Grants payable			18	
	19	Deferred revenue		46,500.	19	32,240.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities. Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		143,290.	26	137,173.
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117, check here ► [X] and complete lines 27 through 29 and lines 33 and 34.**				
	27	Unrestricted net assets		4,888,197.	27	2,371,513.
	28	Temporarily restricted net assets		9,002,813.	28	12,639,727.
	29	Permanently restricted net assets		3,655,552.	29	3,655,552.
		Organizations that do not follow SFAS 117, check here ► [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, and equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances.		17,546,562.	33	18,666,792.
	34	Total liabilities and net assets/fund balances		17,689,852.	34	18,803,965.

Part XI Financial Statements and Reporting

		Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b Were the organization's financial statements audited by an independent accountant?	2b		X
c If 'Yes' to line 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
MERTENS HOUSE, INC.	03-0293103

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☒ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

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

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

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

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

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

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

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

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

a ☐ Type I b ☐ Type II c ☐ Type III – Functionally integrated d ☐ Type III– Other

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

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

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

		Yes	No
(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 supported organization?	11g (i)		
(ii)	a family member of a person described in (i) above?	11g (ii)		
(iii)	a 35% controlled entity of a person described in (i) or (ii) above?	11g (iii)		

h Provide the following information about the supported organizations.

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 **Total.** Add lines 1-through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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 section 501(c)(3) organization, check this box and stop here ► ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%

16a **33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3 support test – 2008.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ► ☐

17a **10%-facts-and-circumstances test – 2009** 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. ► ☐

b **10%-facts-and-circumstances test – 2008.** 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. ► ☐

18 **Private foundation.** If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (add lns 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33-1/3 support tests – 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3 support tests – 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

MERTENS HOUSE, INC.

Employer Identification number

03-0293103

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ► $ _____

(ii) Assets included in Form 990, Part X ► $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► $ _____

b Assets included in Form 990, Part X ► $ _____

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table.

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,943,669.	6,625,120.			
b Contributions					
c Net investment earnings, gains, and losses	642,547.	-520,819.			
d Grants or scholarships					
e Other expenditures for facilities and programs	216,381.	160,632.			
f Administrative expenses					
g End of year balance	6,369,835.	5,943,669.			

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

a Board designated or quasi-endowment ► _____ %
b Permanent endowment ► 57.00 %
c Term endowment ► 43.00 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations (3a(i))	X	
(ii) related organizations (3a(ii))		X
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? SEE PART XIV (3b)		X

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land		5,000.		5,000.
b Buildings		3,099,866.	1,205,894.	1,893,972.
c Leasehold improvements				
d Equipment		161,694.	97,752.	63,942.
e Other ...		200,322.	185,361.	14,961.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)*			►	1,977,875.

Part VII Investments—Other Securities See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990 Part X, col. (B) line 12.)* ►		

Part VIII Investments—Program Related (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total *(Column (b) must equal Form 990, Part X, Col. (B) line 13.)* ►		

Part IX Other Assets (See Form 990, Part X, line 15) N/A

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B), line 15)* ►	

Part X Other Liabilities (See Form 990, Part X, line 25)

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25)* ►	

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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements N/A

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

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return N/A

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

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return N/A

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

IN ACCORDANCE WITH DONOR STIPULATIONS, $3,655,552 OF THE ENDOWMENT BALANCE IS REQUIRED TO BE MAINTAINED IN PERPETUITY. THE REMAINING BALANCE OF $2,714,283 REPRESENTS ACCUMULATED ENDOWMENT EARNINGS. ALTHOUGH THERE ARE NO DONOR-RESTRICTIONS PERTAINING TO THESE EARNINGS, FSP FIN 117-1 CONSIDERS ALL ENDOWMENT ASSETS RESTRICTED UNTIL APPROPRIATED BY THE ORGANIZATION.

Part XIV Supplemental Information *(continued)*

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MERTENS HOUSE, INC.

Employer identification number
03-0293103

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ► $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? No
Total			► $							

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction $	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) Sharing of organization's revenues? No
SUE HOTTENSTEIN	VICE PRESIDENT	1,063.	PER DIEM RECEPTIONIST		X

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MERTENS HOUSE, INC.

