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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 and ending

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
ASHLAND COMMUNITY HOSPITAL FOUNDATION

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
280 MAPLE STREET

City or town, state or country, and ZIP + 4
ASHLAND, OR 97520

D Employer identification number
93-0691238

E Telephone number
541 201-4014

G Gross receipts $ 1,316,900.

F Name and address of principal officer. JANET TROY
same as C above

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.ACHFOUNDATION.ORG

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

L Year of formation: 1977 M State of legal domicile: OR

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO SUPPORT ASHLAND COMMUNITY HOSPITAL AND THE HEALTHCARE NEEDS OF THE GENERAL COMMUNITY.		
	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	25
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5 Total number of employees (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	<158,111.>
	b Net unrelated business taxable income from Form 990-T, line 34	7b	<194,853.>

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		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	513,995.	254,930.
	9 Program service revenue (Part VIII, line 2g)	339,567.	329,394.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	74,371.	<82,908.>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	81,806.	56,904.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,009,739.	558,320.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	468,523.	220,251.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	428,055.	419,354.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	896,578.	639,605.
	19 Revenue less expenses Subtract line 18 from line 12	113,161.	<81,285.>

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	6,557,613.	6,015,583.
	21 Total liabilities (Part X, line 26)	3,250,641.	2,809,786.
	22 Net assets or fund balances Subtract line 21 from line 20	3,306,972.	3,205,797.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 06-22-10

▶ ALAN STEED, TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Carolyn M Lyden — Date 6/15/10 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶
ISLER MEDFORD, LLC
839 ALDER CREEK DR.
MEDFORD, OR 97504

EIN ▶

Phone no. ▶ (541)779-7641

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

916-18

13

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission. See Schedule O for Continuation
SEE FOOTNOTE 1, STATEMENT 1

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 $ 40,000. including grants of $) (Revenue $ 78,606.)
THROUGH THE FOUNDATION'S ANNUAL PATRONS CAMPAIGN, THE FOUNDATION PROVIDED FUNDS TO HELP RENOVATE THREE COMFORT ZONES (WAITING AREAS) SERVING THE EMERGENCY DEPARTMENT, BIRTH CENTER AND INTENSIVE CARE UNIT.

4b (Code) (Expenses $ 161,995. including grants of $) (Revenue $ 133,300.)
TO IMPROVE PATIENT CARE, ASHLAND COMMUNITY HOSPITAL FOUNDATION CONSTRUCTED A TWO-STORY MEDICAL OFFICE BUILDING IN ASHLAND, OREGON IN 1999. THIS ENABLED THE FOUNDATION TO LOCATE A VARIETY OF ASHLAND'S FINEST MEDICAL SPECIALISTS IN ONE LOCATION, CLOSE TO ASHLAND COMMUNITY HOSPITAL. THIS PROJECT HAS IMPROVED PATIENT ACCESS TO CARE AND INCREASED PATIENT CONVENIENCE BY HAVING A VARIETY OF SPECIALISTS IN ONE LOCATION.

4c (Code) (Expenses $ 103,505. including grants of $) (Revenue $ 70,789.)
TO ENSURE ADEQUATE OFFICE SPACE FOR ASHLAND INTERNAL MEDICINE PHYSICIANS, THE FOUNDATION ACQUIRED A MEDICAL OFFICE BUILDING TO MEET THE INTERNAL MEDICINE DEMANDS OF OUR AGING COMMUNITY. THIS ACQUISITION HAS HELPED ENSURE QUALITY CARE FOR ASHLAND SENIORS.

4d Other program services (Describe in Schedule O.)
(Expenses $ 243,349. including grants of $ 62,450.) (Revenue $ 115,657.)

