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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)

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

Open to Public Inspection

Ā	For the 200	09 calendar v	ear, or tax year beginning and ending			11100000
В	Check if applica	able Please	C Name of organization		D Employ	er identification number
	Address change	e use IRS label or	RC Hospital Foundation			
$\overline{\Box}$	Name change	print or	Doing Business As		41-	1839619
\exists	Initial return	type.	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telepho	one number
H		See Specific	611 East Fairview Ave	-	320	-523-3526
닏	Termination	Instruc-	City or town, state or country, and ZIP + 4		G Gross receip	ots\$ 341,040
	Amended return	n tions.	Olivia MN 56277			
	Application pen	iding	e and address of principal officer		H(a) Is this a	group return for
			ke Jacoby		affiliates H(b) Are all a	effiliates
		I	1 East Fairview Ave		included	7 Yes No
_			ivia MN 56277	 -	If "No," a	attach a list (see instructions)
<u>+</u>	Tax-exempt		501(c) (3) ◀ (insert no) 4947(a)(1) or 527		Way C	
7	Website:	1=3	rporation Trust Association Other ► L Ye	ar of formation 1		xemption number ► M State of legal domicile MN
	Type of organia	Summa	·	ar of formation	<u> </u>	M State of legal domicile MN
	T		the organization's mission or most significant activities			
_	I 70		dation is to provide financial support to help	ensure ti	he cont	inued
Activities & Governance	v		y of health care services in Renville County, a			
Тa			citizens of Renville County always have access			
Ş Ş	2 Che		7 1 44 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			CD.
Ö	3 Num	ther of voting	If the organization discontinued its operations or disposed of the train 25% members of the governing body (Part VI, line 1a)	and since ass	3	9
oŏ ળ	4 Num		endent voting members of the governing body (Part Villing 1h)	181	4	9
iţie	5 Tota	l number of	endent voting members of the governing body (Part Hine 15) employees (Part V, line 2a)	191	5	0
Ę	6 Tota		volunteers (estimate if necessary)	181 181	6	30
Ā	7a Tota	al arnee unre	lated business revenue from Part VIII, column (C), line 10G0EN UT	·==	7a	
			Isiness taxable income from Form 990-T, line 34		7b	0
26	D NCL	uniciated bu	Silicos taxable illegitic from 500-1, line 54	Prior Yea		Current Year
CENSING SEVENCE ON REVENUE ON THE PROPERTY OF	8 Con	tributions an	0,887	316,704		
2	l .		revenue (Part VIII, line 2g)			
\$	1	•	me (Part VIII, column (A), lines 3, 4, and 7d)	(6,665	12,482
ī	l .		Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			11,854
7	l .		add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9'	7,552	341,040
			ar amounts paid (Part IX, column (A), lines 1–3)			
=======================================	14 Ben	efits paid to	or for members (Part IX, column (A), line 4)			
- v	15 Sala	aries, other c	ompensation, employee benefits (Part IX, column (A), lines 5–10)	1:	1,140	11,440
Expenses	16a Prof	essional fun	draising fees (Part IX, column (A), line 11e)			
ğ	b Tota	al fundraising	expenses (Part IX, column (D), line 25)			
Ü	17 Othe	er expenses	(Part IX, column (A), lines 11a-11d, 11f-24f)	4	1,419	61,858
	18 Tota	al expenses	Add lines 13–17 (must equal Part IX, column (A), line 25)	52	2,559	73,298
_	19 Rev	enue less ex	penses Subtract line 18 from line 12		4,993	267,742
Net Assets or	Sa2			Beginning of Cur		End of Year
sset	20 Tota		rt X, line 16)	34	7,456	622,138
etA	21 Tota		Part X, line 26)	24'	7 45	622 120
	22 Net		nd balances Subtract line 21 from line 20	34	7,456	622,138
	Part II		re Block			t of any law and a dec
		under pena and belief, if	lties of perjury, I declare that have examined this return, including accompanying schedules a t is true, correct, and computed Declaration of preparer (other than officer) is based on all infori	ind statements, a mation of which p	ing to the besi preparer has a	t of my knowledge any knowledge
0:		$ \cdot \rangle$	5//2			12-,
	gn	0			I Date	
пе	ere	Signatu	rebote A- JACO 6y - / res.		Date	
		Type of	r print name and title			
_				Check	ıf	Preparer's identifying number
Pa	ıid	Preparer's	Date O.4 / 2.1	self-		(see instructions)
	eparer's	signature	Ryan M. Schmitz 04/21	/10 employ		<u></u>
	e Only	Firm's name			EIN ►	
	,	ıf self-emplo address, an			Phone	330-365 4530
_			Dira rorana, in ocoro		no 🕨	320-365-4620
			eturn with the preparer shown above? (see instructions)			Yes ~ No Form 990 (2009)
DA		ct and Pape	rwork Reduction Act Notice, see the separate instructions.		0.	Point 330 (2009)

