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Form

990

Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

Open to Public Inspection

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

2009

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

C Name of organization: HOLY ROSARY HEALTHCARE  
Doing Business As:  
Number and street (or P O box if mail is not delivered to street address): 2600 WILSON STREET Room/suite:  
City or town, state or country, and ZIP + 4: MILES CITY, MT 59301

D Employer identification number: 81-0231792

E Telephone number: (406) 237-3318

G Gross receipts \$ 33,037,513

F Name and address of principal officer:

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 0928

I Tax-exempt status ☒ 501(c) ( 3 ) ◀(Insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.HRH-MT.ORG

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1997

M State of legal domicile

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: WE WILL, IN THE SPIRIT OF THE SISTERS OF CHARITY, REVEAL GOD'S HEALING LOVE BY IMPROVING THE HEALTH OF THE INDIVIDUALS AND COMMUNITIES WE SERVE, ESPECIALLY THOSE WHO ARE POOR OR VULNERABLE

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a) . . . . . 3 1

4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . . 4 1

5 Total number of employees (Part V, line 2a) . . . . . 5 45

6 Total number of volunteers (estimate if necessary) . . . . . 6 8

7a Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . . . 7a 112,70

7b Net unrelated business taxable income from Form 990-T, line 34 . . . . . 7b -1,27

Revenue

8 Contributions and grants (Part VIII, line 1h) . . . . . 8 439,318

9 Program service revenue (Part VIII, line 2g) . . . . . 9 19,142,483

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . . 10 16,547

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . 11 287,291

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . 12 19,885,639

Current Year

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . . 13 234,436

14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . 14 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . . 15 11,412,055

16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . . 16a 0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶<sup>0</sup> . . . . . 16b

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . . 17 9,382,910

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . . 18 21,029,401

19 Revenue less expenses Subtract line 18 from line 12 . . . . . 19 -1,143,762

End of Year

Net Assets or Fund Balances

20 Total assets (Part X, line 16) . . . . . 20 28,068,762

21 Total liabilities (Part X, line 26) . . . . . 21 12,621,033

22 Net assets or fund balances Subtract line 21 from line 20 . . . . . 22 15,447,729

Beginning of Current Year

Part II Signature Block

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Signature of officer: RONALD WEBB CEO Date: 2010-11-11

Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Date: Check if self-employed ☐

Firm's name (or yours if self-employed), address, and ZIP + 4: ERNST & YOUNG US LLP 190 CARONDELET PLAZA SUITE 1300 CLAYTON, MO 63105

EIN ▶ Phone no ▶ (314) 290-1000

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization's mission

WE WILL, IN THE SPIRIT OF THE SISTERS OF CHARITY, REVEAL GOD'S HEALING LOVE BY IMPROVING THE HEALTH OF THE INDIVIDUALS AND COMMUNITIES WE SERVE, ESPECIALLY THOSE WHO ARE POOR OR VULNERABLE

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

☒

No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

☒

No

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 22,613,346 including grants of \$ 30,454 ) (Revenue \$ 27,475,642 )

HOLY ROSARY HEALTHCARE PROVIDES INPATIENT AND OUTPATIENT HOSPITAL SERVICES TO THE POPULATIONS OF EASTERN MONTANA THESE SERVICES INCLUDE SURGICAL, ONCOLOGY, AND MATERNITY SERVICES, AS WELL AS 24- HOUR EMERGENCY ROOM AND DIAGNOSTIC AND THERAPUTIC SERVICES

4b

(Code ) (Expenses \$ 5,275,276 including grants of \$ 0 ) (Revenue \$ 3,258,579 )

HOLY ROSARY HEALTHCARE'S EXTENDED CARE UNIT PROVIDES SHORT-TERM TRANSITIONAL CARE AFTER ILLNESS, INJURY, OR SURGERY, AS WELL AS, LONG-TERM CARE FOR THOSE UNABLE TO LIVE INDEPENDENTLY

4c

(Code ) (Expenses \$ 2,036,367 including grants of \$ 0 ) (Revenue \$ 1,619,614 )

HOLY ROSARY HEALTHCARE CLINIC PROVIDES PRIMARY CARE SERVICES THE CLINIC ALSO MAKES AVAILABLE VARIOUS SPECIALTY SERVICES OFFERED BY VISITING PROVIDERS

4d

Other program services (Describe in Schedule O )

See also Additional Data for Description

(Expenses \$ including grants of \$ ) (Revenue \$ 402,646 )

4e

Total program service expenses

\$ 29,924,989

Form 990 (2009)

Part IV

Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a	90	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .			1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a	458	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .			3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .			3b	Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .			4a	No
b If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .			7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year . . . . .			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966? . . . . .			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12 . . . . .			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders . . . . .			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	13	
b	Enter the number of voting members that are independent . . .	1b	11	
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3	Yes	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders? . . . . .	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body? . . . . .	8a	Yes	
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9		No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed ▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ MARK PETESCH DIR OF FINANCE PO BOX 35200 BILLINGS, MT 591075200 (406) 237-3318





<b>1b Total</b>	1,135,215	2,343,615	453,807
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**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **14**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
FISHER CONSTRUCTION 235 MOORE LANE BILLINGS, MT 59101	BUILDING CONTRACTOR	1,180,540
ARAMARK CORPORATION PO BOX 651009 CHARLOTTE, NC 282651009	FOOD SERVICES	808,323
MEDQUIST TRANSCRIPTIONS LTD 5 GREENTRE CENTRE STE 311 MARLTON, NJ 08054	TRANSCRIPTION svcs	197,401
B E SMITH INC 9777 RIDGE DRIVE LENEXA, KS 66219	MANAGEMENT LOCUMS	338,039
COMPHEALTH 6440 SOUTH MILLROCK DRIVE STE 175 SALT LAKE CITY, UT 84121	PHYSICIAN LOCUMS	411,537