4e Total program service expenses ▶ $ 548,849.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S Information Returns Enter -0- if not applicable	1a	10		
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	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not 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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
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 line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions*

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	25		
b	Enter the number of voting members that are independent	1b	25		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		X

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

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

Section C. Disclosure

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

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

[X] Own website [ ] Another's website [X] Upon request

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

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

REID HANNA & COMPANY LLP - 541 482-3711
1101 SISKIYOU BLVD, ASHLAND, OR 97520

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

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

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

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

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

[X] Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PAT ACKLIN DIRECTOR	2.00	X						0.	0.	0.
JOHN ALEXANDER DIRECTOR	2.00	X						0.	0.	0.
BRIAN ALMQUIST DIRECTOR	2.00	X						0.	0.	0.
CHARLES BUTLER DIRECTOR	2.00	X						0.	0.	0.
ED COLSON DIRECTOR	2.00	X						0.	0.	0.
JACK DAVIS DIRECTOR	2.00	X						0.	0.	0.
DOUGLAS DIEHL, MD DIRECTOR	2.00	X						0.	0.	0.
JONATHON ELDRIDGE DIRECTOR	2.00	X						0.	0.	0.
BRUCE E JOHNSON, MD DIRECTOR	2.00	X						0.	0.	0.
THOMAS B KENNEDY DIRECTOR	2.00	X						0.	0.	0.
JEFFREY I. MONOSOFF DIRECTOR	2.00	X						0.	0.	0.
MELANIE MULARZ DIRECTOR	2.00	X						0.	0.	0.
BARBARA J. PATRIDGE DIRECTOR	2.00	X						0.	0.	0.
DENNIS M. POWERS DIRECTOR	2.00	X						0.	0.	0.
PAUL ROSTYKUS DIRECTOR	2.00	X						0.	0.	0.
BART RUPERT DIRECTOR	2.00	X						0.	0.	0.
ALAN STEED DIRECTOR	2.00	X						0.	0.	0.

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

(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			
PAMELA STERRETT DIRECTOR	2.00	X						0.	0.	0.
GARY TURNER DIRECTOR	2.00	X						0.	0.	0.
MARIA UNDERWOOD DIRECTOR	2.00	X						0.	0.	0.
W. DON MACKIN PAST-PRESIDENT	2.00			X				0.	0.	0.
TOM GRIMLAND TREASURER	2.00			X				0.	0.	0.
JULIE AUSTAD PRESIDENT	2.00			X				0.	0.	0.
RICHARD BERNARD VICE-PRESIDENT	2.00			X				0.	0.	0.
MARJORIE LININGER SECRETARY	2.00			X				0.	0.	0.
1b Total ▶								0.	0.	0.

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization NONE

(A) Name and business address	(B) Description of services	(C) Compensation

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 ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	254,930.			
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f	▶	254,930.			
Program Service Revenue		Business Code				
	2a RENT OF MED FACILITIES	531390	329,394.	329,394.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f	▶	329,394.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	37,479.			37,479.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real	(ii) Personal			
	6a Gross Rents	211046.				
	b Less rental expenses	164024.				
	c Rental income or (loss)	47,022.				
	d Net rental income or (loss)	▶	47,022.		47,022.	
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	82,690.	387056.			
	b Less: cost or other basis and sales expenses		590133.			
	c Gain or (loss)	82,690.	<203,077.>			
	d Net gain or (loss)	▶	<120,387.>	84,746.	<205133.>	
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a 14,305.				
	b Less direct expenses	b 4,423.				
	c Net income or (loss) from fundraising events	▶	9,882.	9,882.		
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d	▶				
	12 **Total revenue.** See instructions.	▶	558,320.	424,022.	<158111.>	37,479.

