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Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		<u>Festival of Tre</u> (event type)	<u>Golf Tournament</u> (event type)	<u>1</u> (total number)	
Revenue	1 Gross receipts . . .	20,833	6,360	5,193	32,386
	2 Less Charitable contributions . . .	8,500	1,900		10,400
	3 Gross income (line 1 minus line 2) . . .	12,333	4,460	5,193	21,986
Direct Expenses	4 Cash prizes . . .		800		800
	5 Non-cash prizes . . .				
	6 Rent/facility costs . . .				
	7 Food and beverages . . .				
	8 Entertainment . . .				
	9 Other direct expenses . .	7,679	1,466	1,030	10,175
	10 Direct expense summary Add lines 4 through 9 in column (d)				10,975
	11 Net income summary Combine lines 3, column d, and line 10.				11,011

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses . .				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine lines 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a Is the organization licensed to operate gaming activities in each of these states?	<input type="checkbox"/> 9a	
b If "No," Explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	<input type="checkbox"/> 10a	
b If "Yes," Explain _____		
11 Does the organization operate gaming activities with nonmembers?	<input type="checkbox"/> 11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> 12	

	Yes	No
13 Indicate the percentage of gaming activity operated in	<input type="checkbox"/> 13a <input type="checkbox"/> 13b	
a The organization's facility	<input type="checkbox"/> 13a <input type="checkbox"/> 13b	
b An outside facility	<input type="checkbox"/> 13a <input type="checkbox"/> 13b	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►		
Address ►		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<input type="checkbox"/> 15a	
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c If "Yes," enter name and address		
Name ►		
Address ►		
16 Gaming manager information		
Name ►		
Gaming manager compensation ► \$ _____		
Description of services provided ►		
<input type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> Independent contractor
17 Mandatory distributions		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	<input type="checkbox"/> 17a	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____	<input type="checkbox"/> 17a	

Schedule I (Form 990)

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

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
Mercy Healthcare Foundation

Employer identification number
45-0435338

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 .

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

2009**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
► Attach to Form 990. ► See separate instructions.

Name of the organization
Mercy Healthcare Foundation**Employer identification number**
45-0435338**Part I Questions Regarding Compensation**

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> 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 or provision of all the expenses described above? If "No," complete Part III to explain

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?

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

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> 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?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

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?

b Any related organization?

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?

b Any related organization?

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

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
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.

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
Methods Used to Establish Compensation	Sch J Part I Q 3	Compensation for the TOP MANAGEMENT OFFICIAL IS paid BY Mercy Hospital of Valley City. Compensation was determined by the fargo division, utilizing an independent consultant and comparability studies to determine compensation. The board of directors of Mercy Hospital of Valley City reviews compensation amounts on an annual basis

Additional Data

Software ID:
Software Version:
EIN: 45-0435338
Name: Mercy Healthcare Foundation

efile GRAPHIC print - DO NOT PROCESS **As Filed Data -** **DLN: 93493136031671**

OMB No 1545-0047

2009

**Open to Public
Inspection**

SCHEDULE O
(Form 990)**Supplemental Information to Form 990**

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

Name of the organization
Mercy Healthcare Foundation

Employer identification number

45-0435338

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4A	ORGANIZATION'S MISSION, VISION, AND TAX-EXEMPT PURPOSE The Mercy Healthcare Foundation was incorporated as a 501(c)(3), tax-exempt, charitable foundation in 1994 and is dedicated to the support of programs and projects that will expand and enhance health care, education, and other health-related services throughout the area. We are striving to build and maintain a high quality of life in the community through the finest health care possible, at the most affordable cost possible. The goal, simply stated, is to provide ways to - Serve the area's health care needs now and in the future - Provide security to our citizens through the availability of modern health care - Procure and retain high level medical expertise - Find a path for the expansion of hospital services - Maintain Mercy Hospital's mission of responding to the needs of all people by providing quality health care for the whole person - spirit, mind, and body. QUALITATIVE DESCRIPTION OF COMMUNITY BENEFIT The Mercy Healthcare Foundation's Board of Directors raise funds through special events, annual giving, memorials, and capital campaigns to help fund Children's Healthcare needs, physician recruitment, nurse scholarships and other activities to benefit Mercy Hospital of Valley City. In FY10 the Mercy Healthcare Foundation raised APPROXIMATELY \$36,000 for these purposes. In FY10 the Foundation disbursed APPROXIMATELY \$31,000 in grants to help support its mission.

Identifier	Return Reference	Explanation
MEMBERS OR STOCKHOLDERS	FORM 990, PART VI, Q 6	MEMBERSHIP OF THE MERCY HEALTHCARE FOUNDATION SHALL BE DEFINED AS ANY DONOR WHO HAS CONTRIBUTED \$500 OR MORE TO THE FOUNDATION

Identifier	Return Reference	Explanation
Process Used to review Form 990	Form 990, Part VI, Q 11	THE RETURN WILL BE E-MAILED TO THE board AFTER Distribution TO THE BOARD, the tax department files the return with the appropriate federal agencies, making any non-substantive changes necessary to effect e-filing. Any such changes are not re-submitted TO THE BOARD

Identifier	Return Reference	Explanation
PROCESS FOR DETERMINING EXECUTIVE COMPENSATION	FORM 990, PART VI, Q 15A	THE TOP MANAGEMENT OFFICIAL IS COMPENSATED BY MERCY HOSPITAL OF VALLEY CITY. COMPENSATION WAS DETERMINED BY THE FARGO DIVISION, UTILIZING AN INDEPENDENT CONSULTANT AND COMPARABILITY STUDIES TO DETERMINE COMPENSATION. THE BOARD OF DIRECTORS OF MERCY HOSPITAL OF VALLEY CITY REVIEWS COMPENSATION AMOUNTS ON AN ANNUAL BASIS.

Identifier	Return Reference	Explanation
PROCESS FOR DETERMINING COMPENSATION	FORM 990, PART VI, Q 15B	During the tax year ended 6/30/10, no officers, directors or trustees received compensation from the organization. ANY EXECUTIVE COMPENSATION PAID TO OFFICERS, DIRECTORS, OR TRUSTEES BY RELATED ORGANIZATIONS WAS SET BY A COMPENSATION COMMITTEE UTILIZING AN INDEPENDENT CONSULTANT AND COMPARABILITY STUDIES TO DETERMINE AMOUNTS. THE BOARD OF DIRECTORS OF MERCY HOSPITAL OF VALLEY CITY OVERSEES ALL OFFICER COMPENSATION WITH APPROVAL BY THE DIVISION OFFICE.

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS, COI POLICY, AND FINANCIAL STATEMENTS AVAILABLE	FORM 990, PART VI, Q 19	The Organization's Governing documents, conflict of interest policy, and financial statements are available upon request

Identifier	Return Reference	Explanation
Estimate of Hours Devoted to Related Organizations	FORM 990, PART VII	COMPENSATION REPORTED ON FORM 990, PART VII WAS PAID TO THESE INDIVIDUALS BY RELATED ORGANIZATIONS IN EXCHANGE FOR THE FULFILLMENT OF THEIR DUTIES AS FULL-TIME, 40 HOUR-PER-WEEK EMPLOYEES