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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
MID-COLUMBIA MEDICAL CENTER

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
19TH NEVADA STREETS

City or town, state or country, and ZIP + 4
THE DALLES, OR 97058

D Employer identification number
93-0386936

E Telephone number
(541) 296-1111

G Gross receipts $ 93,210,134

F Name and address of principal officer
DONALD O ARBON
19TH NEVADA STREETS
THE DALLES, OR 97058

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 ▶

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

J Website: ▶ WWW MCMC NET

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1984 | **M** State of legal domicile OR

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Mid-Columbia Medical Center is a mission-driven organization whose purpose is To lead and act as a catalyst in promoting health for all people To recognize the individual as a whole human being with different needs that must be met enthusiastically To communicate a vision of health, art, education, technology and a center for healing which will continually upgrade the quality of life in the community environment in which we live To empower people to become partners in their healthcare Guided by this mission MCMC continues to be a significant partner contributing to the overall health of the communities it serves

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**	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	6
5	Total number of employees (Part V, line 2a)	**5**	895
6	Total number of volunteers (estimate if necessary)	**6**	235
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	40,185
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	311,032	418,710
9	Program service revenue (Part VIII, line 2g)	81,562,820	91,642,854
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	156,693	118,095
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	984,681	1,030,475
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	83,015,226	93,210,134
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	73,094	509,950
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	45,061,528	50,110,639
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	36,156,010	38,655,819
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	81,290,632	89,276,408
19	Revenue less expenses Subtract line 18 from line 12	1,724,594	3,933,726

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	43,607,719	46,344,289
21	Total liabilities (Part X, line 26)	22,491,558	20,980,400
22	Net assets or fund balances Subtract line 21 from line 20	21,116,161	25,363,889

Part II Signature Block

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

Sign Here

****** | 2010-11-10
Signature of officer | Date

DONALD O ARBON CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ☐	Preparer's identifying number (see instructions)
Wesley B Hansen			

Firm's name (or yours if self-employed), address, and ZIP + 4
Delap LLP
4500 SW Kruse Way No 200
Lake Oswego, OR 97035

EIN ▶

Phone no ▶ (503) 697-4118

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

ACUTE CARE HOSPITAL - See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 80,786,512 including grants of $ 509,950) (Revenue $ 91,732,939)

ACUTE HOSPITAL CARE INPATIENT DAYS 7,157, INPATIENT REHAB DAYS 1,184, OUTPATIENT OBSERVATION DAYS 1,692, LABORATORY TESTS 194,321, IMAGING TESTS 29,835, HOME HEALTH EPISODES 1,282, EMERGENCY VISITS 17,223, VISITING PHYSICIAN VISITS 5,565, MEDICAL ONCOLOGY 7,628, OUTPATIENT SURGERIES 1,977, RADIATION ONCOLOGY OUTPATIENT PROCEDURES 9,310, TOTAL OUTPATIENTS 129,281 SEE SCHEDULE H FOR NARRATIVE OF PROGRAM SERVICE ACCOMPLISHMENTS

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

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

4e **Total program service expenses** ▶ $ 80,786,512

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	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	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, line10? *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	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *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		No
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? *If "Yes," complete Schedule I, Parts I and II*	**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? *If "Yes," complete Schedule I, Parts I and III*	**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? *If "Yes," complete Schedule J*	**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? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**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	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	**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? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		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? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	140		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	895		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		Yes	
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 ▶ _____ 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 7		
b	Enter the number of voting members that are independent	1b 6		
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		No
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		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
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	Yes	
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	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ OR