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	220,251.	220,251.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal	7,286.		7,286.	
c Accounting	26,326.		26,326.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	10,248.		10,248.	
g Other				
12 Advertising and promotion	8,894.		8,894.	
13 Office expenses	216.		216.	
14 Information technology	7,771.		7,771.	
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	141,170.	141,170.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	80,897.	80,575.	322.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a OTHER RENTAL EXPENSE	106,853.	106,853.		
b OTHER OPERATING EXPENSE	29,693.		29,693.	
c				
d				
e				
f All other expenses				
25 Total functional expenses Add lines 1 through 24f	639,605.	548,849.	90,756.	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	15,105.	1	24,141.
	2	Savings and temporary cash investments	133,231.	2	173,454.
	3	Pledges and grants receivable, net	34,283.	3	12,491.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	170,000.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	30,834.	9	28,402.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 5,356,920.			
	b	Less accumulated depreciation — 10b: 1,051,174.	4,958,084.	10c	4,305,746.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11	1,367,417.	12	1,280,709.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	18,659.	15	20,640.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	6,557,613.	16	6,015,583.
Liabilities	17	Accounts payable and accrued expenses	32,553.	17	6,392.
	18	Grants payable		18	
	19	Deferred revenue		19	2,054.
	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	3,070,622.	23	2,642,652.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	147,466.	25	158,688.
	26	**Total liabilities.** Add lines 17 through 25	3,250,641.	26	2,809,786.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	2,365,695.	27	2,283,517.
	28	Temporarily restricted net assets	311,047.	28	289,750.
	29	Permanently restricted net assets	630,230.	29	632,530.
		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	3,306,972.	33	3,205,797.
	34	Total liabilities and net assets/fund balances	6,557,613.	34	6,015,583.

Part XI Financial Statements and Reporting

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

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
ASHLAND COMMUNITY HOSPITAL FOUNDATION	93-0691238

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

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

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

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

3 ☐ A hospital or 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 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									

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

Schedule A (Form 990 or 990-EZ) 2009

932021 02-08-10

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	352,613.	296,596.	384,682.	479,713.	254,930.	1,768,534.
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	352,613.	296,596.	384,682.	479,713.	254,930.	1,768,534.
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						1,768,534.

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	352,613.	296,596.	384,682.	479,713.	254,930.	1,768,534.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	710,471.	580,881.	606,689.	627,603.	577,919.	3,103,563.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	<71,933.>	<70,906.>	<59,975.>	<55,509.>	<79,305.>	<337628.>
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						4,534,469.

12 Gross receipts from related activities, etc (see instructions)	12	95,501.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	39.00 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	37.81 %

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 a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

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

Section A. Public Support

Calendar year (or fiscal 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 section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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
ASHLAND COMMUNITY HOSPITAL FOUNDATION

Employer identification number
93-0691238

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	1	
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)	<9,167.>	
4	Aggregate value at end of year	268,330.	

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☒ No

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

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

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

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation 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 section 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).

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

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

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

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

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

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

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

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

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

Part V Endowment Funds. Complete if 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	630,230.	504,930.			
b Contributions	2,300.	125,300.			
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	632,530.	630,230.			

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

a Board designated or quasi-endowment ▶ 8.91 %
b Permanent endowment ▶ 91.09 %
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)		X
(ii) related organizations 3a(ii)		X

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	1,667,316.			1,667,316.
b Buildings	3,662,046.		1,026,137.	2,635,909.
c Leasehold improvements				
d Equipment	27,558.		25,037.	2,521.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				4,305,746.

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		
MUTUAL FUNDS	1,097,528.	End-of-Year Market Value
UNITRUST ASSETS	183,181.	End-of-Year Market Value
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	1,280,709.	

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 (Col (b) must 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
Total. *(Column (b) must equal Form 990, Part X col (B) line 15)* ▶	

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

1 (a) Description of liability	(b) Amount
Federal income taxes	
ANNUITY OBLIGATION	145,993.
DEPOSITS	12,695.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	158,688.

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 Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	558,320.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	639,605.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	<81,285.>
4	Net unrealized gains (losses) on investments	4	<4,451.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	<20,583.>
8	Other (Describe in Part XIV.)	8	5,144.
9	Total adjustments (net) Add lines 4 through 8	9	<19,890.>
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	<101,175.>

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	882,147.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	<4,451.>		
b	Donated services and use of facilities	2b	154,687.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	5,144.		
e	Add lines 2a through 2d			2e	155,380.
3	Subtract line 2e from line 1			3	726,767.
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	<168,447.>		
c	Add lines 4a and 4b			4c	<168,447.>
5	Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	558,320.

