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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

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

Inspection

A	For the	e 2009 calendar year, or tax year beginning a	nd ending		
В	Check if applicable	Please C Name of organization		D Employer identific	cation number
_	Addre	use IRS			
Ļ	chang	e print or NAZARENE HOSPITAL FOUNDATION			
Ļ	chang	Doing Business As			985223
Ļ	return	See Number and street (or P.O. box if mail is not delivered to street address		E Telephone number	
Ļ	Termii ated Amen	Instruc- 555 BLACK OAK DRIVE	100		734-3676
Ļ	return	City or town, state or country, and ZIP + 4		G Gross receipts \$	3,157,713.
L	tion pendi	MEDFORD, OR 9/304		H(a) Is this a group re	
	•	F Name and address of principal officer TODD WINTER, MD		for affiliates?	Yes X No
		same as C above		H(b) Are all affiliates incl	
			27		list (see instructions)
		te: www.nazarenehospitalfoundation.org		H(c) Group exemption	
	Form of	organization: X Corporation Trust Association Other ► Summary	L Year	of formation: 2005 N	State of legal domicile: OR
_	T	Briefly describe the organization's mission or most significant activities PRC	WIDE ME	יחדר אַד.	
Governance	'	SUPPLIES/MEDICINE TO NAZARENE HOSPITAL	JVIIJE ME	IDICAL	
nar	2	Check this box If the organization discontinued its operations or dis	posed of more	than 2504 of its not as	
ver	3	Number of voting members of the governing body (Part VI, line 1a)	sposed of filore	3	2612
ဗိ	4	Number of independent voting members of the governing body (Part VI, line 1a)	b)	4	0
∞ €	'	Total number of employees (Part V, line 2a)	5)	5	0
ij	6	Total number of volunteers (estimate if necessary)		6	0
Activities	72	Total gross unrelated business revenue from Part VIII, column (C), line 12		7a	10,443.
Ă	b	Not uppolated business tayable income from Fart VIII, Column (C), line 12	ฉ	7a 7b	10,443.
	0	Net unrelated business taxable income from 1992 the 34 FD		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		2,923,365.	3,128,254.
Revenue	9			2,223,303.	J,120,23#•
Ş.	10		[6,545.	10,443.
Re	10	investment meetine (fact vini, estation (v.y., miles q, 4, and v.y.)		11,339.	11,790.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Parties and 11e) line 1	<u> </u>	2,941,249.	3,150,487.
	12		2)	2,313,697.	2,699,580.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,313,097.	2,099,300.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	10)		
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-	10)		
en C	100	Professional fundraising fees (Part IX, column (A), line 11e)	-		
ŭ	170	Total fundraising expenses (Part IX, column (D), line 25)	———	29,342.	26,463.
	l l	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u> </u>	2,343,039.	2,726,043.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-	598,210.	424,444.
<u> </u>	19	Revenue less expenses Subtract line 18 from line 12	- Pa		
Net Assets or	<u> </u>	Total caseta (Dart V. line 10)	Бе	1,045,327.	End of Year 1,469,771.
SSE	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		1,043,347.	1,403,111.
let/	21	Net assets or fund balances Subtract line 21 from line 20	 	1,045,327.	1,469,771.
F	art II	Signature Block		1,040,047.	1,409,111.
·		Under penalties of perjury, I declare that I have examined this return, including accompanying scheduling	es and statements,	and to the best of my knowledg	ge 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		· · · · · · · · · · · · · · · · · · ·
e.,				5/6/10	
Sıç He	-	Signature of officer		Date	
110	10	TODD WINTER, MD, PRESIDENT			
		Type or print name and title			
		Preparer's Date	Ch	eck if Prepare	er's identifying number
Pai	id	signature Co. Sha m C do	, l. a Sel	f- aployed > [] (see ins	structions)
	parer's	Firm's name (or TCT. HD MEDERODD T.T.C		EIN >	·
Us	е Опіу	self-employed), 839 ALDER CREEK DR.		2111	
		Address, and ZIP+4 MEDFORD, OR 97504		Phone no > (541)779-7641
Ma	v the II	RS discuss this return with the preparer shown above? (see instructions)		11 110110 110. F	X Yes No
_	001 02-0		separate ins	tructions.	Form 990 (2009)
332		a			. J (E000)

	990 (2009)		TAL FOUNDATION	20-2985	5223 Page 2
Pai	t III Statemen	t of Program Service Acco	mplishments		
1	TO PROVID	e organization's mission E MEDICAL SUPPLIES APUA NEW GUINEA	S AND MEDICINE TO A N	AZARENE HOSPITAI	_ IN
2	Did the organization the prior Form 990		m services during the year which were no	t listed on	Yes X No
3	·	these new services on Schedule O	ficant changes in how it conducts, any pr	rogram services?	Yes X No
3	=	these changes on Schedule O	near changes in now it conducts, any pr	09.4111.001	
4	Section 501(c)(3) a	and 501(c)(4) organizations and sec	of the organization's three largest progration 4947(a)(1) trusts are required to reported, if any, for each program service reported.	ort the amount of grants and	
4a	MEDICAL F. FUTURE DE SHIPPED 3 THE HOSPI	STORE & SEND MEDIO ACILITIES IN DEVOI VELOPMENT OF NAZAL (20) FOOT CONTAIN TAL WHERE OVER 40	,765. including grants of \$ CAL SUPPLIES, MEDICIN LOPING COUNTRIES. SUF RENE HOSPITAL IN KUDJ NERS AND 4 ADDITIONAL ,000 PATIENTS ARE CAR ENT AND BANKING FEES	PORT THE ONGOING PORT THE ONGOING PAPUA NEW GU SHIPMENTS OF BO ED FOR. COSTS FO	JINEA. WE OXES TO
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d 4e	(Expenses \$	rvices (Describe in Schedule O) including grants rvice expenses > \$ 2,5	of \$) (Revenue \$	3)	
70	. otal program se	. TICC CAPCINGS F W 4/			Form 990 (2009)