DAA

(Expenses \$

4d Other program services (Describe in Schedule O)

4e Total program service expenses ▶

including grants of \$

61,858

			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	<u></u>
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		<u>X</u>
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	İ	1	
	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 related 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			
12	the organization'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 statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	 	Х
124	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	<u>'-</u> -		
120	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X	1		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	1	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		Х
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	<u> </u>	<u> </u>
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	<u> </u>	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Forr	n 990	(2009)

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

19? Note. All Form 990 filers are required to complete Schedule O

a 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 10a 10b	Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					
U.S. Information Returns. Enter -0- if not applicable D. Enter the number of Forms VSC affinished on line 1a. Enter -0- if not applicable D. Did the organization comply with backup withholding fules for reportable payments to vendors and reportable gaming (gamballog) winnings to prize winners? 22. Enter the number of remoloyees reported on Form W-3. Transmittal of Wage and Tax Statements, life for the calendard year ending with or workin the year covered by this return. 23. If you have a statement in the organization of the organization of the organization of the organization and the organization of the organization of the organization and the organization of the organiza					,	Yes	No
be Enter the number of Forms W-2G included in line 1a. Enter 0-4 final applicable	1a	·		-			
but the organization comply with backing withholding rules for reportable payments to vendors and reportable gaming (gambing) withouts to prize within the game of gambing withouts to prize within the game of gambing withouts to prize within the year covered by this return. If all least one is reported on the 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1s and 2a is greater than 250, you may be required to e-file this feturn (see instructions). If all least one is reported on the 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1s and 2a is greater than 250, you may be required to e-file this feturn (see instructions). If the complete is a complete calculation of the complete is set to the organization has a minerest in, or a signiture or other authority over, a financial account in a foreign country. If they return the name of the foreign country. If they return the name of the foreign country. If they return the name of the foreign country. If they return the name of the foreign country. If they return the name of the foreign country. If they return the name of the foreign country. If they return the name of the foreign country. If they return the name of the foreign country. If they return the name of the foreign country. If they return the name of the foreign country. If they return the name of the foreign country. If they return the name of the foreign country. If they return the name of the foreign country. If they return the name of the foreign country. If they return the name of the foreign country. If they return the name of the foreign country. If they return the name of the foreign country to the name of the foreign country. If they return the name of the foreign country to the name of the foreign country. If they return the name of the foreign country to the name of the			-				
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Note. If the sum of lines 1s and 2a is greater than 250, you may be required to e-file this return (see instructions) Jod the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? John 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	h	• -			2h		
an structions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; and 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 accounts? Bit "Yes," either the name of the foreign country [south as a bank account, securities account, or other financial accounts? 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 sheller transaction at any time during the tax year? Did any laxable party notify the organization that it was or is a party to a prohibited tax sheller transaction? Did any laxable party notify the organization that it was or is a party to a prohibited tax sheller transaction? Did the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? Solicities of the payor organization solicit any contributions that did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? Toganizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? Toganizations that may receive deductible contributions under section 170(c). Did the organization during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? Toganization and the payor organization file of the supporting organ	-						
3a X If Yes, "has it filled a Form 990-T for this year?" If "No," provide an explanation in Schedule O 3b If Yes," has it filled a Form 990-T for this year?" If "No," provide an explanation in Schedule O 3ch If Yes," has it filled a Form 990-T for this year?" If "No," provide an explanation in Schedule O 3ch If Yes," has it filled a Form 990-T for this year?" If "No," provide an explanation in Schedule O 3ch If Yes," that the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country of years as bank account, securities account, or other financial accounts in a 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 aparty to a prohibited tax shetter transaction at any time during the tax year? 5a X Was the organization aparty to a prohibited tax shetter transaction at any time during the tax year? 5b X C If Yes, "In it is 6a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5a Does the organization shelt manual gross receipts that are nomally greater than \$100,000, and did the organization have an annual gross receipts that are nomally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c A 7c Organizations that may receive deductible contributions under section 170(c). 9c If Yes," did the organization include with every solicitation and party for goods and services provided to the payor? 10 If Yes," did the organization has the payor of the value of the goods or services provided? 11 If Yes," did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file							
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 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? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter a 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 11a Gross income from members or shareholders 6 Gross income from members or shareholders a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	е		ersona	nl .			
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		·		.,			
	_				128		
		if tes, enter the amount of tax-exempt interest received or accrued during the year	LI∠D	<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.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
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		<u>X</u>
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		<u>X</u>
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		٦,	
а	The governing body?	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	Х	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			J
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
	tion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	venue Code)		V	l Na
40-	Dans the assessment as have lead shorters because or offlictor?	10a	Yes	No X
10a	Does the organization have local chapters, branches, or affiliates?	IVa		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10ь]
44	affiliates, and branches to ensure their operations are consistent with those of the organization?	100		
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	<u> </u>		
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			
b	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13	-	Х
14	Does the organization have a written document retention and destruction policy?	14		Х
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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	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 arrangement			
	with a taxable entity during the year?	16a	<u> </u>	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	L	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ MN			
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 X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ▶ Sara Maher 611 East Fairview Ave			

