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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 JUL 1, 2009 and ending JUN 30, 2010

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
SAINT ALPHONSUS MEDICAL CENTER - NAMPA, INC.

Doing Business As SEE SCHEDULE O

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1512 12TH AVENUE ROAD

City or town, state or country, and ZIP + 4
NAMPA, ID 83686-6008

D Employer identification number
82-0200896

E Telephone number
208-463-5589

G Gross receipts $ 87,471,122.

F Name and address of principal officer: B. LANNIE CHECKETTS
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 ▶ 0928

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

J Website: ▶ WWW.MERCYNAMPA.ORG

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

L Year of formation: 2007 **M** State of legal domicile: ID

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: HEALTHCARE SERVICES	
	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)	11
	4	Number of independent voting members of the governing body (Part VI, line 1b)	7
	5	Total number of employees (Part V, line 2a)	720
	6	Total number of volunteers (estimate if necessary)	186
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	694,973.
	b	Net unrelated business taxable income from Form 990-T, line 34	<38,397.>

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	482,080.	466,156.
	9 Program service revenue (Part VIII, line 2g)	88,708,892.	83,611,033.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<360,544.>	1,260,169.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,873,292.	2,108,541.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	90,703,720.	87,445,899.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	260,343.	18,725.
	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)	35,717,542.	33,011,632.
	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)	50,950,192.	51,722,604.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	86,928,077.	84,752,961.
	19 Revenue less expenses. Subtract line 18 from line 12	3,775,643.	2,692,938.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	96,746,211.	73,050,318.
	21 Total liabilities (Part X, line 26)	8,404,383.	11,405,781.
	22 Net assets or fund balances. Subtract line 21 from line 20	88,341,828.	61,644,537.

RECEIVED
MAY 23 2011
OGDEN UT

SCANNED JUN 23 2011

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

B. Lannie Checketts — Signature of officer — Date 5/6/2011

B. LANNIE CHECKETTS, CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4		EIN ▶	
		Phone no. ▶	

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

616

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission.
HEALTHCARE SERVICES - SEE SCHEDULE H FOR MORE INFORMATION

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
SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses $ 74567185. including grants of $ 18,725.) (Revenue $ 83214303.)
SINCE 1917 WHEN THE SISTERS OF MERCY BEGAN PROVIDING CARE TO THE NAMPA, IDAHO COMMUNITY, SAINT ALPHONSUS MEDICAL CENTER - NAMPA, INC. HAS BEEN COMMITTED TO THE PROVISION OF QUALITY HEALTHCARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE OR ABILITY TO PAY. SAINT ALPHONSUS MEDICAL CENTER - NAMPA, INC. IS THE ONLY CATHOLIC HOSPITAL TO SERVE THE NAMPA COMMUNITY. IT IS INCLUDED IN THE OFFICIAL CATHOLIC DIRECTORY AS A TAX-EXEMPT HOSPITAL.

SAINT ALPHONSUS MEDICAL CENTER - NAMPA, INC. IS A 152-BED ACUTE CARE HOSPITAL SERVING THE NEEDS OF THE GREATER NAMPA AREA. SAINT ALPHONSUS MEDICAL CENTER - NAMPA, INC. OPERATES A 24-HOUR EMERGENCY ROOM 365 DAYS PER YEAR. THE EMERGENCY ROOM IS OPEN TO ALL INDIVIDUALS REGARDLESS OF

4b (Code:) (Expenses $ including grants of $) (Revenue $)
THE MISSION STATEMENT FOR SAINT ALPHONSUS MEDICAL CENTER - NAMPA,INC. IS AS FOLLOWS:
WE SERVE TOGETHER IN TRINITY HEALTH
IN THE SPIRIT OF THE GOSPEL
TO HEAL BODY, MIND AND SPIRIT
TO IMPROVE THE HEALTH OF OUR COMMUNITIES
AND TO STEWARD THE RESOURCES ENTRUSTED TO US.

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

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

4e **Total program service expenses ▶ $** 74,567,185.

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: X / No:)	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	4		
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	720		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
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	11		
b	Enter the number of voting members that are independent	1b	7		
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		X

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

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

☐ Own website ☐ Another's website ☒ 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: ▶

B. LANNIE CHECKETTS - 208-463-5589
1512 12TH AVENUE ROAD, NAMPA, ID 83686

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.

☐ 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			
B. LANNIE CHECKETTS TRUSTEE, CFO AND INTERIM CEO/PRES.	50.00	X		X				298,761.	0.	67,722.
NATALIE RAYNOR TRUSTEE / SECRETARY	50.00	X		X				56,053.	0.	22,618.
DAVID GOODE TRUSTEE THROUGH 3/10	2.00	X						0.	1,033,054.	43,467.
ADEBAYO CROWNSON, MD TRUSTEE	2.00	X						0.	219,039.	55,518.
RICHARD AGUILAR TRUSTEE THROUGH 12/09	2.00	X						0.	0.	0.
DAVID GILES, MD TRUSTEE THROUGH 5/10	2.00	X						0.	0.	0.
VICTOR YAMAMOTO TRUSTEE	2.00	X						0.	0.	0.
MARTI HALES TRUSTEE	2.00	X						0.	0.	0.
DUSTAN HUGHES, MD TRUSTEE	2.00	X						0.	0.	0.
SR. RITA PARKS TRUSTEE	2.00	X						0.	0.	0.
PAM WHITE TRUSTEE	2.00	X						0.	0.	0.
JEFF AGENBROAD TRUSTEE	2.00	X						0.	0.	0.
NED KERR TRUSTEE	2.00	X						0.	0.	0.
SALLY JEFFCOAT TRUSTEE	2.00	X						0.	411,969.	35,688.
AUDRA PRATT CAO	50.00			X				218,232.	0.	58,727.
JOSEPH MESSMER CEO/PRESIDENT THROUGH 3/10	50.00			X				0.	667,749.	45,982.
CLINTON CHILD VP, CHIEF NURSING OFFICER	50.00				X			198,775.	0.	51,484.

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			
PETER ROAN, MD PHYSICIAN	50.00					X		507,444.	0.	59,907.
BARRY MALLARD DIRECTOR OF PHARMACY SVCS.	50.00					X		145,678.	0.	31,997.
DARWIN WATERS PHARMACIST	50.00					X		132,787.	0.	51,286.
ANDREW MORGAN PHARMACIST	50.00					X		130,305.	0.	30,410.
JAMES INECK PHARMACIST	50.00					X		125,218.	0.	36,459.
1b Total ▶								1,813,253.	2,331,811.	591,265.

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 ▶ 18

		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.

(A) Name and business address	(B) Description of services	(C) Compensation
APOGEE MEDICAL MGMT, 2525 EAST CAMELBACK RD., STE 1100, PHOENIX, AZ 85016	HEALTHCARE SERVICES	445,805.
DIAGNOSTIC PATHOLOGY SERVICES 1512 12TH AVENUE ROAD, NAMPA, ID 83686	LABORATORY SERVICES	241,565.
PREMIER EMERGENCY PHYSICIANS, 6200 S. SYRACUSE WAY, STE 200, GREENWOOD, CO 80111	HEALTHCARE SERVICES	168,000.
ASD SPECIALTY HEALTHCARE, 3101 GAYLORD PARKWAY, 3RD FLOOR, FRISCO, TX 75034	STAFFING SERVICES	163,179.
MEDICAL STAFFING NETWORK, INC. PO BOX 840416, DALLAS, TX 75284	STAFFING SERVICES	152,853.

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 ▶ 6

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	74,000.			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	392,156.			
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f	▶	466,156.			
Program Service Revenue		Business Code				
	2a NET PATIENT SVC REV	900099	83,013,498.	83,013,498.		
	b LABORATORY REVENUE	621500	597,535.		597,535.	
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f	▶	83,611,033.			
	3 Investment income (including dividends, interest, and other similar amounts)	▶	1285392.		37.	1,285,355.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real	(ii) Personal			
	6a Gross Rents	1,462,724.				
	b Less: rental expenses					
	c Rental income or (loss)	1,462,724.				
	d Net rental income or (loss)	▶	1462724.		53,832.	1,408,892.
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses	18,057.	7,166.			
	c Gain or (loss)	<18057.>	<7,166.>			
	d Net gain or (loss)	▶	<25,223.>			<25,223.>
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events	▶				
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue	Business Code				
	11a CAFETERIA REVENUE	722100	425,860.		43,569.	382,291.
	b PHARMACY REVENUE	446110	19,152.			19,152.
	c					
	d All other revenue	900099	200,805.	200,805.		
	e **Total.** Add lines 11a-11d	▶	645,817.			
	12 **Total revenue.** See instructions.	▶	87,445,899.	83,214,303.	694,973.	3,070,467.