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(4)(1) (other than a private foundation)? If 'Yes,' compilete Schedule or meter or indexed political campagin activates on behalf of or in opposition to candidates for public office? If 'Yes,' compilete Schedule of Contributions? 3 X Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations, is the organization subject to the section 5033(e) notice and reporting requirement and proxy tax'? If 'Yes,' compilete Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations, is the organization subject to the section 5033(e) notice and reporting requirement and proxy tax'? If 'Yes,' compilete Schedule C, Part II Did the organization markinal any other advected 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,' compilete Schedule D, Part II Did the organization report and areas, or historic structures? If 'Yes,' compilete Schedule D, Part II Did the organization markinal collections of works of art, instorical treasures, or often small assests? If "Yes,' compilete Schedule D, Part IV 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, redd (repair, or debt reportation, server) If 'Yes,' compilete Schedule D, Part IV Did the organization report an amount for redd repair, or debt reportation, hold assets in term, permanent, or quasi-endowments? If 'Yes,' compilete Schedule D, Part V It is the organization answer to any of the following questions "Yes?" If so, compilete Schedule D, Part V, IV, IVII, X, or X as applicable Port the organization report an amount for rivestments or the securities in Part X, line 10? If 'Yes,' complete Schedule D, Part VVII Did the organization report an amount of or investments or the securities in Part X, line 10? If 'Yes,' complete Schedule D, Part VVII Did the organization report				Yes	<u>No</u>						
2 X Schedule C complete Schedule C, Schedule C Controlutors? Det 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 II Section 50 (1c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Section 50 (1c)(3) organizations. Join did to the organization is the organization subject to the section 603(ii) intote and reporting requirement and proxy tax. If "Yes," complete Schedule C, Part II Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization report an amount in Part X, line 21, serve as a custodian for amounts assests? If "Yes," complete Schedule D, Part II 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, debit management, credit repair, or debit negotation services? If "Yes," complete Schedule D, Part IV Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VI In the organization report an amount for investments - other securities 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 10° If "Yes," complete Schedule D, Part XI Did the organization report an amount for investments - other securities in Part X, line 10° If "Yes," complete Schedule D, Part XI Did the organization report an amount for investments - other resources on the stream of the stotal assets reported in Part X, line 15° If "Yes," complete Schedule D, Part X Did the organization report an amount for the habities in Part X, line 15° If "Yes," complete Schedule D, Part X Did the organization	1										
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public office? **I **Pes***, completes Schedule C, Part II ** Section 501(c)(3) organizations. Did the organizations is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax.** II **Yes**, complete Schedule C, Part III ** Did the organization maintain any donor advised funds or any similar funds or accounts **Nerves**, complete Schedule D, Part II **Did the organization maintain any donor advised funds or any similar funds or accounts **Nerves**, complete Schedule D, Part II **Did the organization research any donor advised funds or any similar funds or accounts **Nerves**, complete Schedule D, Part II **Did the organization research or folid a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? **If **Yes**, complete Schedule D, Part II ** 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, debit management, credit repair, or debit negotation services? **If **Yes**, complete Schedule D, Part IV ** Did the organization is answer to any of the following questions "Yes*? If so, complete Schedule D, Part V, VII, VIII, IX, or X as applicable* 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 ris total assets reported in Part X, line 16? If *Yes**, complete Schedule D, Part VI ** Did the organization report an amount for other labilities in Part X, line 15 that is 5% or more of ris total assets reported in Part X, line 16? If *Yes**, complete Schedule D, Part X X ** Did the organization report an amount for other labilities in Part X, line 15 that is 5% or more of ris total assets reported in Part X, line 16? If *Yes**, complete Schedule D, Part X X ** Did the organization report an amount for other labilities in P	2		2	<u> </u>							
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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 III 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV 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 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV 11 Is the organization amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV 12 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part IV 13 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 IV 14 Did the organization report an amount for other liabilities 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 IV 15 Did the organization report an amount for other liabilities 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 IV 16 Did the organization report an amount for other liabilities 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 X 17 Did the organization obtain separate, independent audited financial statements for the tax year? If Yes, it is a liability of the organization obtain separate organization report an amount for other liabilities in Part X, line 15? If Yes, "com	6	•	_								
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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 15b 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 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 II 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 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 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	12A										
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20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H			19	l	X						
Form 990 (2009)	20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H			X						
			Form	990 (2009)						

Part IV Checklist of Required Schedules (continued)