18 Section 6104 requires an organization to make its 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

☐ Own website ☐ Another's website ☑ Upon request

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

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

MID-COLUMBIA MEDICAL CENTER
19TH NEVADA STREETS
THE DALLES, OR 97058
(541) 296-1111

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

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

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

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

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

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

(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			
CARINA SCHMIDT SECRETARY	1 00	X						0	0	0
GRETCHEN KIMSEY DIRECTOR	1 00	X						0	0	0
DAN BOLDT VICE CHAIR	1 00	X						0	0	0
ROBERT L R BAILEY DIRECTOR	1 00	X						0	0	0
WALLACE WOLF JR DVM DIRECTOR	1 00	X						0	0	0
PAUL CARDOSI CHAIR	50 00	X				X		244,804	0	28,467
DUANE FRANCIS CEO	50 00			X		X		0	433,902	117,258
DONALD ARBON CFO	50 00			X		X		0	209,588	23,465
REGINA ROSE DIRECTOR - ICU	50 00				X			149,060	0	23,100
SAM C DERRICK JR DIRECTOR - MEDICAL GROUP	50 00				X			181,982	0	23,972
GRETCHEN BLAIR PHYSICIAN	50 00					X		204,728	0	26,051
MATTHEW PROCTOR PHYSICIAN	50 00					X		226,148	0	27,336
SAMUEL TAYLOR PHYSICIAN	50 00					X		201,356	0	26,065
XINYU FU PHYSICIAN	50 00					X		362,231	0	28,467

1b Total . . . . . ▶	1,421,249	643,490	301,081

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 ▶ 25

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		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
COLUMBIA GORGE PATHOLOGY ASSN 1700 E 19TH ST THE DALLES, OR 97058	PATHOLOGY	935,907
RADIATION ONCOLOGISTS PC 1400 NW IRVING ST SUITE 527 PORTLAND, OR 97209	MEDICAL SERVICES	747,457
MID-COLUMBIA SURGICAL SPECIALISTS 1810 E 19TH ST SUITE 225 THE DALLES, OR 97058	MEDICAL SERVICES	632,900
MEDQUIST PO BOX 10832 NEWARK, NJ 07193	TRANSCRIPTION	447,012
BULLARD SMITH JERNSTEDT & WILSON 1000 SW BROADWAY SUITE 1900 PORTLAND, OR 97205	LEGAL	438,630

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 ▶ 22

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	342,274			
	e	Government grants (contributions)	1e	55,990			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	20,446			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		418,710			
Program Service Revenue			Business Code				
	2a	MEDICARE/MEDICAID PMNT	900,099	91,247,683	91,247,683		
	b	HOSPITAL REVENUE	900,099	71,904,699	71,904,699		
	c	CLINIC REVENUE	900,099	9,776,028	9,776,028		
	d	LESS CONTRACTUALS	900,099	-81,285,556	-81,285,556		
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		91,642,854			
	3	Investment income (including dividends, interest and other similar amounts)		107,301			107,301
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents	29,626				
	b	Less rental expenses					
	c	Rental income or (loss)	29,626				
	d	Net rental income or (loss)		29,626			29,626
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	10,794				
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)	10,794				
	d	Net gain or (loss)		10,794			10,794
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	DAYCARE	624,410	451,746			451,746
	b	CAFETERIA	722,100	418,833			418,833
	c	LAUNDRY	812,300	40,185		40,185	
	d	All other revenue		90,085	90,085		
	e	**Total.** Add lines 11a–11d		1,000,849			
	12	**Total revenue.** See Instructions		93,210,134	91,732,939	40,185	1,018,300

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	509,950	509,950		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	479,225		479,225	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	38,898,238	37,246,438	1,651,800	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,993,227	1,760,661	232,566	
9	Other employee benefits	5,945,023	5,251,368	693,655	
10	Payroll taxes	2,794,926	2,468,819	326,107	
11	Fees for services (non-employees)				
a	Management	1,200,000		1,200,000	
b	Legal	222,512		222,512	
c	Accounting	145,191		145,191	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17*				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	1,966,208	1,823,794	142,414	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	742,276	598,093	144,183	
21	Payments to affiliates	449,613	449,613		
22	Depreciation, depletion, and amortization	2,622,228	2,443,942	178,286	
23	Insurance	1,247,927	1,066,766	181,161	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	SUPPLIES	11,336,263	11,263,846	72,417	
b	MEDICAL PROF FEES	5,265,848	5,265,848		
c	BAD DEBT EXPENSE	5,025,871	5,008,137	17,734	
d	PURCHASED SERVICES	4,667,886	2,271,838	2,396,048	
e	UTILITIES	1,110,530	1,081,484	29,046	
f	All other expenses	2,653,466	2,275,915	377,551	
25	**Total functional expenses.** Add lines 1 through 24f	89,276,408	80,786,512	8,489,896	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		684,687	2	1,327,131
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		11,920,091	4	11,504,355
	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		1,478,484	8	1,585,612
	9	Prepaid expenses and deferred charges		1,872,494	9	1,877,802
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 52,008,379			
	b	Less accumulated depreciation	10b 36,609,454	15,363,983	10c	15,398,925
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		12,287,980	15	14,650,464
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		43,607,719	16	46,344,289
Liabilities	17	Accounts payable and accrued expenses		7,642,753	17	7,891,915
	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		10,824,873	23	10,409,559
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		4,023,932	25	2,678,926
	26	**Total liabilities.** Add lines 17 through 25		22,491,558	26	20,980,400
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		21,116,161	27	24,638,654
	28	Temporarily restricted net assets			28	725,235
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		21,116,161	33	25,363,889
	34	Total liabilities and net assets/fund balances		43,607,719	34	46,344,289