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **10**

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c					
	d	Related organizations . . . .	1d	137,357				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f . . . . .		137,357				
	Program Service Revenue	2a	NET PATIENT SERVICE	Business Code	900,099	32,353,835	32,353,835	
b		PROGRAM SERVICE RENTAL INCOME		532,000	110,605	110,605		
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f . . . . .		32,464,440				
Other Revenue		3	Investment income (including dividends, interest and other similar amounts) . . . . .		19,205			19,205
		4	Income from investment of tax-exempt bond proceeds . .		0			
	5	Royalties . . . . .		0				
	6a	Gross Rents	(i) Real	(ii) Personal				
			9,585					
			6,915					
			2,670					
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss) . . . . .		2,670			2,670	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
				2,183				
			21,023					
			-21,023	2,183				
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss) . . . . .		-18,840			-18,840	
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a					
			b					
			c	Net income or (loss) from fundraising events . . .	0			
9a	Gross income from gaming activities See Part IV, line 19 . . . . .	a						
		b						
		c	Net income or (loss) from gaming activities . . .	0				
10a	Gross sales of inventory, less returns and allowances . . . . .	a						
		b						
		c	Net income or (loss) from sales of inventory . . .	0				
Miscellaneous Revenue		Business Code						
11a	NON-PATIENT FOOD SERVICES		722,320	321,977	319,880	2,097		
		b	DEPARTMENT OTHER OPERATING REVENUE	900,099	67,007	67,007		
		c	ALL OTHER REVENUE	900,099	15,759	15,759		
		d	All other revenue . . . . .					
		e	Total. Add lines 11a-11d . . . . .		404,743			
12	Total revenue. See Instructions . . . . .		33,009,575	32,756,481	112,702	3,035		

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	73,797	73,797		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	752,353	0	752,353	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7	Other salaries and wages	14,481,378	13,288,315	1,193,063	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	706,505	706,505		
9	Other employee benefits . . . . .	2,220,598	2,220,598		
10	Payroll taxes . . . . .	995,522	887,858	107,664	
11	Fees for services (non-employees)				
a	Management . . . . .	1,958,494	116,011	1,842,483	
b	Legal . . . . .	122,930		122,930	
c	Accounting . . . . .	55,732		55,732	
d	Lobbying . . . . .	1,797		1,797	
e	Professional fundraising See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	3,943		3,943	
g	Other . . . . .	3,149,116	1,958,105	1,191,011	
12	Advertising and promotion . . . . .	128,650		128,650	
13	Office expenses . . . . .	1,292,538	1,064,104	228,434	
14	Information technology . . . . .	100,238		100,238	
15	Royalties . . . . .	0			
16	Occupancy . . . . .	746,526	734,125	12,401	
17	Travel . . . . .	153,590	54,847	98,743	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	0			
20	Interest . . . . .	0			
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	2,619,215	2,619,215		
23	Insurance . . . . .	275,476	275,476		
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a	MEDICAL SUPPLIES	3,818,309	3,817,930	379	
b	BAD DEBTS	1,649,545	1,649,545		
c	OTHER EXPENSES	949,355	501,901	447,454	
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	36,255,607	29,968,332	6,287,275	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			1,430,153	1	162,117
	2	Savings and temporary cash investments . . . . .			210,611	2	215,057
	3	Pledges and grants receivable, net . . . . .				3	
	4	Accounts receivable, net . . . . .			6,239,602	4	4,308,962
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .			777,691	8	857,392
	9	Prepaid expenses and deferred charges . . . . .			190,722	9	183,508
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	39,072,461	14,918,583	10c	16,756,896
	b	Less accumulated depreciation . . . . .	10b	22,315,565			
	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 . . . . .			2,793,124	13	896,857
	14	Intangible assets . . . . .				14	
	15	Other assets See Part IV, line 11 . . . . .			1,508,276	15	657,807
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			28,068,762	16	24,038,596
Liabilities	17	Accounts payable and accrued expenses . . . . .			3,756,322	17	4,113,061
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .				19	
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .			8,670,000	23	7,905,000
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities Complete Part X of Schedule D . . . . .			194,711	25	0
	26	Total liabilities. Add lines 17 through 25 . . . . .			12,621,033	26	12,018,061
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			15,447,729	27	12,020,535
	28	Temporarily restricted net assets . . . . .				28	
	29	Permanently restricted net assets . . . . .				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			15,447,729	33	12,020,535
	34	Total liabilities and net assets/fund balances . . . . .			28,068,762	34	24,038,596

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	Yes	
<b>c</b> If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . .	Yes	
<b>d</b> 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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		No
<b>b</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 . . .		

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization HOLY ROSARY HEALTHCARE	Employer identification number 81-0231792
--	--

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

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

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Part II

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

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

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))		14				
15 Public Support Percentage for 2008 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions						

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6 )						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		



**Part IV**

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

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public  
Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization HOLY ROSARY HEALTHCARE	Employer identification number 81-0231792
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$
- 3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)	
		Yes	No	Amount	
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
	<b>a</b> Volunteers?				No
	<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				No
	<b>c</b> Media advertisements?				No
	<b>d</b> Mailings to members, legislators, or the public?		No		
	<b>e</b> Publications, or published or broadcast statements?		No		
	<b>f</b> Grants to other organizations for lobbying purposes?		No		
	<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		1,797	
	<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
	<b>i</b> Other activities? If "Yes," describe in Part IV		No		
<b>j</b>	Total lines 1c through 1i			1,797	
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912				
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a	Current year		
b	Carryover from last year		
c	Total		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Schedule C, Part II-B	Lobbying Activity Explanation	Holy Rosary Healthcare pays dues to the Montana Hospital Association of which \$1,797 is for lobbying

SCHEDULE D  
(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.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
HOLY ROSARY HEALTHCARE

Employer identification number  
81-0231792

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4

Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

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

1a

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

b

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

2

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

a

Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

b

Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance . . . . .				
b	Contributions . . . . .				
c	Investment earnings or losses . . . . .				
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .				
f	Administrative expenses . . . . .				
g	End of year balance . . . . .				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ %

c

Term endowment ▶ %

3a

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

(i) unrelated organizations . . . . .

3a(i)

Yes

No

(ii) related organizations . . . . .