		Form	990 (2009)
	Note. All Form 990 filers are required to complete Schedule O	38	X	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	If "Yes," complete Schedule R, Part V, line 2	36_		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	35		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
34	Was the organization related to any tax-exempt or taxable entity?			
	sections 301.7701·2 and 301 7701·3? If "Yes," complete Schedule R, Part I	33		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		-41
32	Schedule N, Part II	32		X
20	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31	-	^
J 1	If "Yes," complete Schedule N, Part I	31		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	50		_ <u></u> _
	contributions? If "Yes," complete Schedule M	30		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
٥	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
				 -
b		28b		X
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
_~	instructions for applicable filing thresholds, conditions, and exceptions)			
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			- -
	Schedule L, Part III	27		X
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	Schedule L, Part I	25b		х
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	any tax-exempt bonds?	24c		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Schedule K If "No", go to line 25	24a		X
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	Schedule J	23		X
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	'		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		,	
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
			Yes	No

2009) NAZARENE HOSPITAL FOUNDATION
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		ľ	
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		- 1	
	(gambling) winnings to prize winners?	1c		
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 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		<u>X</u>
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)?	<u>4a</u>		<u>X</u>
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			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_X_
С	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		<u>X</u>
þ	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	_		37
	provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7-		х
	to file Form 8282? If "Yes." indicate the number of Forms 8282 filed during the year 7d	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
е		7e		
	benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
f	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the	 -		
J	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	8	ļ	
9	Sponsoring organizations maintaining donor advised funds.			
а	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			
а	Initiation fees and capital contributions included on Part VIII, line 12]		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)	Į		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		<u> </u>	<u> </u>
		Form	990	(2009)

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

<u>sec</u>	tion A. Governing Body and Management					
	-	١.	1	4	Yes	No_
	Enter the number of voting members of the governing body	1a		0		
b	Enter the number of voting members that are independent	_ <u>1b</u>			1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other			v
_	officer, director, trustee, or key employee?		nt ananuaian	_2_		<u>X</u> _
3	Did the organization delegate control over management duties customarily performed by or under the	e aire	ct supervision	l l		v
	of officers, directors or trustees, or key employees to a management company or other person?	00	O #J=#O	3	 	X_
4	Did the organization make any significant changes to its organizational documents since the prior Fo		o was nieo /	4	-	A V
5	Did the organization become aware during the year of a material diversion of the organization's asset	IS7		5		X X X
6	Does the organization have members or stockholders?			6_	 	
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	ember	s or the	7-	1	v
	governing body?)	7a	-	X X
	Are any decisions of the governing body subject to approval by members, stockholders, or other per			7b	-	
8	Did the organization contemporaneously document the meetings held or written actions undertaken	dunn	g trie year			
	by the following			0.5		
	The governing body?			8a	X	
	Each committee with authority to act on behalf of the governing body?	اممطم	a+ +b a	_8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	icheo	at the	9	ĺ	X
200	organization's mailing address? If "Yes " provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal R	Power.	o Codo I		<u> </u>	
)	tion B. Foncies (this Section B requests information about policies not required by the internal h	everiu	e Code)		Yes	No
100	Does the organization have local chapters, branches, or affiliates?			10a	165	X
	If "Yes," does the organization have written policies and procedures governing the activities of such	chant	ers affiliates	100	 	
U	and branches to ensure their operations are consistent with those of the organization?	Criapi	ers, armates,	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	ilina th	ne form?	11	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	g ti			1	
	Does the organization have a written conflict of interest policy? <i>If</i> "No," <i>go to line 13</i>			12a		x
	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	uld aw	e rise	124	<u> </u>	
	to conflicts?	9		12b		
^	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes "	describe	, LD	†	
Ŭ	in Schedule O how this is done	, 55,		12c	1	}
13	Does the organization have a written whistleblower policy?			13		х
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 approve	al by i	ndependent	<u> </u>		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					ļ
а	The organization's CEO, Executive Director, or top management official			15a		Х
	Other officers or key employees of the organization			15b		Х
_	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 arrange	ment v	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 eva	aluate	its participatio	on		
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶OR					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	Г (501	(c)(3)s only) av	/aılable for		
	public inspection. Indicate how you make these available. Check all that apply					
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	conflic	t of interest p	olicy, and fina	ancial	
	statements available to the public					
20	State the name, physical address, and telephone number of the person who possesses the books a	ind red	cords of the o	rganization	-	
	TODD WINTER - (541) 734-3676					
	555 BLACK OAK DR SUITE 100, MEDFORD, OR 97504-837	76				
				Forn	1 990	(2009)

932006 02-04-10

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 organization'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 employee."
- 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 (A)	(B)	, 50	(C)					(D)	(E)	(F)
Name and Title	Average	ļ		Pos		1		Reportable	Reportable	Estimated
	hours	(cl	heck	k all t	that	арр	ly)	compensation	compensation	amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
TODD WINTER, MD PRESIDENT	5.00							0.	0.	0.
JOSEPH MCMAHAN	3.00	├-		-	-					
BOARD MEMBER	1.00					'		0.	0.	0
MATTHEW THOMPSON, MD	1.00	 -		-	\vdash		_			
BOARD MEMBER	1.00							o.	0.	0
DONALD PRESCOTT JR.										
BOARD MEMBER	1.00			<u> </u>				0.	0.	0 .
MARILYN WILLARD						'		_	_	_
BOARD MEMBER	1.00	ļ		_	<u> </u>	ļ		0.	0.	0
		_			_					
						-				