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	18,725.	18,725.		
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	1,512,815.		1,512,815.	
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	24,046,505.	22,854,915.	1,191,590.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,206,600.	1,151,887.	54,713.	
9 Other employee benefits	4,500,338.	4,223,501.	276,837.	
10 Payroll taxes	1,745,374.	1,486,186.	259,188.	
11 Fees for services (non-employees):				
a Management				
b Legal	7,006.		7,006.	
c Accounting	155,536.		155,536.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	6,342,545.	4,645,280.	1,697,265.	
12 Advertising and promotion	88,144.		88,144.	
13 Office expenses	14,416,489.	13,952,278.	464,211.	
14 Information technology	2,983,123.	114,254.	2,868,869.	
15 Royalties				
16 Occupancy	1,123,017.	1,108,418.	14,599.	
17 Travel	46,026.	37,539.	8,487.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	21,015.	21,015.		
20 Interest	64,483.	64,483.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,900,800.	3,873,104.	27,696.	
23 Insurance	673,538.	13,471.	660,067.	
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 BAD DEBT	17,583,440.	17,583,440.		
b EQUIPMENT MAINTENANCE	1,511,628.	1,394,779.	116,849.	
c CONTRACT LABOR	1,088,181.	1,028,549.	59,632.	
d INTERCO. PURCHASED SVCS	674,668.	54,716.	619,952.	
e UBI TAXES	30.	30.		
f All other expenses	1,042,935.	940,615.	102,320.	
25 **Total functional expenses.** Add lines 1 through 24f	84,752,961.	74,567,185.	10,185,776.	0.
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing			1	754,811.
	2	Savings and temporary cash investments		1,693,309.	2	1,285,377.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		12,893,164.	4	8,084,539.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		77,513.	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		202,831.	7	236,086.
	8	Inventories for sale or use		2,146,280.	8	1,968,030.
	9	Prepaid expenses and deferred charges		194,963.	9	158,407.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 30,251,901.			
	b	Less: accumulated depreciation	10b 521,106.	47,037,649.	10c	29,730,795.
	11	Investments - publicly traded securities		5,864.	11	18,056,916.
	12	Investments - other securities. See Part IV, line 11		18,381,017.	12	9,161,830.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		14,113,621.	15	3,613,527.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		96,746,211.	16	73,050,318.
Liabilities	17	Accounts payable and accrued expenses		6,967,271.	17	9,428,613.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		41,113.	23	26,398.
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities. Complete Part X of Schedule D		1,395,999.	25	1,950,770.
	26	**Total liabilities.** Add lines 17 through 25		8,404,383.	26	11,405,781.
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		87,010,334.	27	60,365,024.
	28	Temporarily restricted net assets		1,326,494.	28	1,274,513.
	29	Permanently restricted net assets		5,000.	29	5,000.
		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		88,341,828.	33	61,644,537.
	34	Total liabilities and net assets/fund balances		96,746,211.	34	73,050,318.

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?		X
b	Were the organization's financial statements audited by an independent accountant?	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.	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?	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.	X	

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
SAINT ALPHONSUS MEDICAL CENTER - NAMPA, INC.	82-0200896

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

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

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

Part II Support Schedule for Organizations Described in 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.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						

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

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2008.** If the organization did not check 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 C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2009

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

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

Name of organization	Employer identification number
SAINT ALPHONSUS MEDICAL CENTER - NAMPA, INC.	82-0200896

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

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

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

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

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

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

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

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c	Media advertisements?		X	
d	Mailings to members, legislators, or the public?		X	
e	Publications, or published or broadcast statements?		X	
f	Grants to other organizations for lobbying purposes?	X		3,684.
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i	Other activities? If "Yes," describe in Part IV		X	
j	Total. Add lines 1c through 1i			3,684.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:

SAINT ALPHONSUS MEDICAL CENTER - NAMPA, INC. HAS MADE GRANTS TO OTHER ORGANIZATIONS IN THE FORM OF MEMBERSHIP DUES PAID TO REGIONAL AND NATIONAL HEALTH CARE ORGANIZATIONS. THESE ORGANIZATIONS HAVE PROVIDED SAINT ALPHONSUS MEDICAL CENTER - NAMPA, INC. WITH AN ESTIMATED PERCENTAGE OF DUES PAYMENTS WHICH ARE USED FOR LOBBYING ACTIVITIES.

Part IV Supplemental Information *(continued)*

SAINT ALPHONSUS MEDICAL CENTER - NAMPA, INC. MADE NO CONTRIBUTIONS TO ANY LEGISLATORS OR CANDIDATES.

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 SAINT ALPHONSUS MEDICAL CENTER - NAMPA, INC.

Employer identification number 82-0200896

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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	0.				
b Contributions	5,000.				
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	5,000.				

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

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ 100.00 %
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
3a(i) (i) unrelated organizations		X
3a(ii) (ii) related organizations	X	
3b b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	X	

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	5,931,211.	3,810,233.		9,741,444.
b Buildings		17,341,351.	218,933.	17,122,418.
c Leasehold improvements				
d Equipment		2,972,902.	302,173.	2,670,729.
e Other		196,204.		196,204.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				29,730,795.

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		
COMMINGLED FUNDS DIRECTLY		
HOLDING SECURITIES	4,820,440.	END-OF-YEAR MARKET VALUE
ABSOLUTE RETURN STRATEGY		
FUNDS	4,341,390.	END-OF-YEAR MARKET VALUE
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	9,161,830.	

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	
INTERCOMPANY PAYABLES	591,383.
INTERCOMPANY NOTES PAYABLE	1,194,387.
ASSET RETIREMENT OBLIGATION (FIN 47)	165,000.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	1,950,770.

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

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, 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: ENDOWMENT FUNDS ARE FOR THE SUPPORT OF VARIOUS MEDICAL PROGRAMS CONDUCTED BY SAINT ALPHONSUS MEDICAL CENTER - NAMPA, INC.

PART X: SAINT ALPHONSUS MEDICAL CENTER - NAMPA, INC. WAS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH FOR THE PERIOD APRIL 1, 2010 THROUGH JUNE 30, 2010. TRINITY HEALTH'S FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2010 DID NOT INCLUDE A FIN 48 FOOTNOTE.

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: SAINT ALPHONSUS MEDICAL CENTER - NAMPA, INC.

Employer identification number: 82-0200896

Part I Charity Care and Certain Other Community Benefits at Cost

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

Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)		1,300	1,680,854.	0.	1,680,854.	2.50%
b Unreimbursed Medicaid (from Worksheet 3, column a)		9,200	11,257,002.	12,749,108.	<1,492,106.>	.00%
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs		10,500	12,937,856.	12,749,108.	188,748.	2.50%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		12,102	190,393.	2,122.	188,271.	.28%
f Health professions education (from Worksheet 5)		1,278	94,521.	0.	94,521.	.14%
g Subsidized health services (from Worksheet 6)			2,938.	0.	2,938.	.00%
h Research (from Worksheet 7)			0.	0.		
i Cash and in-kind contributions to community groups (from Worksheet 8)			115,267.	155.	115,112.	.17%
j **Total.** Other Benefits		13,380	403,119.	2,277.	400,842.	.59%
k **Total.** Add lines 7d and 7j		23,880	13,340,975.	12,751,385.	589,590.	3.09%

Part II Community Building Activities Complete this table if the organization conducted any community building activities

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing	1	550	104.		104.	.00%
2	Economic development						
3	Community support	1		171.		171.	.00%
4	Environmental improvements	2	380	2,217.		2,217.	.00%
5	Leadership development and training for community members	2	20	92.		92.	.00%
6	Coalition building	1		120.		120.	.00%
7	Community health improvement advocacy						
8	Workforce development						
9	Other	8	11,729	248,547.		248,547.	.37%
10	Total	15	12,679	251,251.		251,251.	.37%

Part III Bad Debt, Medicare, & Collection Practices

				Yes	No
Section A. Bad Debt Expense					
1	Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1			X
2	Enter the amount of the organization's bad debt expense (at cost)	2	6,637,601.		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	1,460,272.		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.				
Section B. Medicare					
5	Enter total revenue received from Medicare (including DSH and IME)	5	15,089,960.		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	15,718,381.		
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	7	<628,421.>		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used: ☐ Cost accounting system ☒ Cost to charge ratio ☐ Other				
Section C. Collection Practices					
9a	Does the organization have a written debt collection policy?	9a		X	
b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b		X	

Part IV Management Companies and Joint Ventures

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	MERCY OUTPATIENT				
2	SURGERY CENTER, LLC	SURGICAL CARE	60.00%		40.00%
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
SAINT ALPHONSUS MEDICAL CENTER - NAMPA 1512 12TH AVENUE ROAD NAMPA, ID 83686	X	X					X		

Part VI Supplemental Information

Complete this part to provide the following information.

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

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

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

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

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

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

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

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

PART I, LINE 3C: PATIENTS WHO QUALIFY FOR CHARITY CARE DISCOUNTS SHALL BE IDENTIFIED AS SOON AS POSSIBLE, EITHER BEFORE SERVICES ARE PROVIDED OR AFTER AN INDIVIDUAL HAS RECEIVED SERVICES TO STABILIZE A MEDICAL CONDITION. ALL AVAILABLE FINANCIAL RESOURCES SHALL BE EVALUATED BEFORE DETERMINING FINANCIAL ASSISTANCE ELIGIBILITY. SAINT ALPHONSUS MEDICAL CENTER - NAMPA, INC. (SAMC-NAMPA) SHALL CONSIDER FINANCIAL RESOURCES NOT ONLY OF THE PATIENT, BUT ALSO OF OTHER PERSONS HAVING LEGAL RESPONSIBILITY TO PROVIDE FOR THE PATIENT. ELIGIBILITY FOR CHARITY CARE DISCOUNTS SHALL BE DETERMINED BASED ON 130% OF THE ANNUALLY UPDATED HUD GEOGRAPHIC VERY-LOW INCOME GUIDELINES, AVAILABLE ASSETS AND ANY EXTENUATING CIRCUMSTANCES. THUS, THE STANDARDS OF ELIGIBILITY FOR THE APPLICATION OF CHARITY DISCOUNTS MUST CONSIDER ASSETS, AS WELL AS INCOME.