Employer identification number
03-0293103

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

MERTENS HOUSE, INC. IS A 14 BED, LONG-TERM CARE, NURSING FACILITY PROVIDING INDIVIDUALIZED CARE TWENTY-FOUR HOURS A DAY. THE ORGANIZATION'S GOAL IS TO PROVIDE THE FINEST HEALTHCARE IN A HOME-LIKE SETTING. IN CONNECTION WITH THIS, THE ORGANIZATION PROVIDES PERSONAL SERVICES, DIETARY SERVICES, THERAPEUTIC WHIRLPOOL BATHS, PERSONAL LAUNDRY SERVICES, ACTIVITY PROGRAMS AND THE SERVICES OF A SOCIAL WORKER. MERTENS HOUSE BELIEVES THAT (1)THE MEDICAL, SOCIAL, PHYSICAL AND SPIRITUAL NEEDS OF EACH PERSON SHOULD BE FULFILLED AND MAINTAINED; (2) THAT EVERYONE, ESPECIALLY THE AGED, NEED TO RETAIN THEIR DIGNITY AND SENSE OF SELF WORTH; AND (3) THAT INDIVIDUALS SHOULD BE ENCOURAGED TO MAINTAIN AS MUCH INDEPENDENCE AS POSSIBLE.

FORM 990, PART VI, LINE 8 - EXPLANATION OF NO CONTEMPORANEOUSLY DOCUMENTATION OF MEETINGS

ALTHOUGH THE FINANCE COMMITTEE HAS THE AUTHORITY TO MAKE CERTAIN DECISIONS UNILATERALLY; IT IS THE ESTABLISHED PRACTICE OF THE ORGANIZATION TO HAVE THE FINANCE COMMITTEE MAKE RECOMMENDATIONS TO THE BOARD - WHICH THE BOARD THEN VOTES ON. THESE MATTERS ARE FULLY DOCUMENTED IN THE MINUTES OF THE BOARD OF DIRECTOR'S MEETINGS RATHER THAN IN A SEPARATELY MAINTAINED SET OF FINANCE COMMITTEE MINUTES.

FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS

IT IS THE ORGANIZATION'S POLICY THAT FORM 990 BE REVIEWED BY THE FINANCE COMMITTEE PRIOR TO FILING. QUESTIONS RAISED BY THE FINANCE COMMITTEE ARE ADDRESSED BY THE PREPARER AND RESOLVED PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE ORGANIZATION HAS A FORMAL CONFLICT OF INTEREST POLICY. THE POLICY REQUIRES EMPLOYEES TO COMMUNICATE ANY POTENTIAL CONFLICTS OF INTEREST TO THE ADMINISTRATOR, WHO IN TURN IS REQUIRED TO BRING THE MATTER TO THE ATTENTION OF THE BOARD. DISCLOSURES INVOLVING BOARD MEMBERS OR THE ADMINISTRATOR ARE DIRECTED TO THE BOARD PRESIDENT. THE BOARD DETERMINES WHETHER A CONFLICT EXISTS, AND IN THE CASE OF AN

Name of the organization: MERTENS HOUSE, INC.

Employer identification number: 03-0293103

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS (CONTINUED)

EXISTING CONFLICT, WHETHER THE CONTEMPLATED TRANSACTION MAY BE AUTHORIZED AS: (1) JUST, FAIR AND REASONABLE TO MERTENS HOUSE, INC. AND (2) IN COMPLIANCE WITH ANY AND ALL APPLICABLE REGULATORY REQUIREMENTS. ALL BOARD MEMBERS AND MANAGEMENT MEMBERS ARE REQUIRED TO FILL OUT DISCLOSURE STATEMENTS ANNUALLY.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES

THE BOARD OF DIRECTORS DETERMINES COMPENSATION FOR THE ADMINSTRATOR AND THE DIRECTOR OF NURSING ANNUALLY. THE BOARD EVALUATES THE PERFORMANCE OF THESE INDIVIDUALS BASED ON INTERNALLY ESTABLISHED CRITERIA. SALARY RANGES ARE CONSIDERED AGAINST COMPARABLE DATA TO ENSURE REASONABLENESS OF COMPENSATION PAID.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATION'S FORM 990 IS AVAILABLE ON-LINE AT WWW.GUIDESTAR.ORG. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES ARE AVAILABLE UPON REQUEST. IN CONNECTION WITH THIS, THE ORGANIZATION PUBLISHES AN ANNUAL NOTICE IN A LOCAL NEWSPAPER NOTIFYING THE PUBLIC THAT THE FINANCIAL STATEMENTS ARE AVAILABLE FOR INSPECTION UPON REQUEST.