Form **990** (2009)

Pa	rt VII Section A. Officers, Directors, Tri (A)	ustees, Key Er (B)	nplo	yee			High	est	Compensated Employ (D)	ees (continued) (E)			(F)	
	Name and title	Average	(C) Position						Reportable	Reportable		Es	timate	d
		hours per week		heck	all 1		арр		compensation from the	compensation from related organizations	1		nount o other pensa	
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS		fro orga and	om the anizate d relate inizate	ed
	-													
													<u>-</u>	
<u>1b</u> 2	Total Total number of individuals (including but r	not limited to th	nose	liste	ed al	oove	e) wh	no re	eceived more than \$100),000 in reportable	0.			0.
	compensation from the organization												Yes	No
3	Did the organization list any former officer line 1a? <i>If</i> "Yes," complete Schedule J for s	such individual										3		x
4	For any individual listed on line 1a, is the si and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e <i>J f</i>	for such individual	·		4		X
5	Did any person listed on line 1a receive or the organization? If "Yes," complete Schedetion B. Independent Contractors	· ·			rom	any	/ unr	eiai	eo organization for serv			5		X
1	Complete this table for your five highest or the organization NONE	ompensated in	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of comp	oens	ation f	rom	
	(A) Name and business	address							(B) Description of s	services	С	(C ompe		n
			-							_				
								\dashv						-
2	Total number of independent contractors (_	ot in	nıte	d to		_	sted	above) who received ri	nore than				-
	\$100,000 in compensation from the organi	zation 🚩					0	_				Form	990 (2000)

Part IX Statement of Functional Expenses

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

	All other organizations must comple	and 501(c)(4) organizat ete column (A) but are i		ete columns (B), (C), an	
	not include amounts reported on lines 6b, 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	2,699,580.	2,699,580.		
4	Benefits paid to or for members			<u></u>	
5	Compensation of current officers, directors,				
	trustees, and key employees			· · · · · · · · · · · · · · · · · · ·	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees) Management				
a	Legal				
b	Accounting	530.	530.		
d	Lobbying	350.			
u e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				·
g	Other				
12	Advertising and promotion				
13	Office expenses	504.	504.		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel			····	
18	Payments of travel or entertainment expenses	Į			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			·	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,278.	1 014		
23	Insurance	1,014.	1,014.		
24	Other expenses, Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	POSTAGE & SHIPPING	20,833.	20,833.		
b	BANK FEES	526.	526.		
С	TAXES AND LICENSES	354.	354.		
d	WEBSITE	338.	338.		
e	OTHER DIRECT EXPENSES	86.	86.		
f	All other expenses				
25	Total functional expenses Add lines 1 through 24f	2,726,043.	2,723,765.	0.	0.
26	Joint costs Check here If following				
	SOP 98-2. Complete this line only if the organization		İ		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				Form 990 (2000)

Pai	tΧ	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	118,204.	1	43,203.
	2	Savings and temporary cash investments		2	99,296.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	919,280.	8	1,321,707.
ĕ	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 11, 3	89.		
	ь	Less accumulated depreciation 10b 5,8	24. 7,843.	10c	<u>5,565.</u>
	11	Investments - publicly traded securities		11	
	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)	1,045,327.	16	<u>1,469,771.</u>
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees			
iab		highest compensated employees, and disqualified persons. Complete Part	t 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	0.	26	0.
		Organizations that follow SFAS 117, check here X and complete	ete		
es		lines 27 through 29, and lines 33 and 34.	4 045 005		1 160 551
auc	27	Unrestricted net assets	1,045,327.		1,469,771.
Bal	28	Temporarily restricted net assets		28	
5	29	Permanently restricted net assets		29	
Ŀ		Organizations that do not follow SFAS 117, check here and	l		
ō		complete lines 30 through 34.			
sets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	1 045 005	32	1 460 551
2	33	Total net assets or fund balances	1,045,327.		1,469,771.
	34	Total liabilities and net assets/fund balances	1,045,327.	34	<u>1,469,771.</u>

Form **990** (2009)

2a Were the organization's financial statements compiled or reviewed by an independent accountant? X Were the organization's financial statements audited by an independent accountant? 2h c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 2c 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 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 X Act and OMB Circular A-133? За 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

Form **990** (2009)

SCHEDULE A

(Form 990 or 990-EZ)