PART I, LINE 6A: SAMC - NAMPA REPORTS ITS COMMUNITY BENEFIT INFORMATION AS PART OF THE CONSOLIDATED COMMUNITY BENEFIT INFORMATION REPORTED BY TRINITY HEALTH IN ITS ANNUAL REPORT, AVAILABLE AT WWW.TRINITY-HEALTH.ORG.

IN ADDITION, SAMC - NAMPA WILL BE INCLUDING A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON BOTH ITS OWN WEBSITE AND TRINITY HEALTH'S WEBSITE.

Part VI Supplemental Information

PART I, LINE 7: THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE COST AMOUNTS REPORTED IN ITEM 7. FOR CERTAIN CATEGORIES, PRIMARILY TOTAL CHARITY CARE AND MEANS-TESTED GOVERNMENT PROGRAMS, SPECIFIC COST-TO-CHARGE RATIOS WERE CALCULATED AND APPLIED TO THOSE CATEGORIES. THE COST-TO-CHARGE RATIO WAS DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES. IN OTHER CATEGORIES, THE BEST AVAILABLE DATA WAS DERIVED FROM THE HOSPITAL'S COST ACCOUNTING SYSTEM.

UNREIMBURSED MEDICAID

SAMC-NAMPA HAS REPORTED TOTAL COST OF MEDICAID OF $11,257,002 IN LINE 7B, COLUMN (C). ACTUAL DIRECT OFFSETTING REVENUE WAS $12,749,108, RESULTING IN A NET NEGATIVE COMMUNITY BENEFIT EXPENSE OF -$1,492,106. THIS NET EXPENSE IS -2.22% OF TOTAL EXPENSE.

THE TAX REPORTING SOFTWARE DOES NOT PERMIT A NEGATIVE PERCENTAGE TO BE REPORTED IN COLUMN (F). THEREFORE, THE UNREIMBURSED MEDICAID PERCENTAGE IN COLUMN (F) IS SHOWING ZERO PERCENT.

PART I, LINE 7F: THE FOLLOWING NUMBER, $17,583,440, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25. PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F).

PART III, LINE 4: FOR THE PERIOD APRIL 1, 2010 THROUGH JUNE 30, 2010, SAMC - NAMPA WAS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH. THE FOLLOWING IS THE TEXT OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOOTNOTE FROM THOSE STATEMENTS: "SUBSTANTIALLY ALL OF THE

Part VI Supplemental Information

CORPORATION'S RECEIVABLES ARE RELATED TO PROVIDING HEALTHCARE SERVICES TO PATIENTS. ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR AMOUNTS THAT COULD BECOME UNCOLLECTIBLE IN THE FUTURE. THE CORPORATION'S ESTIMATE FOR ITS ALLOWANCE FOR DOUBTFUL ACCOUNTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS BY PAYOR."

COSTING METHODOLOGY FOR LINES 2 AND 3: AMOUNTS ARE CALCULATED ON LINE 2 USING A COST TO CHARGE RATIO METHODOLOGY.

ANY DISCOUNTS PROVIDED OR PAYMENTS MADE TO A PARTICULAR PATIENT ACCOUNT ARE APPLIED TO THAT PATIENT ACCOUNT PRIOR TO ANY BAD DEBT WRITE-OFF AND ARE THUS NOT INCLUDED IN BAD DEBT EXPENSE. AS A RESULT OF THE PAYMENT AND ADJUSTMENT ACTIVITY BEING POSTED TO BAD DEBT ACCOUNTS, WE ARE ABLE TO REPORT BAD DEBT EXPENSE NET OF THESE TRANSACTIONS.

AFTER A DOWNLOAD OF ALL ACCOUNTS OVER $5,000 THAT TRANSFERRED TO BAD DEBT FOR OCTOBER, NOVEMBER AND DECEMBER AND AFTER PERFORMING A FULL REVIEW OF THEM, IT IS ESTIMATED THAT 22% OF THEM COULD BE ATTRIBUTABLE TO PATIENTS WHO LIKELY WOULD QUALIFY FOR FINANCIAL ASSISTANCE, BUT FOR WHOM SUFFICIENT INFORMATION WAS NOT OBTAINED TO MAKE A DETERMINATION OF THEIR ELIGIBILITY.

PART III, LINE 8: SIMILAR TO CHA RECOMMENDATIONS, WHICH STATE THAT SERVING MEDICARE PATIENTS IS NOT A DIFFERENTIATING FEATURE OF TAX-EXEMPT HEALTHCARE ORGANIZATIONS AND THAT THE EXISTING COMMUNITY BENEFIT FRAMEWORK ALLOWS COMMUNITY BENEFIT PROGRAMS THAT SERVE THE MEDICARE POPULATION TO BE COUNTED IN OTHER COMMUNITY BENEFIT CATEGORIES, SAMC - NAMPA DOES NOT BELIEVE ANY MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT.

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PART III, LINE 8: COSTING METHODOLOGY FOR LINE 6 - MEDICARE COSTS WERE OBTAINED FROM THE FILED MEDICARE COST REPORT. THE COSTS ARE BASED ON MEDICARE ALLOWABLE COSTS AS REPORTED ON WORKSHEET B, COLUMN 27, WHICH EXCLUDE DIRECT MEDICAL EDUCATION COSTS. INPATIENT MEDICARE COSTS ARE CALCULATED BASED ON A COMBINATION OF ALLOWABLE COST PER DAY TIMES MEDICARE DAYS FOR ROUTINE SERVICES AND COST TO CHARGE RATIO TIMES MEDICARE CHARGES FOR ANCILLARY SERVICES. OUTPATIENT MEDICARE COSTS ARE CALCULATED BASED ON COST TO CHARGE RATIO TIMES MEDICARE CHARGES BY ANCILLARY DEPARTMENT.

PART III, LINE 9B: SAMC - NAMPA'S COLLECTION POLICY CONTAINS THE CRITERIA FOR FINANCIAL ASSISTANCE, AND CONTAINS THE FOLLOWING VERBIAGE FOR ARRANGEMENTS WITH OUTSIDE COLLECTION AGENCIES: THE ORGANIZATION'S CENTRALIZED BUSINESS OFFICE (CBO) WILL BE REQUIRED TO AUDIT ITS THIRD PARTY COLLECTION AGENTS AT LEAST ANNUALLY FOR ADHERENCE TO THESE STANDARDS.

PART VI, LINE 2: NEEDS ASSESSMENT - EFFECTIVE APRIL 1, 2010, MERCY MEDICAL CENTER - NAMPA, IDAHO, HOLY ROSARY MEDICAL CENTER - ONTARIO, OREGON, AND ST. ELIZABETH HEALTH SERVICES - BAKER CITY, OREGON WERE ACQUIRED BY TRINITY HEALTH. THESE HOSPITALS WERE COMBINED WITH SAINT ALPHONSUS REGIONAL MEDICAL CENTER TO FORM THE SAINT ALPHONSUS HEALTH SYSTEM (SAHS) TO STRENGTHEN THE CARE SERVICES AND IMPROVE THE HEALTH NEEDS OF THE COMMUNITIES.

SAINT ALPHONSUS MEDICAL CENTER - NAMPA (SAMC - NAMPA), FORMERLY KNOWN AS MERCY MEDICAL CENTER, ASSESSES THE HEALTH NEEDS OF THE COMMUNITY THROUGH COMMUNITY NEEDS ASSESSMENTS EVERY THREE YEARS. A COMMUNITY NEEDS ASSESSMENT IS A POINT-IN-TIME EFFORT TO MEASURE THE HEALTH AND WELL BEING

Part VI Supplemental Information

OF THE COMMUNITY. IT SERVES AS THE BASIS FOR SAHS' STRATEGIC AND SUBSEQUENT ACTION PLANNING TO DEVELOP HEALTH POLICY, ALLOCATE RESOURCES, IMPROVE OR EXPAND EXISTING SERVICES, IMPLEMENT NEW PROGRAMS AND COLLABORATE WITH OTHER COMMUNITY HEALTHCARE PROVIDERS. A COMMUNITY NEEDS ASSESSMENT ALSO SERVES AS A BENCHMARK FOR FUTURE ASSESSMENT OF RELATIVE PROGRESS TOWARD ESTABLISHED COMMUNITY HEALTH OBJECTIVES.

THE SAMC - NAMPA COMMUNITY NEEDS ASSESSMENT PROVIDES THE OPPORTUNITY TO:

-GAIN INSIGHTS INTO THE NEEDS AND ASSETS OF THE COMMUNITIES SERVED
-IDENTIFY AND ADDRESS THE NEEDS OF VULNERABLE POPULATIONS WITHIN THE COMMUNITY
-ENHANCE HOSPITAL/COMMUNITY RELATIONSHIPS AND THE OPPORTUNITY FOR COLLABORATIVE COMMUNITY ACTION, INCLUDING INVOLVEMENT WITH COALITIONS, PARTNERSHIPS, BOARDS, COMMITTEES, COMMISSIONS, ADVISORY GROUPS AND PANELS
-PROVIDE THE INFORMATION REQUIRED FOR COMMUNITY OUTREACH PLANNING

THE COMMUNITY NEEDS ASSESSMENT PROCESS, PERFORMED JOINTLY BY SAHS AND SAMC - NAMPA, INVOLVES THE GATHERING OF TWO TYPES OF DATA: QUANTITATIVE (DEMOGRAPHICS, HEALTH INDICATORS, ETC.) AND QUALITATIVE (PUBLIC SURVEYS, FORUMS, FOCUS GROUPS). THE DATA HELPS SUPPORT SHORT-TERM AND LONG-TERM DECISIONS ABOUT ALLOCATION OF COMMUNITY HUMAN AND CAPITAL RESOURCES.