Part XI Financial Statements and Reporting

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

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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
MID-COLUMBIA MEDICAL CENTER

Employer identification number
93-0386936

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?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
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 III Support 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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

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

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or 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 ▶

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶

Part IV **Supplemental Information.** 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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Name of the organization
MID-COLUMBIA MEDICAL CENTER

Employer identification number
93-0386936

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ 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
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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 ▶ $ _____

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

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

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

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

Part V Endowment Funds. Complete if 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

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

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		212,933		212,933
b Buildings		11,915,438	7,382,480	4,532,958
c Leasehold improvements				
d Equipment		38,334,792	28,557,534	9,777,258
e Other		1,545,216	669,440	875,776
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				15,398,925

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

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

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

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

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
OTHER ASSETS	3,552,690
BOARD DESIGNATED ASSETS - CASH & MONEY MARKET	6,839,639
BOARD DESIGNATED ASSETS - CERTIFICATES OF DEPOSIT	1,159,654
BOARD DESIGNATED ASSETS - MUTUAL FUNDS	213,097
BOARD DESIGNATED ASSETS - CORPORATE BONDS	150,000
BOARD DESIGNATED ASSETS - ACCRUED INTEREST RECEIVABLE	21,113
INTEREST IN NET ASSETS OF MC FOUNDATION	725,235
BOARD DESIGNATED ASSETS - CURRENT PORTION	754,446
SETTLEMENT RECEIVABLE	1,119,740
DUE FROM AFFILIATE	114,850
See Additional Data Table	
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	14,650,464

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
CAPITAL LEASES	1,928,926
OTHER LIABILITIES	750,000
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	2,678,926

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	93,210,134
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	89,276,408
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,933,726
4	Net unrealized gains (losses) on investments	4	-11,233
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	325,235
9	Total adjustments (net) Add lines 4 - 8	9	314,002
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	4,247,728

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	93,198,901
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-11,233		
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	-11,233
3	Subtract line **2e** from line **1**			3	93,210,134
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	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	93,210,134

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	89,276,408
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	0
3	Subtract line **2e** from line **1**			3	89,276,408
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	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	89,276,408

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
Part XI, Line 8 - Other Adjustments		INCREASE IN INTEREST IN NET ASSETS OF MID-COLUMBIA HEALTH FOUNDATION 725235 WRITE-OFF RECEIVABLE FROM HEALTHSCAPE, LLC, A RELATED ENTITY -400000

Additional Data

Software ID:
Software Version:
EIN: 93-0386936
Name: MID-COLUMBIA MEDICAL CENTER

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	**(b)** Book value
OTHER ASSETS	3,552,690
BOARD DESIGNATED ASSETS - CASH & MONEY MARKET	6,839,639
BOARD DESIGNATED ASSETS - CERTIFICATES OF DEPOSIT	1,159,654
BOARD DESIGNATED ASSETS - MUTUAL FUNDS	213,097
BOARD DESIGNATED ASSETS - CORPORATE BONDS	150,000
BOARD DESIGNATED ASSETS - ACCRUED INTEREST RECEIVABLE	21,113
INTEREST IN NET ASSETS OF MC FOUNDATION	725,235
BOARD DESIGNATED ASSETS - CURRENT PORTION	754,446
SETTLEMENT RECEIVABLE	1,119,740
DUE FROM AFFILIATE	114,850