MN 56277

Olivia

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Part VII **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

(A) Name and Title	(B) Average	Posi	ition (C) kallt	hat a	(vlac	(D) Reportable	(E) Reportable	(F) Estimated
Name and The	hours per week	or director		Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Sara Maher Exec Directo	20.00	x						11,440	0	0
Gail Wenner	20.00	^			\vdash	-		11,440	<u>_</u>	
Secretary	1.00	$ \mathbf{x} $		х				o	0	0
Jerry Brustuen										
Vice Chair	1.00	X	-	X	-	_		0	0	0
Mike Jacoby	1 00	7.						o	0	0
Chairman Robert Porath	1.00	X	├	X		\vdash	-			<u> </u>
Treasurer	1.00	$ _{\mathbf{x}}$		X				o	0	o
DAA										Form 990 (2009

Form 990 (2009) RC Hospital Foundation

	rt VII Section A. Officers	, Directors, Trus			y Er	nplo	yees	, an	d Highest Compensated I	Employees (continued)			
	(A) Name and Title	(B) Average hours per	Posi	tion (chec	C) k all t	hat a		(D) Reportable compensation	(E) Reportable compensation		(F) stimated nount of	
		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)	com fr org. and	other pensation om the anization d related anizations	
													
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		-					-			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		····	
		 								***		-	-
					-					*			
1b 2	Total Total number of individuals (in	acluding but not l	ımıte	nt he	thos	e lis	ted a	boy	11,440	\$100,000 in			
	reportable compensation from											Ye	s No
3	Did the organization list any fo								oyee, or highest compensat	ted		3	X
4	employee on line 1a? If "Yes," For any individual listed on lin the organization and related of	e 1a, is the sum	of re	port	able	com	pens	atio	on and other compensation s," complete Schedule J fo	from r such			
5	individual Did any person listed on line									ır		5	X
Sec	services rendered to the orga ction B. Independent Contract	ors											1 22
1	Complete this table for your fi compensation from the organ	ization	ensa	ted	ınde	pend	dent o	conti				- (0)	
	Name and	(A) d business address							Descrip	(B) tion of services		(C) Compen	sation
								 					··
						<u>-</u> .							
								-					
2	Total number of independent more than \$100,000 in compe						ed to	tho	se listed above) who receiv	/ed		0	
DAA	dien groojood in compe		2.3									Form 99	0 (2009)