THE SAHS COMMUNITY NEEDS ASSESSMENT IS CURRENT AS OF JUNE 2008 (WITH SEVERAL KEY AREAS UPDATED IN DECEMBER 2009), AND ACTION PLANS TO ADDRESS IDENTIFIED COMMUNITY NEEDS HAVE BEEN DEVELOPED THROUGH FISCAL YEAR 2012. THE COMMUNITY NEEDS ASSESSMENT WAS CONDUCTED BY SAINT ALPHONSUS STAFF AND HAS BEEN MADE AVAILABLE TO THE COMMUNITY ON OUR WEBSITE. WE ALSO HAVE

Part VI Supplemental Information

SHARED COPIES WITH OTHER NONPROFIT AGENCIES, SUCH AS UNITED WAY OF TREASURE VALLEY AND THE IDAHO NONPROFIT CENTER.

PART VI, LINE 3: PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - SAMC - NAMPA IS COMMITTED TO:

-PROVIDING ACCESS TO QUALITY HEALTHCARE SERVICES WITH COMPASSION, DIGNITY AND RESPECT FOR THOSE WE SERVE, PARTICULARLY THE POOR AND THE UNDERSERVED IN OUR COMMUNITIES

-CARING FOR ALL PERSONS, REGARDLESS OF THEIR ABILITY TO PAY FOR SERVICES

-ASSISTING PATIENTS WHO CANNOT PAY FOR PART OR ALL OF THE CARE THEY RECEIVE

-BALANCING NEEDED FINANCIAL ASSISTANCE FOR SOME PATIENTS WITH BROADER FISCAL RESPONSIBILITIES IN ORDER TO SUSTAIN VIABILITY AND PROVIDE THE QUALITY AND QUANTITY OF SERVICES FOR ALL WHO MAY NEED CARE IN A COMMUNITY

IN ACCORDANCE WITH AHA RECOMMENDATIONS, SAMC - NAMPA HAS ADOPTED THE FOLLOWING GUIDING PRINCIPLES WHEN HANDLING THE BILLING, COLLECTION AND FINANCIAL SUPPORT FUNCTIONS FOR OUR PATIENTS:

-PROVIDE EFFECTIVE COMMUNICATIONS WITH PATIENTS REGARDING HOSPITAL BILLS

-MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE FINANCIAL SUPPORT PROGRAMS

-OFFER FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS

-IMPLEMENT POLICIES FOR ASSISTING LOW-INCOME PATIENTS IN A CONSISTENT MANNER

-IMPLEMENT FAIR AND CONSISTENT BILLING AND COLLECTION PRACTICES FOR ALL PATIENTS WITH PATIENT PAYMENT OBLIGATIONS

Part VI Supplemental Information

SAMC - NAMPA COMMUNICATES EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS. FINANCIAL COUNSELING IS PROVIDED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HOSPITAL BILLS. INFORMATION ON HOSPITAL-BASED FINANCIAL SUPPORT POLICIES AND EXTERNAL PROGRAMS THAT PROVIDE COVERAGE FOR SERVICES ARE MADE AVAILABLE TO PATIENTS DURING THE PRE-REGISTRATION AND REGISTRATION PROCESSES AND/OR THROUGH COMMUNICATIONS WITH PATIENTS SEEKING FINANCIAL ASSISTANCE. SAMC - NAMPA HAS SIGNS POSTED IN ALL REGISTRATION AREAS AND PLASTIC TABLE TOP CARDS IN THE REGISTRATION WAITING ROOMS, NOTIFYING PATIENTS THAT FINANCIAL ASSISTANCE IS AVAILABLE. ALL SELF-PAY PATIENTS ARE OFFERED FINANCIAL ASSISTANCE FORMS. EACH PATIENT RECEIVES A BILLING BROCHURE THAT LISTS PAYMENT OPTIONS AND HOW TO APPLY FOR CHARITY CARE. PATIENTS ALSO ARE SCREENED FOR MEDICAID ELIGIBILITY, UTILIZING FINANCIAL ASSISTANCE FORMS.

FINANCIAL COUNSELORS MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY HELP THEM OBTAIN AND PAY FOR HEALTHCARE SERVICES. EVERY EFFORT IS MADE TO DETERMINE A PATIENT'S ELIGIBILITY PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE. HOWEVER, DETERMINATION FOR FINANCIAL SUPPORT CAN BE MADE DURING ANY STAGE OF THE PATIENT'S STAY AFTER STABILIZATION OR COLLECTION CYCLE.

SAMC - NAMPA OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS. THIS SUPPORT IS AVAILABLE TO UNINSURED AND UNDERINSURED PATIENTS WHO DO NOT QUALIFY FOR PUBLIC PROGRAMS OR OTHER ASSISTANCE. NOTIFICATION ABOUT FINANCIAL ASSISTANCE, INCLUDING CONTACT INFORMATION, IS AVAILABLE THROUGH SIGNS POSTED IN REGISTRATION AREAS, PLASTIC TABLE TOP CARDS IN REGISTRATION WAITING ROOMS AND PATIENT BROCHURES. SELF-PAY INPATIENTS AND

Part VI Supplemental Information

SURGERY PATIENTS RECEIVE A VISIT FROM A FINANCIAL ACCOUNT REPRESENTATIVE WHO ASSISTS THEM IN COMPLETING FINANCIAL ASSISTANCE FORMS FOR COUNTY INDIGENT ASSISTANCE, MEDICAID, SOCIAL SECURITY AND HOSPITAL CHARITY CARE.

SAMC - NAMPA HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. SAMC - NAMPA MAKES EVERY EFFORT TO ADHERE TO THE POLICY AND IS COMMITTED TO IMPLEMENTING AND APPLYING THE POLICY FOR ASSISTING PATIENTS WITH LIMITED MEANS IN A PROFESSIONAL, CONSISTENT MANNER. THE MEDICAL CENTER EDUCATES STAFF MEMBERS WHO WORK CLOSELY WITH PATIENTS (INCLUDING THOSE WORKING IN PATIENT REGISTRATION AND ADMITTING, FINANCIAL ASSISTANCE, CUSTOMER SERVICE, BILLING AND COLLECTIONS) ABOUT THESE POLICIES WITH AN EMPHASIS ON TREATING ALL PATIENTS WITH DIGNITY AND RESPECT REGARDLESS OF THEIR INSURANCE STATUS OR THEIR ABILITY TO PAY FOR SERVICES.

PART VI, LINE 4: COMMUNITY INFORMATION - THE PRIMARY SERVICE AREA OF SAMC - NAMPA ENCOMPASSES A FIVE-COUNTY REGION OF SOUTHWEST IDAHO, INCLUDING CANYON, ADA, OWYHEE, PAYETTE AND GEM COUNTIES. AREA HOSPITAL FACILITIES INCLUDE ST. LUKE'S, IDAHO ELKS REHABILITATION CENTER, TREASURE VALLEY HOSPITAL, AND WEST VALLEY MEDICAL CENTER.

SAMC - NAMPA'S PRIMARY SERVICE AREA IS A MIX OF URBAN AND RURAL COMMUNITIES WITHIN THE TREASURE VALLEY, BORDERED BY RUGGED MOUNTAINOUS TERRAIN AND DESERT. THE REGION HAS EXPERIENCED RAPID POPULATION GROWTH SINCE 2000, WITH GROWTH OF 25.5% BETWEEN 2000 AND 2006 IN ADA & CANYON COUNTIES, THE TWO LARGEST COUNTIES IN THE SERVICE AREA. MORE THAN 90% OF RESIDENTS ARE CAUCASIAN.

Part VI Supplemental Information

WITH MEDIAN HOUSEHOLD INCOMES OF $43,976 IN CANYON COUNTY AND $57,159 IN ADA COUNTY, AREA RESIDENTS ARE WITHIN RANGE OF THE STATE MEDIAN OF $47,561. THE POVERTY LEVEL STANDS AT 14.9% IN CANYON COUNTY AND 9% IN ADA, COMPARED TO A STATE AVERAGE OF 12.5% AND A NATIONAL AVERAGE OF 13.2%. AS OF DECEMBER 2009, THE 9.2% UNEMPLOYMENT RATE WAS SLIGHTLY HIGHER THAN THE STATE RATE OF 8.1%, BUT SLIGHTLY LOWER THAN THE NATIONAL RATE OF 10.0%.

MEDICALLY UNDERSERVED POPULATIONS AND HEALTH PROFESSIONAL SHORTAGE AREAS WITHIN OUR SERVICE AREA INCLUDE A SHORTAGE OF PRIMARY CARE AND MENTAL HEALTH SERVICES.

THE REGION SEES A HIGH PREVALENCE OF MENTAL HEALTH & SUBSTANCE ABUSE ISSUES, WITH INADEQUATE PUBLIC BEHAVIORAL HEALTH SYSTEMS IN PLACE TO MEET THE EXISTING NEEDS FOR COMMUNITY-BASED AND INPATIENT SERVICES.