3a(ii)

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

3b

Yes

No

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		135,511		135,511
b Buildings . . . . .		13,643,701	5,541,477	8,102,224
c Leasehold improvements . . . . .				
d Equipment . . . . .		25,229,325	16,774,088	8,455,237
e Other . . . . .		63,924		63,924
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				16,756,896

Schedule D (Form 990) 2009



Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

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

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV

Supplemental Information

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

Identifier	Return Reference	Explanation
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**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.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

# 2009

## Open to Public Inspection

Name of the organization  
HOLY ROSARY HEALTHCARE

Employer identification number

81-0231792

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

**2 For grant makers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

**3** Activities per Region (Use Schedule F-1 (Form 990) if additional 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 expenditures for region
Central America and the Caribbean	0	0	Program Services	CAPTIVE INSURANCE PREM	15,558
Totals . . . . . ►	0	0			15,558

[illegible]

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_

**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.

[illegible]

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

**Schedule F (Form 990) 2009**

SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**  
▶ **Attach to Form 990.**  
▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
HOLY ROSARY HEALTHCARE

Employer identification number  
81-0231792

Part I

Charity Care and Certain Other Community Benefits at Cost

		Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a . . . . .	1a Yes	
b	If "Yes," is it a written policy? . . . . .	1b Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <div><input type="checkbox"/> Applied uniformly to all hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div> <div><input type="checkbox"/> Generally tailored to individual hospitals</div>		
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients		
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <div><input type="checkbox"/> 100%</div> <div><input type="checkbox"/> 150%</div> <div><input checked="" type="checkbox"/> 200%</div> <div><input type="checkbox"/> Other _____</div>	3a Yes	
b	Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care . . . . . <div><input type="checkbox"/> 200%</div> <div><input type="checkbox"/> 250%</div> <div><input type="checkbox"/> 300%</div> <div><input type="checkbox"/> 350%</div> <div><input checked="" type="checkbox"/> 400%</div> <div><input type="checkbox"/> Other _____</div>	3b Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care		
4	Does the organization's policy provide free or discounted care to the "medically indigent"? . . . . .	4 Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy? . . . .	5a Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount? . . . . .	5b Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .	5c	No
6a	Does the organization prepare an annual community benefit report? . . . . .	6a Yes	
6b	If "Yes," does the organization make it available to the public? . . . . .	6b Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7

Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2) . . . .		458	1,547,854		1,547,854	4 610 %
b Unreimbursed Medicaid (from Worksheet 3, column a) . . . .			1,168,937	311,272	857,665	2 560 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b) . . . . .						
d <b>Total</b> Charity Care and Means-Tested Government Programs . . . . .		458	2,716,791	311,272	2,405,519	7 170 %
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . . .	31	5,823	351,518	34,878	316,640	0 940 %
f Health professions education (from Worksheet 5) . . . .	16	570	146,924	2,100	144,824	0 430 %
g Subsidized health services (from Worksheet 6) . . . .	2		205,557	138,134	67,423	0 200 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8) . . . .	16	1,824	232,011		232,011	0 690 %
j <b>Total</b> Other Benefits . . . .	65	8,217	936,010	175,112	760,898	2 260 %
k <b>Total.</b> Add lines 7d and 7j) . . . .	65	8,675	3,652,801	486,384	3,166,417	0

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing						
2Economic development	1	11	707		707	
3Community support	2	10	23,738		23,738	0 100 %
4Environmental improvements	1		756		756	
5Leadership development and training for community members						
6Coalition building	3	65	3,087		3,087	
7Community health improvement advocacy						
8Workforce development	3	43	151,903		151,903	0 400 %
9Other	2	1,031	7,889		7,889	
10Total	12	1,160	188,080		188,080	0 500 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1		No
2Enter the amount of the organization's bad debt expense (at cost)	2	1,025,851	
3Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	205,170	
4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.			

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME)	5	11,287,825	
6Enter Medicare allowable costs of care relating to payments on line 5	6	16,104,540	
7Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-4,816,715	
8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other			

Section C. Collection Practices

9aDoes the organization have a written debt collection policy?	9a	Yes	
9bIf "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI.	9b	Yes	

Part IVManagement Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

**Part V   Facility Information**

Name and address	Other (Describe)						
	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical
	Licensed hospital						

Holy Rosary Healthcare  
2600 Wilson Street  
Miles City, MT 59301  
Powder River Medical Clinic  
507 North Lincoln Avenue  
Broadus, MT 59317

X	X						X
X							

Part VI

Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

ELIGIBILITY IS BASED ON FEDERAL POVERTY GUIDELINES

THE ANNUAL COMMUNITY BENEFIT REPORT IS INCLUDED IN THE SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM REPORT TO THE COMMUNITY

PHYSICIAN CLINICS ACCOUNT FOR \$34,521 OF TOTAL SUBSIDIZED SERVICE EXPENSE, PALLIATIVE CARE WAS \$32,902

N/A

Cost to charge ratio is used for all remaining categories of community benefit The cost to charge ratio used was derived from worksheet 2

Discounts and payments applied to accounts reduce bad debt expense No method is used to determine the amount that reasonably could be attributable to patients who would likely qualify for financial assistance, however, the organization's financial assistance policy allows financial assistance awards to be made presumptively to individuals who have not adequately completed the application process if the individual is homeless or if the individual is non-responsive and has a credit score less than 600 Bad debt expenses include actual write offs and any associated accrual based on accounts receivable

We do not believe shortfall should be treated as bad debt

The organization's financial assistance policy allows financial assistance awards to be made presumptively to individuals who have not adequately completed the application process if the individual is homeless or if the individual is non-responsive and has a credit score less than 600 If a patient is determined to be eligible for financial assistance any time during the collection process, the account is reclassified as financial assistance and collection efforts are ceased

N/A

2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves

A community health needs assessment was completed by an independent firm in 2006 Holy Rosary Healthcare identified the top priorities and has since been instituting programs and education to address the community's top health needs

3 Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

When a patient presents that he or she does not have health insurance coverage, we offer them a financial aid packet or if they have time we refer them to Medicaid Eligibilty Counseling Services (MECS) - for help to obtain Medicaid or Medicare, if eligible We explain to the patient that this is for financial assistance when they fill out the forms and return it to us We will then be in contact with the patient to obtain financial aid When a patient is pre-registered in person and they are private pay, we refer them to MECS for help to obtain Medicaid or Medicare, if eligible If the patient does not qualify for any other programs, they are then referred to financial assistance If we pre-register the patient over the phone, we finish the pre-registration and then transfer the call to MECS for screening Then they are referred to Financial Aid, if needed

4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

Holy Rosary Healthcare serves approximately 40,000 people living in a nine-county rural area of eastern Montana Approximately 20 percent are uninsured and one-third are below the poverty line Also, the population is slowly aging with an average age in the service area of 46 years old

5 Community building activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

Holy Rosary Healthcare is involved in a number of community building activities The areas that specifically impact the health of the communities served include organizing a critical incident command system, facilitating the county-wide critical incident stress management team, serving on the board of an agency involved in caring for the developmentally disabled, organizing and hosting a high school career day specific to medical careers, and student mentoring and training for a variety of clinical areas