RECONCILIATION OF CHANGE IN NET ASSETS

TOTAL REVENUE	$ 1,071,680.
TOTAL EXPENSES	1,558,995.
EXCESS OR DEFICIT FOR THE YEAR PER FORM 990	-487,315.
NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS	1,607,545.
TOTAL ADJUSTMENTS	1,607,545.
EXCESS OR DEFICIT FOR THE YEAR PER FINANCIAL STATEMENTS	1,120,230.

FORM 990, PART IX, LINE 24 OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
POSTAGE AND SHIPPING	1,011.		1,011.	
TOTAL	$ 1,011.	$ 0.	$ 1,011.	$ 0.

SCHEDULE D, PART V ENDOWNMENT FUNDS

	CURRENT YEAR	PRIOR YEAR	TWO YRS. BACK	THREE YRS. BACK	FOUR YRS. BACK
BEGINNING OF YEAR BALANCE	5,943,669.	6,625,120.	0.	0.	0.
CONTRIBUTIONS					
INVESTMENT EARNINGS (LOSSES)	642,547.	-520,819.			
GRANTS OR SCHOLARSHIPS					
EXPEND. FOR FACILITIES & PROGS	216,381.	160,632.			
ADMINISTRATIVE EXPENSES					
END OF YEAR BALANCE	6,369,835.	5,943,669.	0.	0.	0.

CLIENT MERTENS MERTENS HOUSE, INC. 03-0293103

4/21/10 01:42PM

NO	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR	METHOD	LIFE	CURRENT DEPR
FORM 990/990-PF										
BUILDINGS										
6	DOOR RESTRICTOR	1/09/07		2,500			1,000	S/L	5	500
7	HVAC PROJECT	2/28/07		6,300			1,155	S/L	10	630
8	HVAC PROJECT 2	3/14/07		757			139	S/L	10	76
9	WATER TOWER REPLACE TUBE	5/18/07		19,542			1,547	S/L	20	977
10	BUILDING PAINTING	7/01/07		450			135	S/L	5	90
11	MOLDING	10/23/07		936			218	S/L	5	187
12	MOLDING	9/12/07		516			137	S/L	5	103
13	MOLDING	10/10/07		468			117	S/L	5	94
15	BUILDING IMPROVEMENTS	1/01/87		33,034			33,034	S/L	20	0
16	CODE & SYSTEM	3/31/88		8,796			8,796	S/L	5	0
17	PUMP	3/31/96		1,750			1,750	S/L	5	0
18	FURNACE	12/31/97		2,992			2,193	S/L	15	199
19	FIRE ALARM	3/31/98		4,950			3,465	S/L	15	330
20	SHED	7/31/98		5,378			3,769	S/L	15	359
21	PARKING LOT	10/31/98		2,225			2,225	S/L	10	0
22	HEAT COOLING UNIT	1/31/99		2,117			1,337	S/L	15	141
23	HEAT PUMPS	6/30/01		10,451			5,227	S/L	15	697
24	CARPETING	6/30/01		18,766			18,766	S/L	5	0
25	SIGNAGE	6/30/02		1,060			572	S/L	12	88
26	WATER SOFTENER	6/30/02		1,436			780	S/L	12	120
27	REPLACEMNET CHASSIS (3)	3/12/03		3,507			2,047	S/L	10	351
28	REPLACEMENT CHASSIS (1)	6/18/03		1,169			643	S/L	10	117
29	HEAT PUMP	12/27/04		4,416			1,176	S/L	15	294
30	HAYWARD	12/31/04		1,137			304	S/L	15	76
31	WATER SOURCE HEAT PUMP	1/26/05		4,415			3,458	S/L	5	883
32	ISLAND AIR - A/C UNIT	9/02/05		2,191			1,460	S/L	5	438
33	ROOF IMPROVEMENTS	6/21/06		29,575			14,788	S/L	5	5,915
34	LAND IMPROVEMENTS	9/25/06		6,500			2,925	S/L	5	1,300
35	LAND IMPROVEMENTS	9/25/06		6,200			2,790	S/L	5	1,240
36	BUILDING	1/01/87		1,766,861			997,550	S/L	40	44,172
90	LAND IMPROVEMENTS	1/01/87		12,363			12,363	S/L	5	0
91	FENCE	5/31/96		866			866	S/L	5	0
92	DRIVEWAY PAVING	6/30/01		6,000			4,500	S/L	10	600
93	STONE WALL RENOVATIONS	8/24/05		3,375			2,250	S/L	5	675
94	DRIVEWAY IMPROVEMENTS	8/16/06		1,357			632	S/L	5	271