<u>Pa</u>	rt V	III Statement of Reve	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ম ম	1a	Federated campaigns	1a	****		Tevende		312, 313, 01 314
E a	h	Membership dues	1b					
gE.	c	Fundraising events	1c		7			
a ig	d	Related organizations	1d		7			
S,E	e	Government grants (contributions)	1e		- -			
Sign	f	All other contributions, gifts, grants,						
절취	-	and similar amounts not included above	1 1	316,70	04			
e E	g	Noncash contributions included in lines 1a			=			
ပ္ပန္မ	h	Total. Add lines 1a-1f	•	•	316,70	4		
Program Service Revenue Contributions, gifts, grants				Busn. Co				
je	2a							
§	b						1"	
<u>i</u>	С						1	
溪	d							
Ē	е							
g	f	All other program service reve	nue					
ž	a	Total. Add lines 2a-2f			•			
	3	Investment income (including	dividenc	ls, interest, and				
		other similar amounts)		•	12,48	2		12,482
	4	Income from investment of tax	c-exemp	t bond proceeds			1	
	5	Royalties	·		•			
		(ı) Real		(ii) Personal				
	6a	Gross Rents						
	b	Less rental exps						
	С	Rental inc or (loss)						
	d	Net rental income or (loss))	•			
	7a	Gross amount from (i) Securitie	s	(II) Other				
		sales of assets other than inventory						
	ь	Less cost or other						
		basis & sales exps						
	С	Gain or (loss)						
	d	Net gain or (loss))	-			
an a	8a	Gross income from fundraising eve	ents					
Other Revenue		(not including \$						
eve		of contributions reported on line 1c)					
Ř		See Part IV, line 18	a					
ţ	b	Less direct expenses	b					
0	С	Net income or (loss) from fund	draising	events	>			
	9a	Gross income from gaming activities	es.					
		See Part IV, line 19	a					
	b	Less direct expenses	ь					
	С	Net income or (loss) from gan	ning acti	vities	<u> </u>			
	10a	Gross sales of inventory, less						
		returns and allowances	a _					
	b	Less cost of goods sold	ь	- 				
	С	Net income or (loss) from sale	s of inve		<u> </u>			
		Miscellaneous Revenue	e	Busn. Co	 (
	11a	Miscellaneous Income			11,85	4		11,854
	b						<u> </u>	<u> </u>
	С					<u> </u>	<u> </u>	
	d	All other revenue		L				
	е	Total. Add lines 11a-11d		•	11,85			
	12	Total Revenue. See instruction	ns		341,04	0]	0	24,336