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

1	Total expenses and losses per audited financial statements			1	962,739.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	154,687.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	168,447.		
e	Add lines 2a through 2d			2e	323,134.
3	Subtract line 2e from line 1			3	639,605.
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 must equal Form 990, Part I, line 18.)*			5	639,605.

Part XIV Supplemental Information

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

Part V, line 4: INCOME FROM EVANS SCHOLARSHIP ENDOWMENT FUND IS TO AWARD SCHOLARSHIPS TO STUDENTS WHO ARE PURSUING NURSING DEGREES FROM OREGON HEALTH SCIENCES UNIVERSITY AT SOUTHERN OREGON UNIVERSITY OR ROGUE COMMUNITY COLLEGE.

INCOME FROM THE NIXON ENDOWMENT FUND IS GIFTED ANNUALLY TO THE FOUNDATION'S LIGHTS FOR LIFE CAMPAIGN.

Part X: THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES

Part XIV Supplemental Information *(continued)*

UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT ON NET INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES GENERATED FROM THE RENTAL OF CERTAIN DEBT-FINANCED PROPERTY. AT DECEMBER 31, 2009, THE ACTIVITY REPORTED NET OPERATING LOSSES. THE UNUSED NET OPERATING LOSS CARRYFORWARDS MAY BE APPLIED AGAINST FUTURE TAXABLE INCOME. THE DEFERRED TAX ASSET HAS NOT BEEN RECORDED IN THE FINANCIAL STATEMENTS DUE TO THE UNDETERMINABLE TIMING OF EVENTS OF WHICH THE FOUNDATION WOULD BE ABLE TO UTILIZE THE CARRYFORWARDS. THE FOUNDATION'S FEDERAL EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURNS (FORM 990-T) FOR 2006, 2007, AND 2008 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR 3 YEARS AFTER THEY WERE FILED. MANAGEMENT BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN.

Part XI, Line 8 - Other Adjustments:

CHANGE IN MARKET VALUE OF TRUST ASSETS

Part XII, Line 2d - Other Adjustments:

CHANGE IN SPLIT INTEREST AGREEMENT: 5144.

Part XII, Line 4b - Other Adjustments:

SPECIAL EVENT EXPENSE: -4423.

RENTAL EXPENSES: -164024.

Part XIII, Line 2d - Other Adjustments:

RENTAL EXPENSES: 164024.

SPECIAL EVENT EXPENSES: 4423.

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" on 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

ASHLAND COMMUNITY HOSPITAL FOUNDATION

Employer identification number

93-0691238

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 ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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
ASHLAND COMMUNITY HOSPITAL PO BOX 98 ASHLAND, OR 97520			134,450.	5,478.	FMV	GIFTS, BOOKS, COMPACT DISCS, BABY PRODUCTS	FUNDING PROVIDED TO ASSIST WITH THE FOLLOWING PROGRAMS: HOSPICE AND PALLIATIVE CARE, MEMORY
LA CLINICA DEL VALLE FAMILY HEALTH CENTER - 3617 S PACIFIC HWY - MEDFORD, OR 97501			10,000.	0.	FMV		CONTRIBUTE TO CAPITAL CAMPAIGN TO FUND THE NEW CENTRAL POINT HEALTH CENTER EXPANSION.

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

3 Enter total number of other organizations ▶

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

Schedule I (Form 990) 2009

See Part IV for Column (h) descriptions

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 Part IV and 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
NURSING SCHOLARSHIPS AWARDED	10	9,167.	0.	FMV	

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

Part II, line 1, Column (h):

Name of Organization or Government: ASHLAND COMMUNITY HOSPITAL

(h) Purpose of Grant or Assistance: FUNDING PROVIDED TO ASSIST WITH THE FOLLOWING PROGRAMS: HOSPICE AND PALLIATIVE CARE, MEMORY CARE CENTER, BIRTHING CENTER, CAFETERIA & (3) WAITING AREA RENOVATIONS, REMODEL PATIENT ROOMS, PATIENT SIMULATOR, PLANETREE INITIATIVES AND DIGITAL MAMMOGRAPHY EQUIPMENT.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: ASHLAND COMMUNITY HOSPITAL FOUNDATION