ON REVIEW OF DEMOGRAPHIC AND SOCIO-ECONOMIC DATA AND TRENDS, SEVERAL FACTORS CLEARLY HAVE AN IMPACT ON THE HEALTH STATUS OF THE COMMUNITIES SERVED BY SAMC - NAMPA, WITH IMPLICATIONS FOR FUTURE PLANNING. DRAMATIC POPULATION GROWTH, ESPECIALLY IN ADA AND CANYON COUNTIES, IS EXPECTED TO CONTINUE, WITH A GROWING HISPANIC POPULATION. THE GROWING REFUGEE POPULATION HAS GREATER LANGUAGE INTERPRETATION AND HEALTH EDUCATION NEEDS AS WELL.

GROWTH IN IDAHO'S SENIOR POPULATION IS ALSO PROJECTED TO ACCELERATE, WHICH WILL REQUIRE INCREASED HEALTH CARE SPENDING. MAMMOGRAPHY RATES, THE RISING RATE OF LOW BIRTH WEIGHT BABIES, OVERWEIGHT AND OBESITY, TOBACCO USE, MENTAL HEALTH AND DRINKING/DRUG USE ARE ALSO OF GREAT CONCERN.

Part VI Supplemental Information

PART VI, LINE 5: COMMUNITY BUILDING ACTIVITIES - SAMC - NAMPA STRIVES TO MAKE THE CITIZENS OF OUR COMMUNITY MORE PRODUCTIVE, HEALTHY MEMBERS OF SOCIETY. THROUGH OUR COMMUNITY NEEDS ASSESSMENT AND OTHER COMMUNITY DATA, WE LEARNED THAT SEVERAL AREAS CAN BENEFIT FROM OUR HEALTH CARE EXPERTISE AND MONETARY SUPPORT.

SAMC - NAMPA, FORMERLY KNOWN AS MERCY MEDICAL CENTER, RECEIVED GRANT FUNDING FROM CATHOLIC HEALTH INITIATIVES FROM JULY 2007 TO JUNE 2010 TOTALING OVER $354,000. THE MONIES RECEIVED SUPPORTED AGENCIES THAT PROVIDE FAMILY CASE MANAGEMENT; HEALTHCARE RESOURCES TO LATINO FAMILIES; IMPROVEMENTS IN CHILD SAFETY, HEALTH AND EDUCATION; SUPPORT FOR GRANDPARENTS RAISING GRANDCHILDREN; AND TEEN EDUCATION FOR CHILDBIRTH AND PARENTING.

IN PARTNERSHIP WITH MANY LOCAL ORGANIZATIONS, INCLUDING TERRY REILLY HEALTH SERVICES COMMUNITY CLINIC, LATINO HEALTHCARE ACCESS COALITION, BOYS & GIRLS CLUB, KINSHIP CARE, AND SCHISM SCHOOL, ST. ALPHONSUS STRIVES TO ADDRESS THESE ISSUES.

PART VI, LINE 6: OTHER INFORMATION - SAINT ALPHONSUS STRONGLY SUPPORTS HEALTHCARE WORKFORCE DEVELOPMENT EFFORTS FOR AN ARRAY OF DIFFERENT CLINICAL STUDENTS. WE HAVE COMPLETED AN ASSORTMENT OF TRAINING FOR CNA'S AND NURSES IN THE AREAS OF OBSTETRICS AND MED. SURG, ICU AND ED. IN ADDITION, SAINT ALPHONSUS SERVES AS A KEY CLINICAL TRAINING SITE FOR STUDENTS ATTENDING BOISE STATE UNIVERSITY, IDAHO STATE UNIVERSITY AND NORTHWEST NAZARENE UNIVERSITY.

PART VI, LINE 7: AS OF APRIL 1, 2010, SAMC - NAMPA IS A MEMBER

Part VI Supplemental Information

ORGANIZATION OF TRINITY HEALTH, THE FOURTH-LARGEST CATHOLIC HEALTH CARE SYSTEM IN THE COUNTRY. BASED IN NOVI, MICHIGAN, TRINITY HEALTH ANNUALLY REQUIRES THAT ALL MEMBER ORGANIZATIONS DEVELOP, AND ARE HELD ACCOUNTABLE FOR ACHIEVING, COMMUNITY BENEFIT GOALS THAT INCLUDE DEVELOPING NEEDED SERVICES OR EXPANDING ACCESS TO SERVICES FOR LOW-INCOME INDIVIDUALS. AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO THE COMMUNITY THROUGH PROGRAMS TO SERVE THE POOR AND UNINSURED, MANAGE CHRONIC CONDITIONS LIKE DIABETES, HEALTH EDUCATION AND PROMOTION INITIATIVES, AND OUTREACH FOR THE ELDERLY. IN FISCAL YEAR 2010, THIS INCLUDED NEARLY $456 MILLION IN SUCH COMMUNITY BENEFITS. THEREFORE, TRINITY HEALTH TAKES A SYSTEMS APPROACH IN ITS COMMUNITY BENEFIT PLANNING AND IMPLEMENTATION, AND IS CONSEQUENTLY ABLE TO ENSURE THAT ITS MEMBER HOSPITALS AND OTHER ENTITIES/AFFILIATES ARE HELPING PROMOTE AND ADDRESS THE HEALTH NEEDS OF THEIR RESPECTIVE COMMUNITIES.

FOR MORE INFORMATION ABOUT TRINITY HEALTH, VISIT WWW.TRINITY-HEALTH.ORG.

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 SAINT ALPHONSUS MEDICAL CENTER - NAMPA, INC.

Employer identification number 82-0200896

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? [X] 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
NAMPA HARVEST FESTIVAL ASSOCIATION 16114 IDAHO CENTER BLVD., STE 4 NAMPA, ID 83687	82-0148165	501(C)(4)	12,500.	0.			SUPPORT OF THE ANNUAL SNAKE RIVER STAMPEDE

2 Enter total number of section 501(c)(3) and government organizations ▶ 0.

3 Enter total number of other organizations ▶ 1.

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

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

SCHEDULE I, PART I, LINE 2: DONATIONS MADE BY SAMC - NAMPA TO CHARITABLE ORGANIZATIONS ARE MADE IN FURTHERANCE OF THE RECIPIENT ORGANIZATION'S EXEMPT PURPOSE AND ARE CONSIDERED UNRESTRICTED WITH REGARD TO THE USE OF THE FUNDS.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization SAINT ALPHONSUS MEDICAL CENTER - NAMPA, INC.

Employer identification number 82-0200896

Part I Questions Regarding Compensation

		Yes	No
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.*		
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use		
	☐ Travel for companions ☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of 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		
	☒ Compensation committee ☒ Written employment contract		
	☒ Independent compensation consultant ☒ Compensation survey or study		
	☐ Form 990 of other organizations ☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Only section 501(c)(3) and 501(c)(4) organizations 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?		X
b	Any related organization?		X
	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?		X
b	Any related organization?		X
	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		X
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		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
B. LANNIE CHECKETTS	(i)	212,678.	77,197.	8,886.	25,128.	42,594.	366,483.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
DAVID GOODE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	453,182.	120,573.	459,299.	126.	43,341.	1,076,521.	423,784.
ADEBAYO CROWNSON, MD	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	218,787.	0.	252.	18,345.	37,173.	274,557.	0.
SALLY JEFFCOAT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	287,778.	40,000.	84,191.	26,928.	8,760.	447,657.	0.
AUDRA PRATT	(i)	159,300.	58,767.	165.	22,718.	36,009.	276,959.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JOSEPH MESSMER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	360,280.	178,605.	128,864.	0.	45,982.	713,731.	92,821.
CLINTON CHILD	(i)	172,104.	18,690.	7,981.	16,400.	35,084.	250,259.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
PETER ROAN, MD	(i)	483,429.	18,750.	5,265.	20,228.	39,679.	567,351.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
BARRY MALLARD	(i)	135,212.	10,000.	466.	10,575.	21,422.	177,675.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
DARWIN WATERS	(i)	132,548.	0.	239.	16,454.	34,832.	184,073.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ANDREW MORGAN	(i)	125,220.	5,000.	85.	9,098.	21,312.	160,715.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JAMES INECK	(i)	123,076.	0.	2,142.	8,965.	27,494.	161,677.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART I, LINE 4B: DURING THE 2009 CALENDAR YEAR (WHILE SAINT ALPHONSUS MEDICAL CENTER - NAMPA, INC. WAS OWNED BY CHI), CHI MAINTAINED A SUPPLEMENTAL NONQUALIFIED DEFERRED COMPENSATION PLAN FOR VICE PRESIDENTS AND ABOVE. THE FOLLOWING REPORTABLE INDIVIDUALS WERE ELIGIBLE TO PARTICIPATE: DAVID GOODE AND JOSEPH MESSMER.