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

NAZARENE HOSPITAL FOUNDATION 20-2985223

Part I	Reason	for Public Char	rity Status (All organiz			e this part) See inst	ructions		<u> </u>			
			because it is (For lines								—		
1 🔲			es, or association of chur										
2 🗔			70(b)(1)(A)(ii). (Attach Sc			CHOII ITO	(5)(1)(7)(1)	•					
3 🗔			rolo)(1)(A)(II). (Attach Sc Ital service organization (470/b)/4)/	AVIII						
³	•		operated in conjunction					/b\/ 4\/ &\/;;	ii) Entarth	e hoenital'e name			
4 🗀		•	operated in conjunction	WILLI A 1105	pital desci	ibed in Se	Cubii 170		ii). Liitei tii	e nospitai s name,			
. \Box	city, and stat		benefit of a college or un		wood or or	orated by	o govern	montal un	t describe		—		
5	-			inversity of	when or of	erated by	a governi	nemai um	i describer	J III			
•		(b)(1)(A)(iv). (Compl											
<u>6</u>		•	nent or governmental uni										
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)												
	section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)												
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from												
9 <u>X</u>	•	*	, ,		• •					•			
		•	nctions - subject to certa	•		•				-	ent		
	income and u	inrelated business t	taxable income (less sect	tion 511 ta	x) from bu	sinesses a	cquired b	y the orga	inization at	ter June 30, 1975			
	See section	509(a)(2). (Complet	e Part III)										
ıo	-	-	perated exclusively to te										
1	An organizati	on organized and o	perated exclusively for the	ne benefit (of, to perfo	rm the fur	nctions of,	or to carr	y out the p	ourposes of one or			
			ations described in secti		•		?) See se o	tion 509(a)(3). Chec	ck the box that			
	describes the	type of supporting	organization and compl	ete lines 1	1e through	11h							
	a Type I		/'		e III - Func	•	-			Type III - Other			
e	By checking	this box, I certify the	at the organization is not	controlled	directly o	r indirectly	by one o	more dis	qualified p	ersons other than			
	foundation m	anagers and other	than one or more publicly	y supporte	ed organiza	tions desc	cribed in s	ection 50	9(a)(1) or s	ection 509(a)(2)			
f	If the organiz	ation received a wri	tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III					
	supporting of	rganization, check t	hıs box										
g	Since August	t 17, 2006, has the	organization accepted ar	ny gift or c	ontribution	from any	of the follo	owing per	sons?				
	(i) A perso	n who directly or inc	directly controls, either al	one or tog	ether with	persons c	lescribed	ın (II) and ((III) below,	Yes I	No_		
	the gove	erning body of the s	supported organization?							11g(i)			
	(ii) A family	member of a perso	n described in (i) above?	•						11g(ii)			
	(iii) A 35% d	controlled entity of a	a person described in (i) o	or (II) above	e?					11g(iii)			
h	Provide the fe	ollowing information	about the supported or	ganization	(s)								
		-		-									
(i) Name	of supported	(ıi) EIN	(iii) Type of	(iv) Is the c	organization	(v) Did you	notify the	(vi) ls	s the	(vii) Amount of			
	anization	(11) 2.11	organization	in col. (i) la	sted in your	organizat	ion in col.	organizati (i) organiz		support			
5-			(described on lines 1-9 above or IRC section	governing	document?	(i) of you	support?	U.S	.?				
			(see instructions))	Yes	No	Yes	No	Yes	No				
								[
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VIAI		1	•										

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Pa	rt II Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)(v	/i)			
	(Complete only if you checke	d the box on line 5	, 7, or 8 of Part I)						
Sec	tion A. Public Support									
Cale	ndar 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 any "unusual grants ")									
2	Tax revenues levied for the organ-		· -	1		1				
	ization'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					<u> </u>				
4	Total. Add lines 1 through 3			<u> </u>						
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)			<u> </u>						
	Public support. Subtract line 5 from line 4									
Sec	tion B. Total Support			·		1				
Cale	endar 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 from similar sources									
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on				<u> </u>					
10	Other income Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part IV)					<u> </u>				
	Total support. Add lines 7 through 10		l			1	L			
	Gross receipts from related activities,	•	•			12				
13	First five years. If the Form 990 is for	ū	s first, second, th	ird, fourth, or fifth t	ax year as a section	on 501(c)(3)	_			
Sec	organization, check this box and storetion C. Computation of Publ		rcentage							
	Public support percentage for 2009 (column (f)		14	0/			
	Public support percentage for 2009 (. ,,		Column (i))		15	<u>%</u>			
15	33 1/3% support test - 2009. If the o	•	·	on line 13, and line	1/ is 33 1/3% or n					
ioa	stop here. The organization qualifies	•			14 13 33 17370 01 11	nore, crieck triis be	» Allo			
h	33 1/3% support test - 2008. If the o		•		l line 15 is 33 1/3%	or more check th	nis hox			
-	and stop here. The organization qua					or more, erreen a	▶ □			
172	10% -facts-and-circumstances tes				e 13, 16a, or 16b a	and line 14 is 10%	or more.			
	and if the organization meets the "fac									
	meets the "facts-and-circumstances"		•	•			▶ □			
h	10% -facts-and-circumstances tes	_	•		=	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		=				ns			
							O or 990-EZ) 2009			