Employer identification number: 93-0691238

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (ACH ADMIN/OFF)	X	1	143,162.	FMV
26	Other ▶ (OTHER SERVICE)	X	33	11,525.	COMPARABLE SALES
27	Other ▶ ( )				
28	Other ▶ ( )				

				Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment	29	0		
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a			X
b	If "Yes," describe the arrangement in Part II				
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a			X
b	If "Yes," describe in Part II				
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II				

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: ASHLAND COMMUNITY HOSPITAL FOUNDATION

Employer identification number: 93-0691238

Form 990, Part III, Line 1, Description of Organization Mission:

1. TO SUPPORT ASHLAND COMMUNITY HOSPITAL AND THE HEALTHCARE NEEDS OF THE GENERAL COMMUNITY BY SOLICITING, HOLDING AND GRANTING FUNDS.

2. ACH FOUNDATION SOLICITS FUNDS FROM INDIVIDUALS, BUSINESSES, AND FOUNDATIONS FOR THE PURPOSE OF GRANTING THOSE FUNDS TO ASHLAND COMMUNITY HOSPITAL AND OTHER HEALTHCARE RELATED ORGANIZATIONS IN OUR COMMUNITY.

Form 990, Part III, Line 4d, Other Program Services:

SEE FOOTNOTE 1, STATEMENT 2

Expenses $ 243349. including grants of $ 62450. Revenue $ 115657.

Form 990, Part VI, Section A, line 6: FOUNDATION BOARD MEMBERS SERVE AS VOTING MEMBERS WITH AUTHORITY AND RESPONSIBILITY TO DEVELOP POLICIES, PROCEDURES, AND REGULATIONS NECESSARY TO OPERATE THE FOUNDATION, PARTICIPATE IN FUNDRAISING THROUGH PERSONAL CONTRIBUTIONS, AND PARTICPATE IN THE VARIOUS CAMPAIGNS NECESSARY TO FINANCE THE ONGOING OPERATION OF THE FOUNDATION AND ITS WORK WITH THE HOSPITAL. BOARD MEMBERS SERVE A THREE YEAR TERM (UNLESS ELECTED TO FILL AN UNEXPIRED TERM).

Form 990, Part VI, Section A, line 7a: THE OFFICERS SHALL BE ELECTED BY, AND SHALL SERVE AT THE PLEASURE OF, THE BOARD, AND SHALL HOLD THEIR RESPECTIVE OFFICES UNTIL THEIR RESIGNATION, REMOVAL, OR OTHER DISQUALIFICATION FROM SERVICE, OR UNTIL THEIR RESPECTIVE SUCCESSORS SHALL BE ELECTED. THE PRESIDENT SHALL BE ELECTED FOR A TWO-YEAR TERM OF OFFICE.

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: ASHLAND COMMUNITY HOSPITAL FOUNDATION

Employer identification number: 93-0691238

VICE-PRESIDENT, SECRETARY AND TREASURER SHALL BE ELECTED ANNUALLY.

Form 990, Part VI, Section A, line 7b: FOUNDATION BOARD MEMBERS ARE EXPECTED TO ATTEND MONTHLY BOARD MEETINGS, STANDING COMMITTEES (AS ASSIGNED), AD HOC COMMITTEE MEETINGS (AS APPOINTED) AND SPECIAL EVENTS (AS ANNOUNCED). CONTINUITY OF ATTENDANCE AND PARTICIPATION AS A POLICY MAKER AND PLANNER IS IMPERATIVE FOR SERVING AS A VOTING MEMBER.