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,	_ (A)	(B)	(C)	_ (D)
	, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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				
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	11,440		11,440	
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)				
а	Management				
b	Legal				
С	Accounting	2,268	2,268		
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				· · ·
12	Advertising and promotion				······································
13	Office expenses	9,611	9,611		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses	j			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				· · · · · · · · · · · · · · · · · · ·
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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)	40 070	40 070		
a	Medical Supplies	49,979	49,979		
b				- -	
٦ C					
d				·-	
e f	All other expenses				
-	All other expenses Total functional expenses Add lines 1 through 24f	73,298	61,858	11,440	.
<u>25</u> 26	Total functional expenses. Add lines 1 through 24f Joint costs. Check here ▶ If following	13,238	01,000		· ·
20	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 1	K` Balance Sheet	-	(4)	1	
			(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing		18,982	1	104,850
2	Savings and temporary cash investments		328,474	2	517,288
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. Com	plete Part II of			
	Schedule L			5	
6	Receivables from other disqualified persons (as defined	d under section			
	4958(f)(1)) and persons described in section 4958(c)(3)	(B) Complete			
	Part II of Schedule L			6	
3 7	Notes and loans receivable, net			7	
7 8 8	Inventories for sale or use			8	
۲ 9	Prepaid expenses and deferred charges			9	
10a	Land, buildings, and equipment cost or				
	other basis Complete Part VI of Schedule D	10a			
b	Less accumulated depreciation	10b	1	10c	
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 3	4)	347,456	16	622,138
17	Accounts payable and accrued expenses		3177130	17	0227230
18	Grants payable			18	•••
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
_	Escrow or custodial account liability Complete Part IV of	of Schedule D		21	
22	Payables to current and former officers, directors, truste			 -+	
፟ ፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟	employees, highest compensated employees, and disq				
		uaineu	i	22	
_	persons Complete Part II of Schedule L	d partica		23	· ···
23	Secured mortgages and notes payable to unrelated thin	•		24	·
24	Unsecured notes and loans payable to unrelated third p	oarties	· · · · · · · · · · · · · · · · · · ·	25	
25	Other liabilities Complete Part X of Schedule D			26	
26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ [∑	Z		-20	
27 28 29 30 31 32 33 34		<u>s</u> and			
	complete lines 27 through 29, and lines 33 and 34.		347,456		622 120
27	Unrestricted net assets		347,430	27	622,138
28	Temporarily restricted net assets				
29	•			29	
•	Organizations that do not follow SFAS 117, check he	ere 🚩 🔛			
5	and complete lines 30 through 34.				
3 30	• • • • • • • • • • • • • • • • • • • •			30	
31	, , , , , , , , , , , , , , , , , , , ,			31	
ζ 32	Retained earnings, endowment, accumulated income, o	or other funds	3.45.45.6	32	600 100
<u>i</u> 33	Total net assets or fund balances		347,456	33	622,138
34	Total liabilities and net assets/fund balances		347,456	34	622,13

Form **990** (2009)

orm	1 990 (2009) RC <u>Hospital</u> Foundation <u>41-183</u> 9619		Pag	ge 12
Pa	art XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X 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
þ	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?	2c		
	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 Act and OMB Circular A-133?	3a		
þ	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		
		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

2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

2

RC Hospital Foundation

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

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

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

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

41-1839619 Reason for Public Charity Status (All organizations must complete this part.) See instructions.

4		A medical res	search organization operati	ed in conjunction with a hospital	described	l ın sectio	n 170(b)(1)(A)(i	ii). Ente	er the ho	spital's name,		
	_	city, and state	e										
5		An organizati	on operated for the benefit	of a college or university owned	or operat	ted by a g	overnme	ental uni	t descri	ibed in			
		section 170(b)(1)(A)(iv). (Complete Par	tII)									
6		A federal, sta	ite, or local government or	governmental unit described in s	ection 17	70(b)(1)(A	.)(v).						
7		An organizati	on that normally receives a	a substantial part of its support fr	om a gov	ernmenta	l unit or t	from the	genera	al public			
		described in	section 170(b)(1)(A)(vi). (0	Complete Part II)									
8		A community	trust described in section	170(b)(1)(A)(vi). (Complete Part	t II)								
9	X	An organizati	on that normally receives	(1) more than 33 1/3 % of its sup	port from	contribut	ions, me	embersh	ip fees	, and gro	ss		
		receipts from	activities related to its exe	mpt functions—subject to certail	n exceptio	ns, and (2	2) no mo	re than	33 1/3	% of its			
		support from	gross investment income a	and unrelated business taxable ii	ncome (le	ss section	511 tax	c) from b	ousines	ses			
		acquired by t	he organization after June	30, 1975 See section 509(a)(2)	. (Comple	te Part III)	•					
10		-	-	exclusively to test for public saf									
11	П	An organizati	on organized and operated	exclusively for the benefit of, to	perform t	he function	ns of, o	r to carn	v out the	е			
				rted organizations described in s									
				the type of supporting organizat									
		a Type	ر م	c Type III-Function			d		e III–Ot	ther			
е				rganization is not controlled direct			- 1						
-		-	<u>-</u>	s and other than one or more pu	-								
			section 509(a)(2)		, ,		,						
f				termination from the IRS that it is	a Type I	. Type II.	or Type	III suppe	ortina				
•		•	check this box		, ,	, . , ,							П
g		=		ation accepted any gift or contrib	ution fron	n anv of th	ne						ш
9		following per		and the second and give a community		,							
		• .		controls, either alone or together	with pers	ons descr	ibed in (m)			ſ	Yes	No
		•		of the supported organization?	William poro	0.10 00001	(,			11g(i)	100	
			member of a person descr	· · · · · · · · · · · · · · · · · · ·							11g(ii)		
		• •	•	described in (i) or (ii) above?							11g(iii)		
h			• •	the supported organization(s)							(1.8())		
<u>'''</u>	Name	e of supported	(ii) EIN	(iii) Type of organization	(IV) is the	organization	(v) Did v	rou notify	(vi)	Is the	(vii) Amo	unt of	
(.,		anization	(, =	(described on lines 1–9	1 ' '	isted in your		nization in	organizat	tion in col	suppo		
				above or IRC section	governing	document?		of your port?		zed in the S?			
				(see instructions))	Yes	No	Yes	No	Yes	No			
				- 	100	"	103	'''	100	 			
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Ta*-						ŧ				 			
<u> Tota</u>		av Ast and D	Doduction Act b	lotice, see the Instructions for	.1	±	l	l	Cobo-	<u> </u>	orm 990 or 99	0 EZ) 1	2000
-c2F P													