Called year (in fiscal year beginning in)	Se	ction A. Public Support								
membership fees recoved (Do not include any number of the company control include any number of the company control include any number of the company activity that is related to the originatation's tax-exempt purpose of some or the company activity that is related to the originatation's tax-exempt purpose of Siross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues loved for the organization of the company activity that is related to the organization's head of the company activity that is related to the organization's head of the company activity that is related to the organization's head of the company activity that is related to the organization's head of the company activity that is related to the organization's head of the company activity that is related to the organization's head of the company activity that is related to the organization's head of the company activity that is related to the company activity that is related to the company activity that is related to the company activity that is related to the company activity that is related to the organization's head of the company activity that is related to the company activity that is related to the company activity that is related to the company activity that is related to the company activity that is related to the company activity that is related to the company activity that is related to the company activity that is related to the company activity that is related to the company activity that is related to the company activity that is related to the company activity that is related to the company activity that is related to the company activity that is related to the company activity that is related to the company activity that is related to the company activity that is related to the company activity that is related to the company activity that is related to the company activity that is related to the company activity that is related to the company activity that is related to the company activit	Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
Criss receipts from admissions, mechanides sold or services performed, or facilities furnished in any activity that is related to the organization take severely purpose of the common of the property of the common of the purpose of the common of the purpose of the common of the purpose of the common of the purpose of the common of the purpose of the common of the purpose of the purpose of the common of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the	1	Gifts, grants, contributions, and								
2 Gross receipts from admissions, mechanides sold or servores performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose of Gross receipts from activities that are not an unrelated tade or business under section 513 4 Tax revenues leved for the organization's benefit and effete paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization's benefit and effete paid to or expended on its behalf 6 Total. Add lines 1 through 5 7 A Amounts nucluded on lines 1, 2, and 3 received from dequalified persons between the interest of the paid to organize the second to the organization of the paid to organize the second to the organization of the paid to organize the second to the organization of the paid to organize the paid to organize the paid to organize the paid to organize the paid to organize the paid to organize the paid to organize the paid to organize the paid to organize the paid to organize the paid to organize the paid to organize the paid to organize the paid to organize the paid to organize the paid to organize the paid to organize the paid to organize the paid to organize the paid to organize the paid to organize the paid to organize the paid to organize the paid to organize the paid to organize the paid to organize the paid to organize the paid to organize the paid to organize the paid to organize the paid to organize the paid to organize the paid to organize the paid to organize the paid to organize the paid to organize the paid to organize the paid to organize the paid to organize the paid to organize the paid to organize the paid to organize the paid to organize the paid to organize the paid to organize the paid to organize the paid to organize the paid to organize the paid to organize the paid to organize the paid to organize the paid to organize the paid to organize the paid to organize the paid to organize the paid to organize the paid to organize the paid to organize the paid to organize		membership fees received (Do not								
merchandise sold of services per formed, or facilities furnished in any activity that is related to the organization that severify purpose 3. Gross receipts from activities that are not an unrelated rade or bus in the service of the organization sheriff and either part to or expended on its behalf are not an unrelated rade or furnished by a governmental unit to the organization without charge for the organization without charge of Total. Active in the service of services or facilities furnished by a governmental unit to the organization without charge of Total. Active in the service of services or facilities furnished by a governmental unit to the organization without charge of Total. Active in the service of services or facilities for the organization without charge of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total. Studies of Total		ınclude any "unusual grants ")	2,699,065.	1,796,725,	1,900,299.	2,884,496.	3,128,254.	12,408,839.		
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 12, and 3 received from disquilified persons by a mount included on lines 12, and 3 received from disquilified persons by a mount included on lines 12, and 3 received from disquilified persons of the services of the servi	2	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the								
## A Tax revenues leved for the organization's benefit and ether 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, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons but exists the graties of \$5.00 or 1% of the services or lines 2 and 3 received from disqualified persons had existed the graties of \$5.00 or 1% of the services or lines 13 to the year of the disqualified persons had existed the graties of \$5.00 or 1% of the services or lines 13 to the year of the disqualified persons had existed the graties of \$5.00 or 1% of the services or lines 13 to the year of the graties 15 to the year of the graties 15 to the year of the graties 15 to the year of the graties 15 to the year of the graties 15 to the year of the graties 15 to the year of the graties 15 to the year of the graties 15 to the year of the graties 15 to the year of the graties 15 to the year of the graties 15 to the year of the graties 15 to the year of the graties 15 to the year of the graties 15 to the year of the graties 15 to the year of the graties 15 to the year of the graties 15 to the year of the graties 15 to the year of the graties 15 to the year of the graties 15 to the year of the graties 15 to the year of the graties 15 to the year of the graties 15 to the year of the graties 15 to the year of the graties 15 to the year of the graties 15 to the year of the graties 15 to the year of the graties 15 to the year of the graties 15 to the year of the graties 15 to the year of the graties 15 to the year of the graties 15 to the year of the graties 15 to the year of the graties 15 to the year of the graties 15 to the year of the graties 15 to the year of the graties 15 to the year of the graties 15 to the year of the graties 15 to the year of the graties 15 to the year of the graties 15 to the year of the graties 15 to the	3	Gross receipts from activities that								
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	<u>20</u>	Private roundation. If the organization	n ala not check a b	ox on line 14, 19a	, or 190, check thi			0 or 990 E7\ 2000		

Schedule D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2009 Open to Public Inspection

Name of the organization

▶ Attach to Form 990. ▶ See separate instructions.