NO	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR	METHOD	LIFE	CURRENT DEPR
95	DRIVEWAY RESURFACING	8/01/08		1,988			166	S/L	5	398
97	BRIDGE ROOF RENOVATION	4/08/08		4,150			208	S/L	15	277
104	BUILDING RENOVATION	9/01/09		1,094,746				S/L	40	9,123
105	SITE WORK/BLD RENOVATION	9/01/09		1,461				S/L	40	12
106	CABINET DOORS AND IMPR	9/01/09		5,944				S/L	20	99
112	4 NEW HEAT PUMPS	7/01/09		17,221				S/L	15	574
	TOTAL BUILDINGS			3,099,866		0	1,134,488			71,406
	FURNITURE AND FIXTURES									
3	PANACEA ORIGINAL MATTRESS	10/16/07		1,521			592	S/L	3	507
4	SOLOPRO BED	10/31/07		6,252			2,431	S/L	3	2,084
44	BEDS	6/30/96		1,275			1,275	S/L	3	0
47	BEDS (5)	6/30/00		6,471			6,471	S/L	3	0
48	BEDS (1)	6/30/01		1,908			1,908	S/L	3	0
49	ELECTIC BED (DONATED)	6/30/02		3,000			1,300	S/L	15	200
64	FURNITURE	6/30/87		149,476			149,476	S/L	10	0
65	TABLE AND CHAIRS	6/30/97		6,193			4,748	S/L	15	413
66	SEAT LEFT CHAIR MG	2/28/99		557			532	S/L	10	9
67	CHAIRS ARM - COMM INT	3/31/99		2,726			2,591	S/L	10	68
70	DESK	11/10/03		370			191	S/L	10	37
71	ELECTIC BED	10/12/04		1,012			429	S/L	10	101
72	SHELVING	6/20/04		403			184	S/L	10	40
73	LAWN FURNITURE	4/11/05		320			320	S/L	3	0
74	PIANO	9/28/06		4,225			2,001	S/L	5	845
75	DRAPES	6/30/97		1,427			1,427	S/L	5	0
76	CHAIRS, LOVESEAT	2/28/99		2,162			1,836	S/L	10	36
78	AWNING	6/18/03		2,711			2,711	S/L	5	0
102	EMPLOYEE LOCKERS	6/03/08		984			115	S/L	5	197
110	WINDOW SHADES (PLEATED)	9/01/09		4,238				S/L	7	202
111	PAINTINGS - SABRA FIELD	9/01/09		2,500				S/L	15	56
113	ADULT WHEELCHAIR 9000XTD	8/17/09		591				S/L	7	28
	TOTAL FURNITURE AND FIXTURE			200,322		0	180,538			4,823
	LAND									
14	LAND	1/01/87		5,000						0
	TOTAL LAND			5,000		0	0			0