Form 990, Part VI, Section B, line 11: THE ACH FOUNDATION HAS A STANDING FINANCE COMMITTEE THAT MEETS MONTHLY TO REVIEW FINANCIAL STATEMENTS, INCLUDING EXPENSES, INCOME, GRANTS, CASH DISBURSEMENTS, BALANCE SHEET, PROFIT AND LOSS, AND ANY AUDIT LETTERS. IN ADDITION, TIME IS ALLOCATED AT EACH MONTHLY BOARD MEETING TO REVIEW FINANCIAL STATEMENTS AND THE ANNUAL AUDIT IS PRESENTED TO THE FULL FOUNDATION BOARD UPON ITS COMPLETION. BOTH THE FINANCE COMMITTEE AND THE BOARD MONITOR THE FINANCIAL RESOURCES TO ENSURE THAT FUNDS ARE APPROPRIATELY ACCOUNTED FOR.

FINANCIAL STATEMENTS:

1. THE ACH FOUNDATION IS NOT REQUIRED BY LAW TO UNDERGO AN AUDIT BY AN INDEPENDENT AUDITOR.

2. THE ACH FOUNDATION HAS NOT RECEIVED FEDERAL FUNDS THAT REQUIRES ONE OR MORE AUDITS.

3. THE ACH FOUNDATION BOARD HAS AN ESTABLISHED FINANCE COMMITTEE WHICH MAKES RECOMMENDATIONS ON THE SELECTION OF THE INDEPENDENT AUDITOR TO THE FOUNDATION BOARD. IN ADDITION, THEY OVERSEE THE INDEPENDENT AUDITOR.

4. THE ACH FOUNDATION CURRENTLY HAS FINANCIAL STATEMENTS COMPILED BY AN

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
ASHLAND COMMUNITY HOSPITAL FOUNDATION

Employer identification number
93-0691238

INDEPENDENT ACCOUNTANT AND AUDITED ANNUALLY BY A QUALIFIED THIRD-PARTY.

Form 990, Part VI, Section B, Line 12c: ALL BOARD MEMBERS ARE EXPECTED TO ACCEPT AND ADHERE TO POLICIES AND HOLD FELLOW BOARD MEMBERS AND STAFF TO THE SAME STANDARDS. MONITORING OF SUCH IS ONGOING.

Form 990, Part VI, Section C, Line 18: THE FOUNDATION'S DOCUMENTS AVAILABLE FOR PUBLIC INSPECTION MAY BE REQUESTED FOR VIEWING BY CONTACTING THE FOUNDATION'S OFFICE.

Form 990, Part VI, Section C, Line 19: THE FOUNDATION'S FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST AND BY VISITING THE WEBSITE WWW.ACHFOUNDATION.ORG

FINANCIAL STATEMENT AND AUDIT OVERSIGHT

THE OVERSIGHT OR SELECTION PROCESS HAS NOT CHANGED DURING THE YEAR.

Footnotes Statement 1

Footnote 1

Ashland Community Hospital Foundation is organized exclusively for charitable, educational and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under Section 501(c)(3) of the Internal Revenue Code of 1986 (and similar provisions of any future United States Internal Revenue Law).
The Foundation shall have the following powers:

(1) To assist, encourage, promote and advance the quality of care, treatment and rehabilitation of the sick, afflicted, infirm and injured patients of Ashland Community Hospital, Ashland, Oregon.

(2) To further the charitable, scientific, educational and service activities of Ashland Community Hospital.

(3) To support Ashland Community Hospital, its objectives and projects by appropriate representations to the public with respect to the hospital's needs, mission and requirements and to solicit funds for its use in providing the medical and hospital facilities needed in the general community served by Ashland Community Hospital.

(4) To accept donations, grants, bequests and devises from any sources, and to purchase, acquire, exchange, invest in, derive income from, sell, lease and otherwise deal in any manner with property of all kinds, as appropriate to the Foundation's purpose.

(5) To facilitate, assist, encourage, support, promote and advance the physical, mental and emotional health of persons within the geographic area served by Ashland Community Hospital through any lawful activities, which are authorized under the laws applicable to Oregon nonprofit corporations.