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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
MID-COLUMBIA MEDICAL CENTER

Employer identification number
93-0386936

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 ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
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 *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☑ 150% ☐ 200% ☐ Other _____	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 15000 0000000000 %	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		No
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		
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 eligibile for free or discounted care?	5c		
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)		48,059	3,184,000	0	3,184,000	3 570 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			8,282,727	5,220,813	3,061,914	3 430 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			0	0		
d **Total** Charity Care and Means-Tested Government Programs		48,059	11,466,727	5,220,813	6,245,914	7 000 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)	48	83,841	1,046,509	28,272	1,018,237	1 140 %
f Health professions education (from Worksheet 5)	11	63,400	66,715	9,125	57,590	0 060 %
g Subsidized health services (from Worksheet 6)	3	51,059	9,955,422	9,709,487	245,935	0 280 %
h Research (from Worksheet 7)			0	0		
i Cash and in-kind contributions to community groups (from Worksheet 8)	15	88,451	267,979		267,979	0 300 %
j **Total** Other Benefits	77	286,751	11,336,625	9,746,884	1,589,741	1 780 %
k **Total.** Add lines 7d and 7j	77	334,810	22,803,352	14,967,697	7,835,655	0

Part II Community 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
1	Physical improvements and housing						
2	Economic development						
3	Community support	2	48,063	53,852	17,739	36,113	0 040 %
4	Environmental improvements	1	48,059	1,835		1,835	0 %
5	Leadership development and training for community members						
6	Coalition building	7	53,059	9,324		9,324	0 010 %
7	Community health improvement advocacy	21	48,059	156,960		156,960	0 180 %
8	Workforce development	1	48,059	980		980	0 %
9	Other						
10	**Total**	32	245,299	222,951	17,739	205,212	0 230 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes		
2	Enter the amount of the organization's bad debt expense (at cost)	2	2,477,157		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3			
4	Provide 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

5	Enter total revenue received from Medicare (including DSH and IME)	5	18,815,151
6	Enter Medicare allowable costs of care relating to payments on line 5	6	21,427,801
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-2,612,650
8	Describe 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		

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes		
9b	If "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 IV Management 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	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
MID-COLUMBIA MEDICAL CENTER 19TH NEVADA STREETS THE DALLES,OR 97058	X	X					X		
INTERNAL MEDICINE CLINIC 1810 E 19TH STREET THE DALLES,OR 97058									RURAL HEALTH CLINIC
INTERNAL MEDICINE CLINIC 1815 E 19TH STREET THE DALLES,OR 97058									RURAL HEALTH CLINIC
INTERNAL MEDICINE CLINIC 1825 E 19TH STREET THE DALLES,OR 97058									RURAL HEALTH CLINIC
COLUMBIA HILLS FAMILY MEDICINE 1620 E 12TH STREET THE DALLES,OR 97058									RURAL HEALTH CLINIC
DR ALAIMO 1726 E 12TH STREET THE DALLES,OR 97058									RURAL HEALTH CLINIC

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

Part I, Line 7 TRACK DIRECT LABOR AND OTHER COSTS IN EACH CATEGORY FOR ALL PATIENT SEGMENTS IF ONLY REVENUE INFORMATION WAS AVAILABLE, A COST/CHARGE RATIO WAS APPLIED TO ESTIMATE COSTS

Part III, Line 4 Footnote 1 in the audited financial statements describes Allowance for Bad Debt Expense at gross charge The estimate is based primarily upon the Medical Center's historical collection experience, Management's estimate of the patient's economic ability to pay, and the effectiveness of collections efforts Bad debt cost is calculated by applying the hospital's cost to charge ratio

Part III, Line 8 THE COSTING METHODOLOGY IS CALCULATED USING REIMBURSEMENTS AND COSTS REPORTED IN THE MEDICARE COST REPORT

Part III, Line 9b IN CASES WHERE PATIENT HAS QUALIFIED FOR FULL OR PARTIAL CHARITY CARE, THAT AMOUNT IS WRITTEN DOWN IN THE PATIENT ACCOUNT AND NO ATTEMPT IS MADE TO COLLECT THE AMOUNT WRITTEN DOWN