Employer identification number

	NAZARENE HOSPITAL		20-2985223
Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	is or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 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 adv	ised 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 a	advisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpos	e conferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or p	pleasure) Preservation of an h	istorically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	ne organization during the tax
	year >		
4	Number of states where property subject to conservation ea		_
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		└ Yes └ No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 17	
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	ttion's financial statements that describe	s the organization's accounting to
Pa	conservation easements rt III Organizations Maintaining Collections o	of Art. Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and	balance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition, e	•	
	the footnote to its financial statements that describes these	·	
ь	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and bala	ance sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, of		
	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 tre	easures, or other similar assets for financ	
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		► \$ ► \$
			- -

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continues)			E HOSPITAL			<u> </u>		985223 Page 2
check all that apply a	Par							
a Public exhibition d	3		on, and other record	ls, check any of	the following tha	at are a s	ignificant use of it	s collection items
b Scholarly research e Other Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIV to be sold to raise funds rather than to be maintained as part of the organization's collection?	_		al .	Lean or	evchange progr	ame		
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Excrow 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 Is the organization an agent, trustice, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21 If I Part IV Excrows part Part XIV Part IV P	-		_					
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Schedule D (Form 990) 2009

Part VII Investments - Other Securities. S	ee Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value	(c) Me	thod of valuation d-of-year market value
Financial derivatives			
Closely-held equity interests			
Other			
	 	<u> </u>	
	 		
Total (Col /b) must equal Form 000, Part V col (P) line 12)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ► Part VIII Investments - Program Related.	See Form 990, Part X, line 1	3	
			thod of valuation
(a) Description of investment type	(b) Book value		d-of-year market value
-			
Total (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶			
Part IX Other Assets. See Form 990, Part X, Iin			
	a) Description		(b) Book value
		1.4/	
,			
* No. 10 10 10 10 10 10 10 10 10 10 10 10 10			
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. See Form 990, Part >			
(a) Description of liability	K, line 25	(b) Amount	
<u></u>		(b) Amount	
Federal income taxes			•
			
	· -		
			
Table (Column (b) must social form 000 Part V and (D) (25.)		
Total. (Column (b) must equal Form 990, Part X, col (B) In	·	e financial etatemente thet s	anorte the organization's liability for

uncertain tax positions under FIN 48

932053 02-01-10

Schedule D (Form 990) 2009

Schedule F (Form 990)

Statement of Activities Outside the United States

➤ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

➤ Attach to Form 990. ➤ See separate instructions.

Inspection

Employer identification number

AZARENE HOSP				20-29852	
		ctivities Out	side the United States. Comple	ete if the organization answered	d "Yes"
	Part IV, line 14b				
			is to substantiate the amount of the gr		
grantees' eligibility fo	or the grants or assi	stance, and the s	selection criteria used to award the gra	ints or assistance?	Yes X N
Prograntmakers. D	Describe in Part IV th	e organization's	procedures for monitoring the use of g	rant funds outside the United S	States
Activities per Region	(Use Schedule F-1	(Form 990) if ad	ditional space is needed)		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditure for region
		,			
					}
tals	0	00	see the Instructions for Form 990.		

932071 02-01-10

NAZARENE HOSPITAL FOUNDATION

Schedule F (Form 990) 2009

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.

20-2985223

Page 2

Use Schedule F-1 (Form 990) if additional space is needed

(i) Method of valuation (book, FMV, appraisal, other)						
(h) Description of non-cash assistance						
(g) Amount of non-cash assistance	2,671,603.					xempt by
(f) Manner of cash disbursement			:			recognized as tax-e
(e) Amount of cash grant	0					foreign country,
(d) Purpose of grant	3 CONTAINERS AND VARIOUS OTHER SHIPMENTS OF MEDICAL SUPPLIES THROUGHOUT					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by
(c) Region	PAPUA NEW GUINEA					as listed above that are
(b) IRS code section and EIN (if applicable)						recipient organization
1 (a) Name of organization						2 Enter total number of

See Part IV for Column (d) descriptions 24

the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

က

Schedule F (Form 990) 2009

932072 02-01-10

NAZARENE HOSPITAL FOUNDATION

Schedule F (Form 990) 2009

Page 3

20-2985223

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16 Use Schedule F-1 (Form 990) if additional space is needed

(h) Method of valuation (book, FMV, appraisal, other)		:				Schedule F (Form 990) 2009
(g) Description of non-cash assistance						Sched
(f) Amount of non-cash assistance						
(e) Manner of cash disbursement						
(d) Amount of cash grant						
(c) Number of cash grant of recipients						
(b) Region						
(a) Type of grant or assistance (b) Region red						

Schedule F (Form 990) 2009 NAZARENE HOSPITAL FOUNDATION 20-2985223 Page 4 Part IV Supplemental Information
Complete this part to provide the information required in Part I, line 2, and any additional information
Part II, Column (d):
Region: PAPUA NEW GUINEA
(d) Purpose of Grant: 3 CONTAINERS AND VARIOUS OTHER SHIPMENTS OF
MEDICAL SUPPLIES THROUGHOUT 2009 FOR THE USE OF THE HOSPITAL TO AID IN
PATIENT CARE.