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

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

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

Schedule A (Form 990 or 990-EZ) 2009

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

	(Complete only if you che	ecked the box of	on line 9 of Par	t I.)			
	tion A. Public Support	·	··-·			 -	
Ca	lendar 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.")	27,759	88,298	65,832	90,887	316,704	58 <u>9</u> ,480
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	27,759	88,298	65,832	90,887	316,704	589,480
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	ļ					
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the				1		
	amount on line 13 for the year	ļ					
С	Add lines 7a and 7b						·
8	Public support (Subtract line 7c from line 6)						589,480
	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·			, ,, '22 T		
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	27,759	88,298	65,832	90,887	316,704	589,480
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		5,111	9,928	6,665		21,704
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b		5,111	9,928	6,665		21,704
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					23,336	23,336
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	27,759	93,409	75,760	97,552	340,040	634,520
14	First five years. If the Form 990 is for the		second, third, four	th, or fifth tax year	as a section 501(c)(3)	▶ [
<u></u>	organization, check this box and stop here		200	 -			
				(5)		15	02.00%
15	Public support percentage for 2009 (line 8		•	(1))		16	92.90%
16	Public support percentage from 2008 Scheetion D. Computation of Investme						92.63%
				column (fi)	· ·-	17	3 %
17	Investment income percentage for 2009 (li		=	column (I))		18	7 %
18	Investment income percentage from 2008 33 1/3 % support tests—2009. If the orga			14 and line 15 is i	more than 33 1/3 º	<u> </u>	
19a b	17 is not more than 33 1/3 %, check this b 33 1/3 % support tests—2008. If the orga	oox and stop here. inization did not che	The organization queck a box on line 14	ualifies as a public 4 or line 19a, and l	ly supported orgar ine 16 is more thai	nization n 33 1/3 %, and	▶ [X
	line 18 is not more than 33 1/3 %, check the	his box and stop he	ere. The organization	on qualifies as a pi	ublicly supported o	rganization	▶
20	Private foundation. If the organization did	not check a box or	n line 14, 19a, or 19	9b. check this box	and see instruction	ns	>

Schedule A (Form 990 or 990-EZ) 2009 RC Hospital Foundation

41-1839619

Page 4

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 O (Form 990)

Supplemental Information to Form 990

2009

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Open to Public Inspection

Name of the organization

RC Hospital Foundation

Employer identification number 41-1839619

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation The governing documents are made available to the public upon request.