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )

Holy Rosary Healthcare has a robust approach to tying the organization's mission and organizational structure back to the health of the community Specific tactics used include board members are community members, committees of the board (including community benefit/mission) are made up of community members, grants are awarded annually to community organizations to advance community health initiatives, HRH leaders/clinicians are involved in many community-based organizations to further community health initiatives, and health and wellness educational events are offered to the community year around

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

Holy Rosary Healthcare is part of the Sisters of Charity of Leavenworth Health System Holy Rosary takes the lead on identifying and fulfilling community health needs and carrying out the mission of the organization by providing for the health care needs of the community, particularly the poor and vulnerable Holy Rosary is supported by the Sisters of Charity of Leavenworth Health System by providing supplementary resources, best practices, and the framework to develop and carry out an effective community benefit program

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

CA,CO,KS,MT



Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

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

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization  
HOLY ROSARY HEALTHCARE

Employer identification number  
81-0231792

Part IGeneral Information on Grants and Assistance

1

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

☒ Yes☐ No

2

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

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PREGNANCY OUTREACH CLINICPO BOX 596 MILES CITY,MT 59301	810465159	501(C)(3)	9,401				ASSIST WITH PURCHASE OF AN ULTRASOUND MACHINE
HOLY ROSARY FOUNDATION2600 WILSON MILES CITY,MT 59301	202270238	501(C)(3)	43,373				ASSIST IN CHARITABLE EXEMPT PURPOSE

2

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

2

3

Enter total number of other organizations . . . . .▶

0



Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
HOLY ROSARY HEALTHCARE

Employer identification number  
81-0231792

Part I

Questions Regarding Compensation

	Yes	No
<div>1a</div> <div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div> <div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div>		
<div>1b</div> <div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain</div>		
<div>2</div> <div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</div>		
<div>3</div> <div>Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply</div> <div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div></div>		
<div>4</div> <div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</div>		
<div>4a</div> <div>Receive a severance payment or change-of-control payment?</div>	Yes	
<div>4b</div> <div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div>	Yes	
<div>4c</div> <div>Participate in, or receive payment from, an equity-based compensation arrangement?</div>		No
<div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>		
<div></div> <div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div>		
<div>5</div> <div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div>		
<div>a</div> <div>The organization?</div>		No
<div>b</div> <div>Any related organization?</div>		No
<div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>		
<div>6</div> <div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div>		
<div>a</div> <div>The organization?</div>		No
<div>b</div> <div>Any related organization?</div>		No
<div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>		
<div>7</div> <div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div>		No
<div>8</div> <div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III</div>		No
<div>9</div> <div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div>		

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
GREGORY A NIELSON	(i)	0	0	0	0	0	0	0
	(ii)	113,517	0	7,683	40,298	7,232	168,730	0
JAMES T PAQUETTE	(i)	0	0	0	0	0	0	0
	(ii)	422,621	0	197,694	72,849	12,304	705,468	0
DANIEL G TAILLEUR	(i)	259,146	0	0	0	13,475	272,621	0
	(ii)	0	0	0	0	0	0	0
CHRISTINE DRIVDAHL-SMITH	(i)	264,253	0	0	0	13,921	278,174	0
	(ii)	0	0	0	0	0	0	0
EARL BENNETT	(i)	162,080	0	0	16,092	7,121	185,293	0
	(ii)	0	0	0	0	0	0	0
RAYLENE STARCK	(i)	161,883	0	0	6,450	13,195	181,528	0
	(ii)	0	0	0	0	0	0	0
STEVE BALLOCK	(i)	0	0	0	0	0	0	0
	(ii)	214,539	0	20,289	26,251	14,517	275,596	0
RICHARD LOPES	(i)	0	0	0	0	0	0	0
	(ii)	508,643	140,397	288,225	19,600	10,725	967,590	0
PAMELA NICHOLS	(i)	0	0	0	0	0	0	0
	(ii)	125,720	0	45,809	141,627	7,495	320,651	0
MICHAEL BRICCO	(i)	149,008	0	0	1,667	4,445	155,120	0
	(ii)	0	0	0	0	0	0	0
ANGELA BUNDY	(i)	138,845	0	0	16,500	7,428	162,773	0
	(ii)	0	0	0	0	0	0	0