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization	Attaon to roim soc or roim soc E		<u> </u>	parate moti dottorio		Employer ide	ntification number			
NAZAREN	E HOSPITAL FOUNDAT	ION				20-2985223				
Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part										
Indicate whether the organization rais a	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-g gover alsing o ding o lonal f	overnment grants nment grants events fficers, directors, trus undraising services?		Yes				
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(IV) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col (i)	(vi) Amount paid to (or retained by) organization			
		Yes	No							
	<u> </u>	<u> </u>								
3 List all states in which the organization	on is registered or licensed to solicit	funds	or has	been notified it is ex	emp	t from registrati	on or licensing			
										
										
						-				
		-				 -				
										
										
										

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932081 02-03-10

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a List events with gross receipts greater than \$5,000 (b) Event #2 (c) Other events (a) Event #1 (d) Total events GOLF None (add col (a) through TOURNAMENT col (c)) (event type) (total number) 19,016 19,016. Gross receipts 2 Less Charitable contributions 19,016. 19,016. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses 6 Rent/facility costs Food and beverages Entertainment 7,226. Other direct expenses 7,2261 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Combine line 3, column (d), and line 10 Part III | Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes % Yes Yes Volunteer labor Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine line 1, column (d), and line 7 No Yes 9 Enter the state(s) in which the organization operates gaming activities a Is the organization licensed to operate gaming activities in each of these states? 9a b If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," explain 11 Does the organization operate gaming activities with nonmembers? 11 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Schedule G (Form 990 or 990-EZ) 2009 NAZARENE HOSPITAL FOUNDATION	20-298	<u> 522</u>	3 Pa	age 3
			Yes	No
13 Indicate the percentage of gaming activity operated in				
a The organization's facility	13a %]		ļ
b An outside facility	13b %	1		
14 Enter the name and address of the person who prepares the organization's gaming/special events books a	ind records			
Name				
Address ▶				
15a Does the organization have a contract with a third party from whom the organization receives gaming revel	nue?	15a		
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and	the amount			
of gaming revenue retained by the third party > \$				
c If "Yes," enter name and address of the third party]
Name				
Address ►				
16 Gaming manager information				
Name ▶				
Gaming manager compensation ▶ \$				
Description of services provided ▶	 -			
Director/officer Employee Independent contractor				
17 Mandatory distributions				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
retain the state gaming license?		17a		<u> </u>
b Enter the amount of distributions required under state law to be distributed to other exempt organizations	or spent in the			

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form

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OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

990, Part IV, lines 29 or 30.

► Attach to Form 990.

Employer identification number 20 – 2985223

Schedule M (Form 990) 2009

	NAZARENE HOS	PITAL	FOUNDAT	ION			20-2	<u> 2985</u>	<u> 223</u>	
Par	t I Types of Property		(1)			г———				
		(a) Check if applicable	(b) Number of contributions	(c) Revenues repor Form 990, Part VII			(d) Method of det revenue		g	
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications				•					
5	Clothing and household goods									
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded									
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests		_,							
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles		<u> </u>							
19	Food inventory									
20	Drugs and medical supplies	X		2,671	,603.	FMV O	F ITEMS	SHI	PPE	DΤ
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other • ()									
26	Other									
27	Other ()									
28	Other ()									
29	Number of Forms 8283 received by the organ	ization durin	g the tax year	for contributions						
	for which the organization completed Form 82	283, Part IV,	Donee Acknow	vledgment	29					
									Yes	No
30a	During the year, did the organization receive to	y contributi	on any propert	y reported in Part I	, lines 1-2	8 that it mu	st hold for			
	at least three years from the date of the initial	contribution	, and which is	not required to be	used for e	exempt pui	poses for			
	the entire holding period?							30a		X
b	If "Yes," describe the arrangement in Part II									
31	Does the organization have a gift acceptance	policy that r	equires the rev	new of any non-sta	ndard cor	ntributions'	•	31		X
	Does the organization hire or use third parties									
	contributions?							32a		X
b	If "Yes," describe in Part II									
33	If the organization did not report revenues in o	column (c) fa	r a type of pro	perty for which coli	umn (a) ıs	checked,				1
	describe in Part II	• •	•••••	-						1

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Schedule M (Form 990) 2009 NAZARENE HOSPITAL FOUNDATION	<u> 20-2</u>	<u>98522:</u>	3	Page 2
Part II Supplemental Information. Complete this part to provide the information required by Part I, li Also complete this part for any additional information	nes 30b, 3	2b, and 33		
Schedule M, Part I, Column (b): MULTIPLE DONEES THROUGHOU	T THE	YEAR	AS	
WELL AS BULK ITEMS RECEIVED.				
		· 		
Schedule M, Line 33: ORGANIZATION RECEIVES MEDICAL SUPPLI				
EQUIPMENT IN BULK FOR DISTRIBUTION TO HOSPITAL IN PAPUA N	EW GU	INEA.		
ORGANIZATION DOES NOT RECOGNIZE DONATIONS OF BULK ITEMS A	S REV	ENUE		
UNTIL DISTRIBUTIONS/SHIPMENTS ARE MADE.				
		 -		_
				_
				_
			-	
				
				-
				

SCHEDULE O

(Form 990)

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.

DOINID A MIT ON

2009
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Department of the Treasury
Internal Revenue Service

Form 990 or to provide any additional information Attach to Form 990.

Attach to Form 990.

Employer identification number

NAZARENE HUSPITAL FOUNDATION ZU-Z903ZZ3
Form 990, Part VI, Section B, line 11: COPY OF RETURN REVIEWED BY DR. TODD
WINTER, PRESIDENT, AT ACCOUNTANT'S OFFICE BEFORE FILING.
Form 990, Part VI, Section C, Line 19: ORGANIZATION MAKES DOCUMENTATION
AVAILABLE UPON REQUEST THROUGH ITS WEBSITE:
www.nazarenehospitalfoundation.org.