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

Part VI, Line 2 MID-COLUMBIA MEDICAL CENTER HAS STRONG INSTITUTIONAL READINESS AND SUPPORT FOR COMMUNITY INITIATIVES BOARD AND SENIOR EXECUTIVE LEADERSHIP ARE ACTIVELY INVOLVED IN PRIORITIZATION OF COMMUNITY INITIATIVES A FULL-TIME DIRECTOR OVERSEES PROJECT DEVELOPMENT AND IMPLEMENTATION OF INSTITUTIONAL PROGRAMS AND ACTS AS THE PRIMARY LIAISON IN COMMUNITY COLLABORATIONS MID-COLUMBIA MEDICAL CENTER HAS A FORMAL COMMUNITY BENEFIT POLICY, AND INTEGRATES INITIATIVES WITH THE OVERALL STRATEGIC PLAN ASSESSMENT OF COMUNITY HEALTH NEEDS AND ISSUES IS A PROGRESSIVE ACTIVITY, UTILIZING QUANTITATIVE AND QUALITATIVE DATA WE HAVE FORMED STRONG COMMUNITY PARTNERSHIPS REPRESENTATIVE OF INDIVIDUALS, GROUPS AND ORGANIZATIONS THAT HAVE AN INTEREST IN HEALTH OUTCOMES, HAVE ACCESS TO RESOURCES OR CAN ACT TO IMPROVE COMMUNITY HEALTH THESE PARTNERSHIPS CREATE THE OPPORTUNITY FOR SYNERGISTIC UTILIZATION OF LIMITED RESOURCES IN PARTICULAR, WE HAVE A FORMAL PARTNERSHIP WITH THE LOCAL PUBLIC HEALTH DEPARTMENT ENDORSED BY THE MCMC BOARD OF DIRECTORS AND THE COUNTY COMMISSION THIS PARTNERSHIP CONDUCTED A COMPREHENSIVE COMMUNITY WIDE HEALTH ASSESSMENT IN LATE 2007 USING THE MAPP MODEL AND FOCUSED ON THE BENCHMARKED OUTCOMES OF HEALTHY PEOPLE 2010 AS WELL AS LOCAL DEMOGRAPHIC DATA RESULTS OF THAT SURVEY HAVE BEEN USED TO PRIORITIZE NEW SERVICES AND HEALTH INTERVENTIONS

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

Part VI, Line 3 All family practice staff attended an orientation to a new state program, Healthy Kids Options, which provides insurance for all children in the state of Oregon Brochures are available in English and Spanish at all FP offices and the school health nurses have provided that information to the local schools Our Patient and Visitor Services department takes an active role in assisting patients with completing applications for the Oregon Health Plan Brochures (English and Spanish) are available at registration and in Patient Accounts This brochure outlines the process and provides phone numbers and contact information Patient statements are sent out weekly and there is a note on each statement with phone numbers and contact information to set up payment arrangements and discuss patient accounts If the patient calls, an account representative works with the patient to ascertain if they qualify for financial assistance If it is determined the patient may be eligible for assistance an application and instructions are sent to the patient If the patient requires assistance in completing the application an account representative is available to assist with the process

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

Part VI, Line 4 MID-COLUMBIA MEDICAL CENTER (MCMC) IS LOCATED IN THE DALLES, OREGON, POPULATION 12,000 MCMC SERVES A WIDE GEOGRAPHIC AREA OF RURAL NORTH CENTRAL OREGON ALONG THE COLUMBIA RIVER WHICH SERVES AS THE DIVISION BETWEEN THE STATES OF WASHINGTON AND OREGON THIS SERVICE AREA INCLUDES WASCO, SHERMAN AND GILLIAM COUNTIES IN OREGON AND KLICKITAT COUNTY IN WASHINGTON STATE THE TOTAL POPULATION OF THIS SERVICE AREA, UTILIZING 2009 CENSUS DATA, IS 48,059, WHITE 94 25%, HISPANIC/LATINO 8 3%, AMERICAN INDIAN/ALASKA NATIVE 2 6%, OTHER 1 7% MEDIAN HOUSEHOLD INCOME BY COUNTY IS, WASCO $40,844, GILLIAM $46,111, SHERMAN $43,709 AND KLICKITAT $40,953 In addition to the year round population, The Dalles experiences an influx of over 15,000 seasonal workers in support of the harvest of our agricultural economy