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
form 990, schedule j, part i, line 3		SEE FORM 990, SCHEDULE O DISCLOSURE FOR FORM 990, PART VI, LINES 15A & B REGARDING THE PROCESS USED BY SCLHS TO DETERMINE EXECUTIVE COMPENSATION WHICH IS RELIED UPON BY THIS ORGANIZATION.
form 990, schedule j, part i, line 4a	SEVERANCE PAYMENTS	SEVERANCE WAS PAID IN 2009 TO PAMELA J. NICHOLS, CHIEF NURSING OFFICER (\$42,911) AND TO CHRISTOPHER T. HOPKINS, VP OPERATIONS/FINANCE (\$17,974).
form 990, schedule j, part i, line 4b	PAYMENTS FROM NONQUALIFIED RETIREMENT PLAN	OTHER REPORTABLE COMPENSATION SHOWN IN SCHEDULE J PART II COLUMN (B) (III) CONTAINS AN ANNUAL REPORTING ADJUSTMENT FOR CERTAIN EMPLOYEES WHO PARTICIPATE IN THE SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS. SCLHS PROVIDES NONQUALIFIED RETIREMENT PLANS FOR EXECUTIVES TO COMPENSATE FOR IRS-IMPOSED LIMITATIONS IN QUALIFIED RETIREMENT PLANS AND TO PROVIDE A BENEFIT CONSISTENT WITH OTHER NOT-FOR-PROFIT HEALTH SYSTEMS. THESE PLANS ENABLE THE EXECUTIVE TO EARN BENEFITS DURING EACH YEAR THAT THEY PARTICIPATE. ON THE ADVICE OF COUNSEL, SCLHS HAS DETERMINED THAT THESE BENEFITS SHOULD BE SUBJECT TO TAXATION AS THEY ARE EARNED AND VESTED RATHER THAN WHEN THEY ARE RECEIVED. THEREFORE, SCLHS CHANGED THE VESTING OF ITS NONQUALIFIED RETIREMENT PLAN BENEFITS DURING 2008. AS A RESULT, THE TOTAL NONQUALIFIED RETIREMENT PLAN BENEFITS, WHICH WERE ACCRUED AND VESTED IN THE CURRENT YEAR, ARE NOW CONSIDERED TAXABLE AND THUS WERE TAXED TO THE PARTICIPANTS. AN AMOUNT EQUAL TO THE PARTICIPANT'S EXPECTED INCOME TAX LIABILITY WAS WITHDRAWN FROM THE PARTICIPANT'S ACCOUNT AND REMITTED TO THE IRS AS WITHHOLDING ON THE TAXABLE BENEFIT. THE AMOUNTS WITHDRAWN FROM THE PLAN FOR TAXES IN 2009 WERE: JAMES T. PAQUETTE \$71,774; STEVEN A. BALLOCK \$5,222; RICHARD T. LOPES \$114,625. IN ADDITION, VESTED AMOUNTS ARE PAYABLE UPON END OF EMPLOYMENT. THE AMOUNTS WITHDRAWN FOR THIS TYPE OF PAYMENT IN 2009 WERE: GREG NIELSEN \$1,174.
FORM 990 SCHEDULE J, PART II AND FORM 990 PART VII		THE SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. (SCLHS) CONSISTS OF ELEVEN HOSPITALS AND FOUR CLINICS (AFFILIATES) IN FOUR STATES INCLUDING HOLY ROSARY HEALTHCARE (HOLY ROSARY) IN MILES CITY, MONTANA. SCLHS AND ITS AFFILIATES ADHERE TO GOVERNANCE EXCELLENCE STANDARDS INCLUDING TRANSPARENCY AND ACCOUNTABILITY. JAMES T. PAQUETTE IS PRESIDENT & CHIEF EXECUTIVE OFFICER FOR ST. VINCENT HEALTHCARE (ST. VINCENT) IN BILLINGS, MT. HE ALSO SERVES AS A MEMBER OF HOLY ROSARY'S BOARD. STEVEN A. BALLOCK IS VICE PRESIDENT, CHIEF FINANCIAL OFFICER FOR ST. VINCENT. HE ALSO SERVES AS AN OFFICER OF HOLY ROSARY. THE COMPENSATION REFLECTED IS THAT OF MR. PAQUETTE'S AND MR. BALLOCK'S POSITIONS AS ST. VINCENT EXECUTIVES AND NOT AS MEMBERS OF HOLY ROSARY'S BOARD OR OFFICERS. IN KEEPING WITH SCLHS' CORE VALUE OF STEWARDSHIP, NO BOARD MEMBER SERVING ON SCLHS OR AFFILIATE BOARDS IS COMPENSATED FOR THAT SERVICE. RICHARD T. LOPES IS SENIOR VICE PRESIDENT AND CHIEF TRANSFORMATION OFFICER AT SCLHS. AS A FORMER OFFICER OF HOLY ROSARY, THIS DISCLOSURE IS REQUIRED FOR 990 REPORTING PURPOSES ONLY. THE COMPENSATION REFLECTED IS THAT OF MR. LOPES' POSITION AS AN SCLHS EXECUTIVE AND IS NOT RELATED TO HOLY ROSARY.