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR	METHOD	LIFE	CURRENT DEPR
	MACHINERY AND EQUIPMENT									
1	ISLAND AIR CUSTOM	8/06/07		1,210			343	S/L	5	242
2	REPLACEMENT AC UNIT-MCQ	8/24/07		1,423			380	S/L	5	285
5	GE REFRIGERATOR	12/19/07		515			103	S/L	5	103
37	KITCHEN EQUIPMENT	6/30/87		2,161			2,161	S/L	10	0
38	DISHWASHER	10/31/99		3,699			3,515	S/L	10	184
39	MAINTENANCE EQUIPMENT	6/30/87		4,043			4,043	S/L	10	0
40	CARPET EXTRACTOR	6/30/02		1,135			923	S/L	8	142
41	PATIENT SERVICE	6/30/87		16,894			16,894	S/L	5	0
42	SLING	6/30/96		2,167			2,167	S/L	5	0
43	TUB	6/30/96		8,912			8,912	S/L	10	0
45	OXYGEN CONCENT	6/30/97		817			817	S/L	10	0
46	SLINGS LIFT	6/30/98		2,088			2,088	S/L	10	0
50	SNOWBLOWER (SHARED)	4/04/03		850			850	S/L	5	0
51	WHEEL CHAIR W/H SWINGARM	12/22/03		311			311	S/L	5	0
52	LIFT	12/31/03		589			589	S/L	5	0
53	CODE ALERT SYSTEM	6/15/04		22,293			6,811	S/L	15	1,486
54	CHART RACK	6/15/04		1,058			486	S/L	10	106
55	PULSE OXIMETER	1/10/05		414			332	S/L	5	82
56	PLATINUM 5 LX OXYGEN	12/16/05		683			411	S/L	5	137
57	ICE MAKER	3/09/05		1,000			767	S/L	5	200
58	FOOD PROCESSOR	5/10/05		507			371	S/L	5	101
59	FREEZER	7/12/05		594			416	S/L	5	119
60	COOKWARE - ALL CLAD	12/23/05		750			750	S/L	3	0
61	GAS STOVE	6/26/06		623			312	S/L	5	125
62	FREEZER	9/12/06		1,971			919	S/L	5	394
63	REFRIGERATOR	9/15/06		2,323			1,085	S/L	5	465
68	VACUUM	7/22/03		1,100			1,100	S/L	5	0
69	AMANA WASHER	9/09/03		449			240	S/L	10	45
77	SCOTSMAN ICE MAKER	10/28/03		977			781	S/L	5	0
79	OFFICE EQUIPMENT	6/30/86		9,624			9,624	S/L	5	0
80	PHONE SYSTEM	6/30/98		5,045			5,045	S/L	5	0
81	HTS HITECH RN SOFTWARE	1/31/00		7,060			7,060	S/L	5	0
82	COPIER	6/30/02		1,265			1,265	S/L	5	0
83	DELL COMPUTER	6/30/02		942			942	S/L	5	0
84	PRINTER	1/07/03		250			250	S/L	3	0
85	DELL FLAT PANEL MONITOR	2/24/03		269			269	S/L	3	0
86	DELL COMPUTER	12/18/03		1,145			1,145	S/L	3	0

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR	METHOD	LIFE	CURRENT DEPR
87	DIMENSION 4600	9/28/04		1,117			1,117	S/L	3	0
88	COMPUTER - RECEPTION	12/27/04		857			857	S/L	3	0
89	DIMENSION E310 DELL COMP	12/23/05		742			742	S/L	3	0
96	A/C SYSTEM (SN J07-23315)	2/28/08		5,436			906	S/L	5	1,087
98	FOOD DISPOSAL	6/06/08		1,671			195	S/L	5	334
99	EZ WAY STAND LIFT (45321)	7/16/08		4,527			189	S/L	10	453
100	WATER HEATER (DM9978703)	10/31/08		9,500			158	S/L	10	950
101	WATER SOFTENER	8/11/08		1,983			165	S/L	5	397
103	COPIER (SN M0188704513)	6/27/08		2,287			229	S/L	5	457
107	TELEPHONE SYSTEM	9/01/09		6,693				S/L	10	223
108	CODE ALERT SYSTEM	9/01/09		16,335				S/L	15	363
109	FLAT SCREEN TELEVISION	9/01/09		2,739				S/L	5	183
114	KENMORE WASHER AND DRYER	10/05/09		651				S/L	3	54
	TOTAL MACHINERY AND EQUIPME			161,694		0	89,035			8,717
	TOTAL DEPRECIATION			3,466,882		0	1,404,061			84,946
	GRAND TOTAL DEPRECIATION			3,466,882		0	1,404,061			84,946

SUPPLEMENTAL INFORMATION

SECTION B. POLICIES

THE ORGANIZATION IS IN THE PROCESS OF DEVELOPING THE FOLLOWING POLICIES: (1)DOCUMENT RETENTION AND DESTRUCTION, AND (2) WHISTLEBLOWING.