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

Part VI, Line 5 Mid-Columbia Medical Center is a mission-driven organization whose purpose is To lead and act as a catalyst in promoting health for all people To recognize the individual as a whole human being with different needs that must be met enthusiastically To communicate a vision of health, art, education, technology and a center for healing which will continually upgrade the quality of life in the community environment in which we live To empower people to become partners in their healthcare Guided by this mission MCMC continues to be a significant partner contributing to the overall health of the communities it serves Support When Its NeededFor people living with diabetes, recovering from breast cancer, prostate cancer or stroke, coping with chronic lung disease, attempting to achieve weight loss or looking for advice on family matters, MCMC has been there to help In 2009, as in other years, staff members facilitated an array of free support groups, enabling residents of the region to meet with others who share common concerns and can offer valuable insights Mid-Columbia Medical Center provides Community Building activities through the following programs Prevention and EducationThose seeking help in their attempts to take control of their own health had a reliable partner in MCMC, which once again in 2009 provided a myriad of preventive health opportunities The Center for Mind and Body Medicine partnered with La Nuestra Comunidad Sana to provide expert instructors for a family weight loss program Twenty-six families participated and graduated from this benchmark program addressing nutrition and obesity in the Hispanic/Latino population More than 100 blood pressure checks and an array of other screenings were performed at the 2009 Health and Safety Fair Approximately 350 residents received free screenings at the MCMC - sponsored Diabetes Discovery Day Working in partnership with Wasco/Sherman Public Health and Columbia Gorge Community College Nursing Program, MCMC volunteers donated time and paid their own travel expenses in order to provide flu shots to residents of Maupin and Tygh Valley More than 400 individuals attended Planetree Health Resource Centers (PHRC) popular free lecture series and an additional 4,500 residents visited the center in downtown The Dalles to take advantage of its vast collection of consumer health information PHRC staff also was involved in screening and education activities at an array of community events including Go Red for Women, the Senior Health Fair and National Depression Screening Day The Center for Mind Body Medicine also provided a wide array of free education and exercise programs NoCEMS Council - MCMC provides Foundation funding for Emergency Medical Service council, providing a meeting room & mailings, secretarial support (100 hours per year), and staff support of EMS Coordinator (120 hours per year) Providing a supervising physician and support staff for seven EMS agencies at total cost of approximately $1,000 per month Mentorship program is designed to provide an opportunity to high school students to explore career opportunities Students choose an area of interest then shadow a professional during their job duties In 2009 we provided 275 mentorship hours MCMC University service projects All employees are required to attend a week of MCMC University, the last day is devoted to a community project Members of the class volunteer 5 hrs towards a selected community project Relay for Life, a partnership with the American Cancer Society and the community to help raise donations that helped assist with ensuring coverage of the routine patient costs associated with the clinical trials testing in efforts to beat cancer Pastoral partner Education workshops - 8 free workshops offered to the community for those interested in spiritual or pastoral counseling Oregon Health Plan Outreach - Patient and Visitor services extends applications to non insured patients to the Oregon Health Plan, and extend office locations of DSHS for Washington patients Cards for patients - enlisting community organizations to provide handmade cards for patients of Mid Columbia Medical Center Great n Small Child Development Center - Opened to the community as an additional childcare resource Qualified to help meet the needs for respite care services to clients from Mid-Columbia Center for Living and Early Intervention program families Provide high school and community college students Early Childhood Education in a more practiced application Offer teen volunteers, interested in childhood education, community service hours toward their high school requirement CGCC Early Childhood Education practicum host sight Community Involvement (officially representing MCMC)Lifespan Board member for MCMC/VHSBoard Member Next Door Inc ATAB 6 Board member, Oregon State EMS Committee, AHA ECCC CommitteeYouthThink - Youth Alcohol & Substance Use Prevention Coaliton (formerly Wasco County Prevention Coalition)Mid-Columbia Area Latino Providers NetworkGorgeLINK (Library Information Network for Knowledge)TEPCO Tobacco Education & Prevention CoalitionFellowship of Churches/The Dalles Ministries Rotary Chamber of CommerceCommissioner, Commission on Children and Families Oregon Partnership for Cancer ControlMid-Columbia Council of Governments Advisory CommitteeMeaningful ContributionsThrough MCMCs unique Community Tithing program local organizations may be presented checks based on the number of volunteer hours logged in the calendar year by MCMC employees In 2009, MCMC issued $65,000 in donations to a number of community programs Beginning in 2001, each year the hospital meets or exceeds its net bottom line projections, the board of directors has agreed to donate 10 percent of the excess net income to the various groups, projects and programs for which MCMC employees have volunteered their time Potential recipients of these tithing dollars may not be religious or political in nature, and must support the mission and philosophies upheld by the hospital Over 4,000 hours of free interpretation services to assist patients seeking care throughout our organization (as required by Medicare) and to any other local health service provider, regardless of affiliation with MCMC Subsidies to the Families First home visiting program, providing funds for an additional FTE serving families at high risk for child abuse and eliminating any waiting list for families requesting this program Subsidies to the school health services program to provide additional direct service hours to serve special needs studentsMentoring and internship programs designed to help train existing and future care providers such as pharmacy technicians, medical assistants, child care providers, nurses and rural health providers Training and physician oversight of local EMS providers Through these and many ongoing activities Mid-Columbia Medical Center continues working for healthier communities