(6) To do and perform such other acts as may be necessary or appropriate for carrying out the foregoing purposes of the corporation, and in connection therewith to engage in any lawful activity authorized by the Oregon nonprofit corporation law.

Footnote 2

A.	The Foundation contributed to the Hospital's Hospice and Palliative Care Services, which provides end-of-life care that includes the physical, spiritual and psychological needs of patients and families.	32,140.
B.	The Foundation contributed to the Memory Care Center (a department of Ashland Community Hospital) prior to its closing in March 2009. The center offered an adult day program of activities and social interaction for clients with dementia. Funds ensured availability of services to clients in the community who could not otherwise afford them.	2,846.
C.	Through the generosity of Dr. William and Mrs. Ruth Evans, Ashland Community Hospital Foundation provides scholarships each year to future Rogue Valley nurses. Scholarships are awarded to students enrolled in the nursing program of Oregon Health Science University at Southern Oregon University and Rogue Community College. For the 2009 calendar year, the Foundation provided scholarships to ten students.	9,167.
D.	The Foundation provided funds to help renovate the Ashland Community Hospital's cafeteria.	7,400.
E.	The Foundation provided funds to help remodel patient rooms.	11,525.
F.	The Foundation provided funds to purchase a patient simulator for training physicians and other health care providers.	8,935.
G.	Through the Foundation's Annual Patrons Campaign, the Foundation provided funds to help renovate 3 comfort zones (waiting areas) serving the Emergency Department, Birth Center and Intensive Care Unit.	40,000.
H.	The Foundation provided funding for the school nurse program for the elementary schools in the Phoenix-Talent District. The funding was made possible through The Reed and Carolee Walker Fund of The Oregon Community Foundation and Soroptimist.	45,650.
I.	The Foundation provided funding through a SHIP grant to train staff on Meditech.	16,800.
J.	The Foundation provided funding for Planetree initiatives to strengthen patient-centered care.	2,145.
K.	The Foundation provided funding to support Women's Health for digital mammography equipment.	25,000.

L.	The Foundation participated in the capital campaign to fund the new La Clinica Central Point Health Center. Supporting the La Clinica expansion fulfills an urgent need in our community to provide affordable and quality health-care to uninsured and other underserved populations.	10,000.
M.	The Foundation provided a number of small grants to support Ashland Community Hospital including funding for the Birth Center, Charity Care, Employee Assistance Fund, Greatest Needs of ACH, Physical Therapy, Wound Center and the 323 Maple Street security deposit reimbursement.	4,458.
N.	The Foundation collected funds for the Southern Oregon Fundraising Association (SOFA) to help open the Unique Boutique to raise funds for Ashland Community Hospital's Hospice Program.	4,185.
O.	Through the continuing efforts of Ashland Community Hospital Foundation, the community of Talent, Oregon cont-inues to receive quality healthcare. In 1994 the Foundation constructed a medical office building and pharmacy in that community. Medical office space in the building is rented to Ashland Community Hospital and Southern Oregon Family Practice. Both of these projects helped guarantee health services to the community.	31,514.
P.	To provide adequate family practice and pediatric care in the community, in 1999 Ashland Community Hospital Foundation converted a single-family residence into a three-person medical office building located directly across the street from the Hospital.	28,271.
Q.	To improve patient care, Ashland Community Hospital Foundation constructed a two-story medical office building in Ashland, Oregon in 1999. This enabled the Foundation to locate a variety of Ashland's finest medical specialists in one location, close to Ashland Community Hospital. This project has improved patient access to care and increased patient convenience by having a variety of specialists in one location.	161,995.
R.	To ensure adequate office space for Ashland Internal medicine physicians, the Foundation acquired a medical office building to meet the internal medicine demands of our aging community. This acquisition has helped ensure quality care for Ashland seniors.	103,505.
S.	Dr. Rodden parking lot at 530 Catalina.	3,313.
	TOTAL PROGRAM SERVICE EXPENSES	548,849.