THERE WERE NO CONTRIBUTIONS TO THE NONQUALIFIED PLAN FOR THE 2009 CALENDAR YEAR. THE FOLLOWING INDIVIDUALS RECEIVED PAYMENTS FROM THE SUPPLEMENTAL NONQUALIFIED DEFERRED COMPENSATION PLAN DURING THE YEAR. THESE AMOUNTS ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II:

DAVID GOODE - $410,385

JOSEPH MESSMER - $92,821

PART I, LINE 4B:

THE FOLLOWING ARE PARTICIPANTS IN THE TRINITY HEALTH PENSION RESTORATION PLAN, A NONQUALIFIED PLAN, WHICH PROVIDES RETIREMENT BENEFITS FOR CERTAIN ASSOCIATES WITH EARNINGS ABOVE THE IRS PAY CAP FOR QUALIFIED PLANS ($245,000 FOR 2009). THE FOLLOWING ACCRUAL FOR 2009 FOR THIS PLAN IS

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.

INCLUDED IN COLUMN C OF SCHEDULE J, PART II:

SALLY JEFFCOAT - $13,299

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization SAINT ALPHONSUS MEDICAL CENTER - NAMPA, INC.

Employer identification number 82-0200896

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? No
Total			▶ $							

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) Sharing of organization's revenues? No
B. LANNIE CHECKETTS	B. LANNIE CHECKETTS	2,251,695.	VARIOUS TRA		X
BLUE CROSS OF IDAHO (BCI)	SALLY JEFFCOAT, TRU	5,780,686.	PAYMENTS MA		X

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

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

932131 02-01-10

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: SAINT ALPHONSUS MEDICAL CENTER - NAMPA, INC.

Employer identification number: 82-0200896

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THEIR ABILITY TO PAY. SAINT ALPHONSUS MEDICAL CENTER - NAMPA, INC. HAS AN OPEN MEDICAL STAFF, PARTICIPATES IN MEDICARE AND MEDICAID, AND HAS AN ACTIVE CHARITY CARE PROGRAM.

SEE SCHEDULE H FOR MORE INFORMATION.

FORM 990, PART VI, SECTION A, LINE 4: DURING THE FISCAL YEAR, THE GOVERNING DOCUMENTS OF SAINT ALPHONSUS MEDICAL CENTER - NAMPA, INC. (FORMERLY KNOWN AS MERCY MEDICAL CENTER) WERE AMENDED TO CHANGE THE SOLE MEMBER OF THE CORPORATION. SEE LINE 6 FOR MORE INFORMATION.

FORM 990, PART VI, SECTION A, LINE 6: AS OF APRIL 1, 2010, THE SOLE MEMBER OF SAINT ALPHONSUS MEDICAL CENTER - NAMPA, INC. BECAME SAINT ALPHONSUS HEALTH SYSTEM, INC. TRINITY HEALTH IS IN TURN THE SOLE MEMBER OF SAINT ALPHONSUS HEALTH SYSTEM, INC.

PRIOR TO APRIL 1, 2010, CATHOLIC HEALTH INITIATIVES WAS SAINT ALPHONSUS MEDICAL CENTER - NAMPA, INC.'S SOLE MEMBER. SEE LINE 7 FOR ADDITIONAL INFORMATION.

FORM 990, PART VI, SECTION A, LINE 7A: SAINT ALPHONSUS HEALTH SYSTEM, INC. IS THE SOLE MEMBER OF SAINT ALPHONSUS MEDICAL CENTER - NAMPA, INC. SAINT ALPHONSUS HEALTH SYSTEM, INC. HAS THE RIGHT TO APPOINT ALL PERSONS TO THE BOARD OF TRUSTEES OF SAINT ALPHONSUS MEDICAL CENTER - NAMPA, INC.

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	Employer identification number
SAINT ALPHONSUS MEDICAL CENTER - NAMPA, INC.	82-0200896

FORM 990, PART VI, SECTION A, LINE 7B: AS SOLE MEMBER, SAINT ALPHONSUS HEALTH SYSTEM, INC. MUST APPROVE CERTAIN DECISIONS OF THE GOVERNING BODY, INCLUDING THE STRATEGIC PLAN, ANNUAL CAPITAL PLAN, AND ANNUAL OPERATING BUDGET. SAINT ALPHONSUS HEALTH SYSTEM, INC. MUST ALSO APPROVE SIGNIFICANT CHANGES SUCH AS A MERGER, DISSOLUTION, SALE OF ASSETS IN EXCESS OF CERTAIN LIMITS, A MATERIAL CHANGE IN MISSION, AND MODIFICATIONS TO GOVERNING DOCUMENTS.

FORM 990, PART VI, SECTION B, LINE 11: PRIOR TO FILING, THE FORM 990 FOR SAINT ALPHONSUS MEDICAL CENTER - NAMPA, INC. IS REVIEWED BY SENIOR MANAGEMENT. THE BOARD RECEIVES A COPY OF THE RETURN IN ITS FINAL FORM BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C: SAINT ALPHONSUS MEDICAL CENTER - NAMPA, INC. (SAMC - NAMPA) HAS ADOPTED A CONFLICT OF INTEREST POLICY WHICH CONTAINS THE ELEMENTS IN THE MODEL CONFLICT OF INTEREST POLICY ISSUED BY THE IRS. IT APPLIES TO ALL "INTERESTED PERSONS" OF SAMC - NAMPA, WHICH INCLUDES TRUSTEES, PRINCIPAL OFFICERS AND EXECUTIVES, AND MEMBERS OF COMMITTEES WITH BOARD DESIGNATED POWERS.

INTERESTED PERSONS ARE REQUIRED TO ACT AT ALL TIMES IN A MANNER CONSISTENT WITH SAMC - NAMPA'S CHARITABLE PURPOSE AND SERVICE TO THE COMMUNITY AND TO AVOID CONFLICTS OF INTEREST. INTERESTED PERSONS ARE REQUIRED TO MAKE FULL DISCLOSURE TO SAMC - NAMPA OF ANY FINANCIAL OR BUSINESS INTERESTS THAT MIGHT RESULT IN OR HAVE THE APPEARANCE OF A CONFLICT OF INTEREST.

INTERESTED PERSONS ARE REQUIRED TO RECUSE THEMSELVES FROM DISCUSSION AND

VOTING ON MATTERS INVOLVING A CONFLICT OF INTEREST. THE BOARD OF TRUSTEES OF SAMC - NAMPA IS RESPONSIBLE FOR THE REVIEW AND APPROVAL OF TRANSACTIONS WITH INTERESTED PERSONS, INCLUDING DETERMINING THAT SUCH TRANSACTIONS ARE FAIR AND REASONABLE TO SAMC - NAMPA.

ON AN ANNUAL BASIS, INTERESTED PERSONS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT AND TO AFFIRM THEIR RECEIPT OF THE CONFLICT OF INTEREST POLICY, COMPLIANCE WITH ITS REQUIREMENTS, AND AGREE TO NOTIFY THE ORGANIZATION OF CHANGES IMPACTING THEIR ANNUAL DISCLOSURE IN ACCORDANCE WITH THE POLICY. THE ANNUAL DISCLOSURES ARE REVIEWED WITH THE BOARD OF TRUSTEES OF SAMC - NAMPA ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15: SAMC - NAMPA WAS PART OF THE CATHOLIC HEALTH INITIATIVES (CHI) SYSTEM UNTIL APRIL 1, 2010, WHEN IT BECAME A MEMBER ORGANIZATION OF THE TRINITY HEALTH SYSTEM.

FOR CALENDAR 2009, THE ORGANIZATION'S CEO'S COMPENSATION WAS PAID BY CHI. THE HAY GROUP SERVED AS AN INDEPENDENT COMPENSATION CONSULTANT TO CHI AND ITS BOARD OF STEWARDSHIP TRUSTEES ("BOST"). HAY REVIEWED ALL MBO CEO COMPENSATION LEVELS WITH THE HUMAN RESOURCE COMMITTEE OF THE CHI BOST AND PROVIDED A REPORT TO THE FULL CHI BOARD, CONFIRMING THE REASONABLENESS OF MBO CEO TOTAL COMPENSATION AND CHI'S COMPENSATION PHILOSOPHY.

FORM 990, PART VI, SECTION C, LINE 19: AS OF APRIL 1, 2010, SAMC - NAMPA IS A SUBSIDIARY ORGANIZATION IN THE TRINITY HEALTH SYSTEM. TRINITY HEALTH MAKES CERTAIN OF ITS KEY DOCUMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE,

WWW.TRINITY-HEALTH.ORG, IN THE "ABOUT US" SECTION. IN THIS SECTION, THE ANNUAL REPORT (WHICH INCLUDES COMMUNITY BENEFIT MINISTRY INFORMATION) AND CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE PUBLICLY AVAILABLE. IN ADDITION, SAMC - NAMPA WILL BE INCLUDING A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON BOTH ITS OWN WEBSITE AND TRINITY HEALTH'S WEBSITE.

FORM 990, PART VII, SECTION A, LINE 1, COLUMN B:

ESTIMATE OF THE AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS:

THE HOURS LISTED IN COLUMN B OF PART VII, SECTION A, LINE 1 REFLECT ONLY THE INDIVIDUALS' AVERAGE WEEKLY HOURS SPENT DIRECTLY ON THE ACTIVITIES OF THE REPORTING ORGANIZATION. IN ADDITION, THESE ARE THE AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS:

ADEBAYO CROWNSON - 48 HOURS

DAVID GOODE - 48 HOURS

SALLY JEFFCOAT - 53 HOURS

FORM 990, PART XI, LINE 2:

SAINT ALPHONSUS MEDICAL CENTER - NAMPA, INC.'S FINANCIAL STATEMENTS FOR APRIL 1, 2010 THROUGH JUNE 30, 2010 WERE INCLUDED IN THE FY10 CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH, WHICH WERE AUDITED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: B. LANNIE CHECKETTS

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: SAINT ALPHONSUS MEDICAL CENTER - NAMPA, INC.