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)

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

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

OR

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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
MID-COLUMBIA MEDICAL CENTER

Employer identification number
93-0386936

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" 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
HOME AT LAST HUMANE SOCIETY200 RIVER ROAD THE DALLES,OR 97058	931297310		9,438				ANIMAL CARE AND ADOPTION SERVICES
WONDERWORKS CHILDREN'S MUSEUMPO BOX 555 THE DALLES,OR 97058	930686750	501(c)(3)	6,327				PROVIDE ENGAGING ACTIVITIES FOR CHILDREN AND FAMILIES TO CULTIVATE INTELLECTUAL POTENTIAL
THE DALLES SLUGGERSPO BOX 928 THE DALLES,OR 97058	261431185		5,618				COMMUNITY SOFTBALL TEAM
SPECIAL OLYMPICS5901 SW MACADAM PORTLAND,OR 97239	930752969	501(c)(3)	5,021				SPORTS TRAINING AND ATHLETIC COMPETITION FOR CHILDREN AND ADULTS WITH INTELLECTUAL DISABILITIES

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

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 An internal grant manager tracks all expenses related to the grant and reports them periodically in a written report to the grantor Some grants contain line-item budgets which also must be met and are subject to audit by the grantor

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MID-COLUMBIA MEDICAL CENTER

Employer identification number
93-0386936

Part I Questions Regarding Compensation

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

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				
PAUL CARDOSI	(i)	150,356	94,448	0	14,700	13,767	273,271	0
	(ii)	0	0	0	0	0	0	0
DUANE FRANCIS	(i)	0	0	0	0	0	0	0
	(ii)	433,902	0	0	86,780	30,478	551,160	0
DONALD ARBON	(i)	0	0	0	0	0	0	0
	(ii)	209,588	0	0	12,664	10,801	233,053	0
SAM C DERRICK JR	(i)	181,982	0	0	9,701	14,271	205,954	0
	(ii)	0	0	0	0	0	0	0
GRETCHEN BLAIR	(i)	197,228	7,500	0	12,284	13,767	230,779	0
	(ii)	0	0	0	0	0	0	0
MATTHEW PROCTOR	(i)	226,148	0	0	13,569	13,767	253,484	0
	(ii)	0	0	0	0	0	0	0
SAMUEL TAYLOR	(i)	201,356	0	0	12,298	13,767	227,421	0
	(ii)	0	0	0	0	0	0	0
XINYU FU	(i)	352,231	10,000	0	14,700	13,767	390,698	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
	Part I, Line 4a	Duane Francis - $76,980
	Part I, Line 6	THE ICP OF $94,448 FOR THE QUALIFIED PERSON WAS BASED LARGELY ON NET PROFESSIONAL FEES
	Part I, Line 7	THE ICP OF $7,500 AND $10,000 FOR THE QUALIFIED PERSONS WAS BASED ON PRODUCTIVITY AND PATIENT SATISFACTION AND A RETENTION BONUS, RESPECTIVELY