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
HOLY ROSARY HEALTHCARE

Employer identification number  
81-0231792

Identifier	Return Reference	Explanation
FORM 990 PART III, LINE 4A	PROGRAM SERVICE ACCOMPLISHMENTS	HOLY ROSARY HEALTHCARE (HOSPITAL) PROVIDES QUALITY MEDICAL HEALTHCARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, OR ABILITY TO PAY THE HOSPITAL PROVIDES CARE TO INDIVIDUALS COVERED BY GOVERNMENTAL PROGRAMS, OTHER BENEFITS, AND ACCOMPLISHMENTS INCLUDE -ASSISTING EDUCATORS BY WORKING WITH HEALTHCARE INTERNS - PRESENT SPEAKING ENGAGEMENTS TO THE COMMUNITY COVERING HEALTHCARE ISSUES SUCH AS TELEMEDICINE, ARTHRITIS, HOSPICE PROGRAM, SLEEP DISORDERS, ETHICS, JOINT SEMINARS, EAR, NOSE, AND THROAT ISSUES, PSYCHOLOGY, AND DIABETES -PARTICIPATED IN HEALTH FAIRS TO PROMOTE HEALTH EDUCATION AND FOSTER PREVENTION TECHNIQUES -PROVIDE HOSPICE PROGRAM TO COMMUNITY -PROVIDE DENTAL CARE FOR CHILDREN THROUGH SMILE SAVERS -PROVIDE HEALTH RELATED ARTICLES TO LOCAL PRESS TO EDUCATE PUBLIC ON VARIOUS TOPICS -PROVIDE WELLNESS SCREENS TO SCHOOL DISTRICT AT DISCOUNTED RATE -PROVIDE FREE TOURS TO AREA SCHOOL CHILDREN AND OTHER COMMUNITY GROUPS TO TEACH THEM ABOUT THE HOSPITAL - PROVIDE MEDICAL EXPLORERS PROGRAM TO PROMOTE CAREERS IN HEALTHCARE -SPONSOR AFFORDABLE ACCESS ADVANTAGE FOR OUR EMPLOYEES -SPONSOR BLOOD DRIVES, CHARITY WALKS, 55 ALIVE, SCHOOL NURSE PROGRAM, AND OTHER GROUPS FORM 990 PART VI, SEC A, LINE 3 MANAGEMENT COMPANIES MANAGEMENT DUTIES DELEGATED BY HOLY ROSARY HEALTHCARE TO MANAGEMENT COMPANIES WERE IN THE FOLLOWING AREAS (1) CONIFER HEALTH SOLUTIONS REVENUE CYCLE SERVICES THAT INCLUDES PATIENT ACCESS, CHARGE CAPTURE AND ACCOUNTS RECEIVABLE MANAGEMENT (2) ARAMARK CORPORATION FOOD SERVICES (3) BROADLANE SUPPLY CHAIN MANAGEMENT FORM 990 PART VI, SEC A, LINES 6, 7A & 7B CLASS OF MEMBER, NATURE OF RIGHTS, ELECTION OF BOARD MEMBERS, DECISIONS SUBJECT TO APPROVAL THE SOLE MEMBER AND CONTROLLING MEMBER OF THE HOLY ROSARY HEALTHCARE (HRH) CORPORATION IS THE SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC (SCLHS), A KANSAS NON-FOR-PROFIT CORPORATION SOME OF THE EXCLUSIVE POWERS OF SCLHS INCLUDE (1) TO APPOINT, AFTER CONSULTATION WITH THE HRH CORPORATE BOARD, THE BOARD OF DIRECTORS OF HRH AND APPOINT MEMBERS OF SCLHS TO THE HRH BOARD OF DIRECTORS, (2) TO REMOVE, WITH OR WITHOUT CAUSE, AFTER CONSULTATION WITH THE HRH CORPORATE BOARD, ANY MEMBER OF THE HRH BOARD OF DIRECTORS, (3) TO APPOINT OR REMOVE, WITH OR WITHOUT CAUSE, THE CHIEF EXECUTIVE OFFICER AND THE CHIEF ADMINISTRATIVE OFFICER OF HRH, (4) TO IMPLEMENT CORPORATE GOALS, POLICIES, AND PROCEDURES OF HRH, (5) TO APPROVE FOR HRH THE ACQUISITION OF ASSETS, THE INCURRENCE OF INDEBTEDNESS, OR THE LEASE, SALE, TRANSFER, ASSUMPTION, OR ENCUMBERING OF HRH ASSETS, (6) TO APPROVE THE MERGER, DISSOLUTION, OR CORPORATE RESTRUCTURING OF HRH, AND (7) TO APPROVE HRH ANNUAL STRATEGIC PLANS AND OPERATING AND CAPITAL BUDGETS THE HRH BOARD OF DIRECTORS HAVE THE POWERS TO EXERCISE GENERAL MANAGEMENT AND CONTROL OF THE BUSINESS AFFAIRS OF HRH WITH DUE REGARD FOR THE POWERS RESERVED BY SCLHS THE POWERS OF THE HRH BOARD OF DIRECTORS INCLUDE NOMINATION OF BOARD MEMBERS FOR APPOINTMENT BY SCLHS FORM 990 PART VI, SEC B, LINE 11A PROCESS THE ORGANIZATION USES TO REVIEW FORM 990 THE 990 FOR HOLY ROSARY HEALTHCARE WILL BE REVIEWED AT SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM AND THE HOLY ROSARY HEALTHCARE BOARD MEETINGS BEFORE THE RETURN IS FILED WITH THE IRS
FORM 990 PART VI, SEC B, LINE 12C	PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST	DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST ALL HOLY ROSARY HEALTHCARE EXECUTIVES, DIRECTORS, AND MANAGERS, BOARD MEMBERS AND BOARD COMMITTEE MEMBERS, MEDICAL EXECUTIVE COMMITTEE (MEC) MEMBERS AND OTHER PHYSICIANS IN DECISION MAKING ROLES OR SERVING ON HRH COMMITTEES, COMPLETE A NEW CONFLICT OF INTEREST (COI) DISCLOSURE FORM ANNUALLY A COPY OF THE POLICY IS DISTRIBUTED ALONG WITH THE COI FORMS IN THE EVENT OF A CHANGE OF CIRCUMSTANCE, EACH INDIVIDUAL WHO HAS ALREADY SIGNED A COI IS EXPECTED TO NOTIFY THE ORGANIZATION OF THE CHANGE AND UPDATE THE CONFLICT OF INTEREST INFORMATION THE STATEMENTS ARE REVIEWED AND COI ISSUES ARE ADDRESSED BY THE ORGANIZATION RESPONSIBILITY OFFICER (ORO) AND LEADERSHIP AT THE APPROPRIATE LEVEL BOARD BY BOARD CHAIR PHYSICIANS BY THE MEC PRESIDENT HRH DIRECTORS AND MANAGERS BY THE HRH ADMINISTRATION HRH EXECUTIVES BY THE SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM THE SIGNED COI FORMS ARE MAINTAINED IN HRH ADMISTRATION THE CONFLICT OF INTEREST DISCLOSURE STATEMENTS FOR HRH EXECUTIVES ARE MAINTAINED AT SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC AT THE BEGINNING OF BOARD AND BOARD COMMITTEE MEETINGS, THE QUESTION OF COI IS ASKED OF THOSE IN ATTENDANCE WHEN AN ACTUAL CONFLICT IS IDENTIFIED, THE INDIVIDUAL ASKS TO BE EXCUSED FROM PARTICIPATING IN THE DISCUSSIONS AND DECISION-MAKING
Form 990 Part VI, Sec B, Lines 15A & 15B	DESCRIPTION OF COMPENSATION DETERMINATION PROCESS	SCLHS EMPLOYS THE EXECUTIVE TEAM AT EACH OF ITS HOSPITAL AFFILIATES AS PART OF ITS ANNUAL REVIEW PROCESS, SCLHS USES THE FOLLOWING IN ESTABLISHING THE COMPENSATION OF THOSE IN THESE POSITIONS -COMPENSATION COMMITTEE -INDEPENDENT COMPENSATION CONSULTANT -FORM 990 OF OTHER ORGANIZATIONS -WRITTEN EMPLOYMENT CONTRACTS - COMPENSATION SURVEYS AND STUDIES -APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE THE ABOVE SUPPORT THE COMPENSATION COMMITTEE'S EFFORTS TO ENSURE THAT THE LEVEL OF COMPENSATION PROVIDED TO ITS EXECUTIVES (OFFICERS, KEY EMPLOYEES, ETC ) IS CONSISTENT WITH MARKET VALUE AND THE PAY PHILOSOPHY SET BY THE BOARD THE PAY PHILOSOPHY SET BY THE BOARD IS TO PAY AT THE MIDDLE OF THE MARKET FOR EXECUTIVES OF SIMILAR SIZED ORGANIZATIONS OVERALL SCLHS' EXECUTIVE COMPENSATION IS COMPARABLE TO THAT PROVIDED IN SIMILAR, NOT-FOR-PROFIT HEALTHCARE SYSTEMS AND HOSPITALS FORM 990 PART VI, SEC C, LINE 19 A VAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC THE CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE AT HOSPITAL ADMINISTRATION UPON REQUEST THE SISTERS OF CHARITY CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE SISTERS OF CHARITY WEBSITE WWW.SCLHEALTHSYSTEM.ORG
FORM 990 PART VII AND SCHEDULE J PART II	OFFICERS, DIRECTORS, TRUSTEE, KEY EMPLOYEES ADDITIONAL INFORMATION	THE SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC (SCLHS) IS THE SOLE CORPORATE MEMBER OF ELEVEN HOSPITALS AND FOUR CLINICS (AFFILIATES) IN FOUR STATES INCLUDING HOLY ROSARY HEALTHCARE (HOLY ROSARY) IN MILES CITY, MONTANA SCLHS AND ITS AFFILIATES ADHERE TO GOVERNANCE EXCELLENCE STANDARDS INCLUDING TRANSPARENCY AND ACCOUNTABILITY JAMES T PAQUETTE IS PRESIDENT & CHIEF EXECUTIVE OFFICER FOR ST VINCENT HEALTHCARE (ST VINCENT) IN BILLINGS, MT HE ALSO SERVES AS A MEMBER OF HOLY ROSARY'S BOARD STEVEN A BALLOCK IS VICE PRESIDENT, CHIEF FINANCIAL OFFICER FOR ST VINCENT HE ALSO SERVES AS AN OFFICER OF HOLY ROSARY THE COMPENSATION REFLECTED IS THAT OF MR PAQUETTE'S AND MR BALLOCK'S POSITIONS AS ST VINCENT EXECUTIVES AND NOT AS MEMBERS OF HOLY ROSARY'S BOARD OR OFFICERS IN KEEPING WITH SCLHS' CORE VALUE OF STEWARDSHIP, NO BOARD MEMBER SERVING ON SCLHS OR AFFILIATE BOARDS IS COMPENSATED FOR THAT SERVICE RICHARD T LOPES IS SENIOR VICE PRESIDENT AND CHIEF TRANSFORMATION OFFICER AT SCLHS AS A FORMER OFFICER OF HOLY ROSARY, THIS DISCLOSURE IS REQUIRED FOR 990 REPORTING PURPOSES ONLY THE COMPENSATION REFLECTED IS THAT OF MR LOPES' POSITION AS AN SCLHS EXECUTIVE AND IS NOT RELATED TO HOLY ROSARY
FORM 990 PART VII AND SCHEDULE J, PART II	AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS	ESTIMATE OF AVERAGE HOURS PER WEEK, IF ANY, DEVOTED TO RELATED ORGANIZATIONS FOR WHICH COMPENSATION WAS REPORTED IN COLUMNS (E) OR (F) OF PART VII GREG NIELSON 1 HOUR/WEEK ON WORK FOR HOLY ROSARY HOSPITAL FOUNDATION (HRH FND) JAMES PAQUETTE 36 HOURS/WEEK ON RELATED ORG STEVE BALLOCK 35 HOURS/WEEK ON RELATED ORG RON WEBB 1 HOUR/WEEK ON WORK FOR HRH FND JOHN ISLEY 1 HOUR/WEEK ON WORK FOR HRH FND BARRY KENFIELD 1 HOUR/WEEK ON WORK FOR HRH FND RICHARD LOPES 1 HOUR/WEEK ON WORK FOR HRH FND RICHARD LOPES 1 HOUR/WEEK ON WORK FOR HRH FND