Employer identification number: 82-0200896

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

B. LANNIE CHECKETTS, SAMC-NAMPA INTERIM CEO, IS AN OFFICER OF MEDNOW, INC.

(C) AMOUNT OF TRANSACTION $ 2251695.

(D) DESCRIPTION OF TRANSACTION: VARIOUS TRANSACTIONS BETWEEN SAMC - NAMPA AND MEDNOW. MEDNOW IS OWNED 100% BY SAMC - NAMPA. SEE SCHEDULE R PART V FOR MORE INFORMATION.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: BLUE CROSS OF IDAHO (BCI)

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SALLY JEFFCOAT, TRUSTEE, SERVES ON THE BOARD OF BCI

(C) AMOUNT OF TRANSACTION $ 5780686.

(D) DESCRIPTION OF TRANSACTION: PAYMENTS MADE BY BLUE CROSS OF IDAHO TO SAINT ALPHONSUS MEDICAL CENTER - NAMPA, INC. FOR HEALTH CARE SERVICES PROVIDED TO BCI COVERED MEMBERS.

(E) SHARING OF ORGANIZATION REVENUES? = NO

FORM 990, PART I, DOING BUSINESS AS:

THE FORMER NAME OF SAINT ALPHONSUS MEDICAL CENTER - NAMPA, INC. WAS MERCY MEDICAL CENTER. THIS NAME CHANGE WAS EFFECTIVE NOVEMBER 17, 2010. IN ADDITION, IT WAS ALSO KNOWN AS MERCY MEDICAL CENTER, NAMPA DURING FY10.

SCHEDULE R (Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization SAINT ALPHONSUS MEDICAL CENTER - NAMPA, INC.

Employer identification number 82-0200896

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
C.L.R. INVESTMENTS LLC - 32-0008631 120 W. HARRIS ST. CADILLAC, MI 49601	REAL ESTATE RENTAL & DEVELOPMENT	MICHIGAN	19,827.	175,469.	TRINITY HEALTH-MICHIGAN
SAINT AGNES HOME HEALTH AND HOSPICE, LLC - 38-2621935, 17410 COLLEGE PARKWAY, STE 150, LIVONIA, MI 48152	PROVIDE HOME HEALTH SERVICES	CALIFORNIA	9367604.	1116725.	TRINITY HOME HEALTH SERVICES, INC.
SAINT MARY'S PHARMACY LLC - 38-3404443 200 JEFFERSON AVE. SE GRAND RAPIDS, MI 49503	PHARMACY	MICHIGAN	0.	0.	TRINITY HEALTH-MICHIGAN
MOUNT CARMEL HEALTHPROVIDERS TWO, LLC - 20-1983271, 6150 E. BROAD STREET, COLUMBUS, OH 43213	MEDICAL SERVICES	OHIO	0.	0.	MOUNT CARMEL HEALTH PROVIDERS, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
AMICARE HOSPICE SERVICES INC - 38-2949053 27870 CABOT DRIVE NOVI, MI 48377-2920	PROVIDE HOSPICE SERVICES	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HOME HEALTH SERVICES, INC.
AUXILIARY OF HOLY ROSARY HOSPITAL - 94-3059469, 351 S.W. 9TH STREET, ONTARIO, OR 97914	SUPPORTS SERVICES OF RELATED HOSPITAL	OREGON	501(C)(3)	9	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO
BATTLE CREEK HEALTH SYSTEM - 38-2776791 300 NORTH AVENUE BATTLE CREEK, MI 49016	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	3	TRINITY HEALTH - MICHIGAN
BATTLE CREEK HEALTH SYSTEM AUXILIARY - 38-3355520, 300 NORTH AVENUE, BATTLE CREEK, MI 49016	SUPPORT OF TAX EXEMPT HEALTH ORGANIZATION	MICHIGAN	501(C)(3)	11, TYPE I	BATTLE CREEK HEALTH SYSTEM

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
ADVANCED IMAGING SERVICES OF BATTLE CREEK - 20-4594297, 5352 BECKLEY ROAD, STE A, BATTLE CREEK, MI 49015	RADIOLOGY/IMAGING	MI	N/A	N/A	0.	0.		X	N/A		X
ADVENT REHABILITATION LLC - 38-3306673, 560 FIFTH ST NW, STE 404, GRAND RAPIDS, MI 49504	REHABILITATION THERAPY SERVICES	MI	N/A	N/A	0.	0.		X	N/A		X
BIG RUN MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP - 31-1608125, 793 W. STATE STREET, COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	0.	0.		X	N/A		X
BSV MEDICAL OFFICE BUILDING II, LLC - 20-2673839, 855 "M" STREET, TENTH FLOOR, FRESNO, CA 93721	MEDICAL OFFICE BUILDING RENTAL	CA	N/A	N/A	0.	0.		X	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
COMMUNITY HEALTH VENTURES, INC. - 38-3522260 565 W. WESTERN AVE. MUSKEGON, MI 49440	SOFTWARE MARKETING	MI	N/A	C CORP	0.	0.	.00%
GENERAL HEALTHCORP. VENTURES, INC. - 38-2533165 1820-44TH STREET KENTWOOD, MI 49508	MEDICAL SERVICES	MI	N/A	C CORP	0.	0.	.00%
HACKLEY HEALTH MANAGEMENT CENTER - 38-2961814 1415 LEAHY ST. MUSKEGON, MI 49442	WEIGHT MANAGEMENT	MI	N/A	C CORP	0.	0.	.00%
HACKLEY HEALTH VENTURES, INC. - 38-2589959 1415 LEAHY ST. MUSKEGON, MI 49442	OTHER MEDICAL SERVICES	MI	N/A	C CORP	0.	0.	.00%
HACKLEY HEALTHCARE EQUIPMENT - 38-2578569 1415 LEAHY ST. MUSKEGON, MI 49442	HOME MEDICAL EQUIPMENT	MI	N/A	C CORP	0.	0.	.00%

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a	X	
b Gift, grant, or capital contribution to other organization(s)	1b		X
c Gift, grant, or capital contribution from other organization(s)	1c		X
d Loans or loan guarantees to or for other organization(s)	1d		X
e Loans or loan guarantees by other organization(s)	1e	X	
f Sale of assets to other organization(s)	1f		X
g Purchase of assets from other organization(s)	1g	X	
h Exchange of assets	1h		X
i Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	X	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	X	
m Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n Sharing of paid employees	1n	X	
o Reimbursement paid to other organization for expenses	1o	X	
p Reimbursement paid by other organization for expenses	1p	X	
q Other transfer of cash or property to other organization(s)	1q	X	
r Other transfer of cash or property from other organization(s)	1r	X	

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

(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) ST ALPHONSUS REGIONAL MEDICAL CENTER	L	85,392.
(2) ST ALPHONSUS REGIONAL MEDICAL CENTER	O	461,687.
(3) SAINT ALPHONSUS MEDICAL CENTER - ONTARIO	L	74,694.
(4) MERCY PHYSICIAN GROUP, INC.	P	181,975.
(5) TRINITY HEALTH CORPORATION	E	1,200,000.
(6) TRINITY HEALTH CORPORATION	L	881,249.

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

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

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

SCHEDULE R-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule R (Form 990)
▶ Attach to Form 990 to list additional information for Schedule R (Form 990), Part I; Part II; Part III; Part IV; Part V, line 2; or Part VI.

OMB No 1545-0047
2009
Open to Public Inspection

Name of filing organization: SAINT ALPHONSUS MEDICAL CENTER - NAMPA, INC.

Employer identification number: 82-0200896

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
PATHWAY HOSPICE, LLC - 93-1310235 1050 SW 3RD AVE., SUITE 1600 ONTARIO, OR 97914	HOSPICE CARE	OREGON	262,248.	1512716.	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO
TRINITY HEALTH-WARDE LAB, LLC - 27-2681908 34605 W. TWELVE MILE ROAD FARMINGTON HILLS, MI 48331	REAL ESTATE RENTAL	DELAWARE	0.	0.	TRINITY HEALTH - MICHIGAN
MOUNT CARMEL HEALTH PROVIDERS III, LLC - 20-4145781, 10 WEST BROAD ST., STE 2100, COLUMBUS, OH 43215	MEDICAL SERVICES	OHIO	1741059.	6,043.	MOUNT CARMEL HEALTH PROVIDERS, INC.
MEMORIAL HEALTH PARTNERS - 62-1784262 6028 SHALLOWFORD ROAD CHATTANOOGA, TN 37421	HOSPICE CARE	TENNESSEE	0.	0.	MHCS
MEMORIAL HOSPITAL AUXILIARY - 62-1839548 2525 DE SALES AVENUE CHATTANOOGA, TN 37404	SUPPORT MHCSF	TENNESSEE	<42,665.>	161,501.	MHCSFOUND
LINCCARE - 47-0697010 8055 O STREET LINCOLN, NE 68510	HOSPICE CARE	NEBRASKA	0.	0.	ST.EHS
MERCY THERAPEUTIC RADIOLOGY ASSOCIATES LLC - 42-1521367, 1111 6TH AVENUE, DES MOINES, IA 50314	PHYSICIAN	IOWA	<5,993,782.>	8357557.	CHI-IA CORP
PERINATAL CENTER OF IOWA LLC - 83-0397103 1111 6TH AVENUE DES MOINES, IA 50314	PHYSICIAN	IOWA	265,601.	353,093.	CHI-IA CORP
MERCY NORTH ASC, LLC - 20-1703871 1111 6TH AVENUE DES MOINES, IA 50314	AMBULATORY	IOWA	<529,436.>	1656969.	CHI-IA CORP
MERCY PET SCANNER LLC - 42-0680448 1111 6TH AVENUE DES MOINES, IA 50314	PHYSICIAN	IOWA	0.	0.	CHI-IA CORP

SCHEDULE R-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule R (Form 990)
▶ **Attach to Form 990 to list additional information for Schedule R (Form 990), Part I; Part II; Part III; Part IV; Part V, line 2; or Part VI.**

OMB No 1545-0047
2009
Open to Public Inspection

Name of filing organization SAINT ALPHONSUS MEDICAL CENTER - NAMPA, INC.