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
MID-COLUMBIA MEDICAL CENTER

Employer identification number
93-0386936

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		HEALTHCARE FOR THE MID-COLUMBIA REGION IS THE SOLE MEMBER
Form 990, Part VI, Section B, line 11		A DRAFT OF THE RETURN IS SUBMITTED TO THE BOARD OF DIRECTORS FOR REVIEW UPDATES ARE MADE AS NECESSARY BEFORE FILING
Form 990, Part VI, Section B, line 12c		We annually require all employees and directors to sign a conflict of interest disclosure statement If a conflict was discovered for an employee or director with a signed disclosure statement, they would be subject to corrective action up to and including termination for violation of our policy If they self-disclosed a potential conflict of interest on the form, we would gather information on the issue and make a determination on how severe the conflict is and whether or not the individual could remain an employee or director The conflict of interest policy is reviewed annually with employees as part of the performance review process
Form 990, Part VI, Section B, line 15		The Board engages a professional firm to do a regional and national survey, along with a comparison of organization complexity and structure, and then recommends a salary and benefits range to the Board This is all done confidentially without CEO participation The CEO then negotiates with the Board, which compares the compensation discussed with the analysis just described and then votes on and approves a new contract in executive session without CEO presence or participation in the vote The compensation of the organization's officers or key employees is determined using a survey of market rates for similar positions
Form 990, Part VI, Section C, line 19		CURRENTLY NOT AVAILABLE
FORM 990, PART XI, LINE 2C	ORGANIZATIONAL OVERSIGHT OF FINANCIAL STATEMENT AUDIT	THE RESPONSIBILITY AND PROCESS FOR OVERSIGHT OF THE AUDIT HAS NOT CHANGED FROM THE PRIOR YEAR

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No 1545-0047

2009

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Name of the organization
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Employer identification number
93-0386936

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
MID-COLUMBIA HEALTH FOUNDATION 19TH NEVADA STREETS THE DALLES, OR 97058 93-0854433	SUPPORT MID-COLUMBIA MEDICAL CENTER	OR	501(C)(3)	7	HEALTH CARE FOR THE MID-COLUMBIA REGION
HEALTH CARE FOR THE MID-COLUMBIA REGION 19TH NEVADA STREETS THE DALLES, OR 97058 93-0847905	HEALTH CARE SERVICES	OR	501(C)(3)	3	HEALTH CARE FOR THE MID-COLUMBIA REGION

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) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
LONE PINE HEALTH & WELLNESS CENTER 201 OSPREY LANE W THE DALLES, OR97058 26-3919508	HEALTH & WELLNESS	OR						No			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
DRY HOLLOW PROFESSIONAL CENTER INC 1700 EAST 19TH STREET THE DALLES, OR97058 93-0631350	RENTAL BUILDING	OR	HEALTH CARE FOR THE MID-COLUMBIA REGION	C			
MID-COLUMBIA HEALTH SERVICES 19TH NEVADA STREETS THE DALLES, OR97058 93-0840781	HEALTH & PERSONAL CARE	OR	HEALTH CARE FOR THE MID-COLUMBIA REGION	C			

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization 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	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d	Yes	
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p		No
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	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)	mID-COLUMBIA HEALTH FOUNDATION	B	449,613
(2)	MID-COLUMBIA HEALTH FOUNDATION	C	342,274
(3)	MID-COLUMBIA HEALTH FOUNDATION	D	79,863
(4)	HEALTH CARE FOR THE MID-COLUMBIA REGION	J	344,181
(5)	HEALTH CARE FOR THE MID-COLUMBIA REGION	L	1,200,000
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Additional Data

Software ID:
Software Version:
EIN: 93-0386936
Name: MID-COLUMBIA MEDICAL CENTER

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
SUPPLIES	11,336,263	11,263,846	72,417	
MEDICAL PROF FEES	5,265,848	5,265,848		
BAD DEBT EXPENSE	5,025,871	5,008,137	17,734	
PURCHASED SERVICES	4,667,886	2,271,838	2,396,048	
UTILITIES	1,110,530	1,081,484	29,046	