## Related Organizations and Unrelated Partnerships

# 2009

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Employer identification number

81-0231792

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a)  
Name, address, and EIN of disregarded entity

**(b)**  
Primary activity

(c)  
Legal domicile (state  
or foreign country)

(d)  
Total income

(e)  
End-of-year assets

(f)  
Direct controlling  
entity

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a)  
Name, address, and EIN of related organization

**(b)**  
Primary activity

(c)  
Legal domicile (state  
or foreign country)

(d)  
Exempt Code section

(e)  
Public charity status  
(if section 501(c)(3))

(f)  
Direct controlling  
entity

See Additional Data Table

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
See Additional Data Table							Yes	No		Yes	No

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
caritas inc and subsidiaries 9801 renner boulevard suite 100 lenexa, KS66219 48-0941069	other medical	KS	NA	C CORP			
LEAVEN INSURANCE COMPANY LTD 23 LIME TREE BAY AVE PO BOX 1051 GEORGETOWN, GRAND CAYMAN KY1-1102 CJ 98-0370522	INSURANCE	CJ	NA				



## Part V

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

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

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b	Yes	
1c	Yes	
1d		No
1e	Yes	
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o	Yes	
1p		No
1q		No
1r		No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	ST VINCENT HEALTHCARE	E	765,000
(2)	ST VINCENT HEALTHCARE	O	108,475
(3)	HOLY ROSARY HEALTHCARE FOUNDATION	B	43,343
(4)	HOLY ROSARY HEALTHCARE FOUNDATION	C	137,357
(5)			
(6)			

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Software ID:

Software Version:

EIN: 81-0231792

Name: HOLY ROSARY HEALTHCARE

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
SISTERS OF CHARITY OF LEAVENWORTH  9801 RENNER BOULEVARD SUITE 100 LENEXA, KS66219 23-7379161	support mmbrs	KS	501(C)(3)	11 b	NA
caritas clinics inc  818 north 7th street leavenworth, KS66048 48-1009910	clinic svcs	KS	501(C)(3)	3	NA
marian clinic inc  1001 sw garfield topeka, KS66604 48-1046905	clinic svcs	KS	501(C)(3)	3	NA
marillac clinic inc  2333 n 6th street grand junction, CO81501 84-1085822	clinic svcs	CO	501(C)(3)	3	NA
providence medical center  8929 parallel parkway kansas city, KS66112 48-0784446	healthcare	KS	501(C)(3)	3	NA
st john hospital inc  3500 south fourth street LEAVENWORTH, KS66048 48-0543768	healthcare	KS	501(C)(3)	3	NA
bethany community plaza inc  15 north 12th street kansas city, KS66112 48-1207407	healthcare	KS	501(C)(3)	3	NA
providencest john foundation inc  8929 parallel parkway kansas city, KS66112 48-0925688	support	KS	501(C)(3)	7	NA
st francis health center inc  1700 sw 7th street topeka, KS66606 48-0547719	healthcare	KS	501(c)(3)	3	NA
ST FRANCIS HEALTH FOUNDATION  1700 sw 7th street topeka, KS66606 48-1092520	support	KS	501(c)(3)	11 a	NA
st mary's hospital and medical center  2635 n 7th street grand junction, CO81502 84-0425720	healthcare	CO	501(C)(3)	3	NA
st mary's hospital foundation  2635 n 7th street grand junction, CO81502 23-7001007	support	CO	501(C)(3)	11 a	NA
saint joseph hospital foundation  1835 franklin street denver, CO80218 84-0735096	support	CO	501(C)(3)	11 a	NA
holy rosary healthcare foundation inc  2600 wilson street miles city, MT59301 20-2270238	support	MT	501(C)(3)	11 a	NA
st vincent healthcare  1233 north 30th street billings, MT59101 81-0232124	healthcare	MT	501(C)(3)	3	NA
st vincent healthcare foundation  po box 35200 billings, MT59107 81-0468034	support	MT	501(C)(3)	7	NA
northwest research & education institute  315 north 25th street billings, MT59101 20-1343024	comm hlth res	MT	501(C)(3)	9	NA
st james healthcare  400 south clark street butte, MT59701 81-0231785	healthcare	MT	501(C)(3)	3	NA
st james healthcare foundation inc  400 south clark street butte, MT59701 65-1202190	support	MT	501(C)(3)	11 a	NA
saint john's hospital and health center  1328 22nd street santa monica, CA90404 95-1684082	healthcare	CA	501(C)(3)	3	NA
john wayne cancer institute  2000 santa monica boulevard santa monica, CA90404 95-4291515	cancer r&d	CA	501(C)(3)	4	NA
saint john's hospital & health ctr fdtn  1328 22nd street santa monica, CA90404 95-6100079	support	CA	501(C)(3)	11 a	NA
EXEMPLA INC FKA LUTHERAN HOSPITAL  2420 W 26TH AVE SUITE 100D DENVER, CO80211 84-1103606	HEALTHCARE	CO	501(c)(3)	3	NA
EXEMPLA LUTHERAN MEDICAL CENTER FNDTN  2480 W 26TH AVE SUITE 360B DENVER, CO80211 20-8846152	SUPPORT 501c3	CO	501(c)(3)	7	NA
EXEMPLA GOOD SAMARITAN MEDICAL CENTR FND  200 EXEMPLA CIRCLE LAFAYETTE, CO80026 84-1649162	SUPPORT 501C3	CO	501(c)(3)	7	NA
LUTH MED CNTR PRO&GEN LIAB SELF-INS TRST  2480 W 26TH AVE SUITE 360B DENVER, CO80211 74-2571584	INSURANCE	CO	501(c)(3)	11 a	NA
MEDPARK INC  2480 W 26TH AVE SUITE 360B DENVER, CO80211 84-1490379	PARKING	CO	501(c)(3)	7	NA
SAINT JOSEPH HOSPITAL  1835 FRANKLIN STREET DENVER, CO80218 84-0417134	HEALTHCARE	CO	501(c)(3)	3	NA

**Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?	
							Yes	No		Yes	No
PIL LLC  750 wellington grand junction, CO 81501 03-0516198	radiology	CO	NA	NA							
GVSC LLC  710 wellington grand junction, CO 81501 84-1505075	op surgery	CO	NA	NA							
SJCC LLC  600 south 5th street montrose, CO 81401 20-2856331	op cancer	CO	NA	NA							
BMRI LLC  1041 north 29th street billings, MT 59101 81-0450943	mri-pet scan	MT	NA	NA							
LUTHERAN CAMPUS ASC LLC  3455 LUTHRN PKW SUITE 150 WHEATRIDGE, CO 800336028 02-0749532	OP SURGERY	CO	NA	NA							
COLORADO SURGICAL VENTURES LLC  30 S WACKER DR SUITE 2302 CHICAGO, IL 60605 20-8038915	OP SURGERY	CO	NA	NA							
COLORADO SURGICAL HOSPITAL LLC  30 S WACKER DR SUITE 2302 CHICAGO, IL 60605 20-8038977	OP SURGERY	CO	NA	NA							
SOUTHWEST MONTANA RADIOLOGY LLC  820 W PLATINUM BUTTE, MT 59701 20-3042235	IMAGING CNTR	MT	N/A								

Additional Data

Software ID:  
Software Version:  
EIN: 81-0231792  
Name: HOLY ROSARY HEALTHCARE

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services				
(Code	) (Expenses \$	including grants of \$	) (Revenue \$	110,605 )
Program service rental income				
(Code	) (Expenses \$	including grants of \$	) (Revenue \$	292,041 )
Miscellaneous Income				

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JEFF HARDING BOARD MEMBER	2 0	X						0	0	0
SYLVIA DANFORTH BOARD MEMBER	2 0	X						0	0	0
MONTY LESH BOARD CHAIR	2 0	X						0	0	0
SISTER MARY LOU MENDEL BOARD MEMBER	2 0	X						0	0	0
SISTER MARIE DAMIAN GLATT BOARD MEMBER	2 0	X						0	0	0
DR J R GRIERSON BOARD VICE CHAIR	2 0	X						0	0	0
JANETTE JONES BOARD SECRETARY	2 0	X						0	0	0
JAMES T PAQUETTE REGIONAL CEO	40 0	X		X				0	620,315	85,153
SISTER JUDITH JACKSON BOARD MEMBER	2 0	X						0	0	0
RHONDA VERBECK BOARD MEMBER	2 0	X						0	0	0
TRACI SCHELL BOARD MEMBER	2 0	X						0	0	0
CHRISTINE DRIVDAHL-SMITH PHYSICIAN	40 0	X						264,253	0	13,921
TAD TORGERSON BOARD MEMBER	2 0	X						0	0	0
RON WEBB CEO (December 2009)	40 0	X		X				0	23,266	29
GREGORY A NIELSON CEO (January - May 2009)	40 0			X				0	121,200	47,530
STEVE BALLOCK CFO	40 0			X				0	234,828	40,768
JOHN ISLEY INTERIM CEO (June - Nov 2009)	40 0			X				0	129,142	282
BARRY KENFIELD INTERIM CFO (Jan - Dec 2009)	40 0			X				0	106,070	304
PAMELA NICHOLS CHIEF NURSING OFFICER	40 0				X			0	171,529	149,122
DANIEL G TAILEUR PHYSICIAN	40 0					X		259,146	0	13,475
EARL BENNETT PHARMACIST	40 0					X		162,080	0	23,213
RAYLENE STARCK PHARMACIST	40 0					X		161,883	0	19,645
MICHAEL BRICCO PHARMACIST	40 0					X		149,008	0	6,112
ANGELA BUNDY ER PHYSICIAN ASSISTANT	40 0					X		138,845	0	23,928
RICHARD LOPES CHIEF TRANSFORMATION OFFICER	40 0						X	0	937,265	30,325