Employer identification number 82-0200896

Part I **Continuation of Identification of Disregarded Entities**

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
HEART PARTNERS - 22-3876321 1111 6TH AVENUE DES MOINES, IA 50314	CARDIOLOGY	IOWA	147,167.	1861850.	CHI-IA CORP
AMBULATORY SURGERY CTR RSBG LLC - 93-1293442 2750 W HARVARD ROSEBURG, OR 97471	AMBULATORY	OREGON	0.	0.	MMC
CHI NEBRASKA HEALTH AT HOME, LLC 555 SOUTH 70TH ST LINCOLN, NE 68510	HOME HEALTH	NEBRASKA	2241709.	3908117.	CHI-NE
ST. DOMINIC MRI HOLDING CO, LLC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112	REAL ESTATE	COLORADO	0.	0.	SDONTARIO
DIXMYTH PROPERTIES 619 OAK ST CINCINNATI, OH 45206	REAL ESTATE	OHIO	0.	0.	GSH CINCI
FLAGET RADIATION ONCOLOGY, LLC 4305 NEW SHEPHERDSVILLE RD BARDSTOWN, KY 40004	IMAGING	KENTUCKY	0.	0.	FMH
JESSAMINE HEALTH SERVICES LLC DBA ST. JOSEPH HEART, ONE SAINT JOSEPH DRIVE, LEXINGTON, KY 40504	CARDIOLOGY	KENTUCKY	0.	0.	SJHEALTH SYS
IMAGING CENTER OF MOUNT STERLING ONE SAINT JOSEPH DRIVE LEXINGTON, KY 40504	IMAGING	KENTUCKY	0.	0.	SJHEALTH SYS
MEMORIAL DIAGNOSTICS, LLC 2525 DE SALES AVENUE CHATTANOOGA, TN 37404	IMAGING	TENNESSEE	0.	0.	MHCS

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

Schedule R-1 (Form 990) 2009

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
BAUM HARMON MERCY HOSPITAL - 42-1500277 255 NORTH WELCH AVENUE PRIMGHAR, IA 51245	ACUTE/AMBULATORY HEALTHCARE SERVICES	IOWA	501(C)(3)	3	MERCY HEALTH SERVICES-IOWA, CORP.
BAUM HARMON MERCY HOSPITAL & CLINICS FOUNDATION - 26-2973307, 255 NORTH WELCH AVENUE, PRIMGHAR, IA 51245	SUPPORT THE SERVICES OF RELATED HOSPITAL	IOWA	501(C)(3)	11, TYPE I	BAUM HARMON MERCY HOSPITAL
CAPITAL PARK FAMILY HEALTH CENTER, INC. - 31-1387838, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	OPERATION OF A FEDERALLY QUALIFIED HEALTH CENTER (FORMERLY)	OHIO	501(C)(3)	3	MOUNT CARMEL HEALTH SYSTEM
CATHERINE MCAULEY HEALTH SERVICES CORP. - 38-2507173, PO BOX 995, ANN ARBOR, MI 48106	FURTHER TRINITY HEALTH ACTIVITIES, ORGANIZE AND DEVELOP MEDICAL SERVICES	MICHIGAN	501(C)(3)	11, TYPE II	TRINITY HEALTH-MICHIGAN
CRANBROOK HOSPICE CARE - 38-3320699 281 ENTERPRISE COURT BLOOMFIELD HILLS, MI 48302	PROVIDE HOSPICE HEALTH SERVICES	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HOME HEALTH SERVICES, INC.
DILEY RIDGE MEDICAL CENTER - 34-2032340 6150 EAST BROAD STREET COLUMBUS, OH 43213	HOSPITAL CAMPUS IN FAIRFIELD COUNTY OHIO	OHIO	501(C)(3)	3	MOUNT CARMEL HEALTH SYSTEM
DUBUQUE MERCY HEALTH FOUNDATION, INC. - 26-2227941, 250 MERCY DRIVE, DUBUQUE, IA 52001	SUPPORT THE SERVICES OF RELATED HOSPITAL	IOWA	501(C)(3)	11, TYPE I	MERCY HEALTH SERVICES-IOWA, CORP.
DYERSVILLE HEALTH FOUNDATION, INC. - 20-5383271, 1111 3RD STREET SW, DYERSVILLE, IA 52040	SUPPORT THE SERVICES OF RELATED HOSPITAL	IOWA	501(C)(3)	11, TYPE I	MERCY HEALTH SERVICES-IOWA, CORP.
HACKLEY HOSPITAL - 38-1358196 1700 CLINTON ST., PO BOX 3302 MUSKEGON, MI 49443-3302	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	3	MERCY HEALTH PARTNERS
HACKLEY HOSPITAL SELF INSURANCE PROFESSIONAL LIABILITY TRUST - 38-2299878, PO BOX 3302, MUSKEGON, MI 49443-3302	SELF INSURANCE FOR GENERAL AND MALPRACTICE LIABILITY	MICHIGAN	501(C)(3)	11, TYPE III-FI	MERCY HEALTH PARTNERS
HACKLEY LIFE COUNSELING - 38-1386362 1352 TERRACE ST. MUSKEGON, MI 49442-3545	COUNSELING, EDUCATION, AND SUPPORT	MICHIGAN	501(C)(3)	9	MERCY HEALTH PARTNERS
HACKLEY VISITING NURSE SERVICES AND HOSPICE, INC. - 38-1359598, 888 TERRACE ST., MUSKEGON, MI 49440	PROVIDE HOME HEALTH CARE SERVICES	MICHIGAN	501(C)(3)	7	MERCY HEALTH PARTNERS

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HOLY CROSS CARENET, INC. - 52-1945054 PO BOX 9184 FARMINGTON HILLS, MI 48333	LONG-TERM CARE AND REHABILITATION FOR THE ELDERLY	MARYLAND	501(C)(3)	9	TRINITY CONTINUING CARE SERVICES
HOLY CROSS HOSPITAL FOUNDATION, INC. - 20-8428450, 11801 TECH ROAD, SILVER SPRING, MD 20904	CHARITABLE FUNDRAISING	MARYLAND	501(C)(3)	11, TYPE I	HOLY CROSS HOSPITAL OF SILVER SPRING, INC.
HOLY CROSS HOSPITAL OF SILVER SPRING, INC. - 52-0738041, 1500 FOREST GLEN RD., SILVER SPRING, MD 20910-1484	HEALTHCARE SERVICES	MARYLAND	501(C)(3)	3	TRINITY HEALTH CORPORATION
HOLY CROSS MEDICAL CENTER - 95-1985442 27870 CABOT DRIVE NOVI, MI 48377-2920	HEALTHCARE SERVICES (FORMERLY)	CALIFORNIA	501(C)(3)	3	TRINITY HEALTH CORPORATION
HOLY ROSARY MEDICAL CENTER FOUNDATION - 20-2683560, 351 S.W. 9TH STREET, ONTARIO, OR 97914	SUPPORT THE SERVICES OF RELATED HOSPITAL	OREGON	501(C)(3)	11, TYPE I	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO
HOSPICE OF NORTH IOWA - 42-1173708 232 SECOND STREET SE MASON CITY, IA 50401-6208	HOSPICE HEALTH CARE SERVICES	IOWA	501(C)(3)	7	MERCY HEALTH SERVICES-IOWA, CORP.
HOSPICE OF WASHTENAW II - 38-3320707 806 AIRPORT BLVD. ANN ARBOR, MI 48108	HOSPICE HEALTH CARE SERVICES	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HEALTH-MICHIGAN
HPCN - 30-0207909 1675 LEAHY STREET MUSKEGON, MI 49442	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	11, TYPE II	MERCY HEALTH PARTNERS
LAKESHORE COMMUNITY HOSPITAL, INC. - 38-2549295, 72 S. STATE STREET, SHELBY, MI 49455-1228	ACUTE HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	3	MERCY HEALTH PARTNERS
LIFESPAN INC. - 38-3298476 166 EAST GOODALE AVE. BATTLE CREEK, MI 49037-2728	PROVIDE HOSPICE HEALTH SERVICES	MICHIGAN	501(C)(3)	9	BATTLE CREEK HEALTH SYSTEM
MARIAN HOME HEALTHCARE - 38-3320705 801 5TH STREET SIOUX CITY, IA 51101	PROVIDE HOME HEALTH CARE SERVICES	IOWA	501(C)(3)	11, TYPE I	MERCY HEALTH SERVICES-IOWA, CORP.
MCAULEY CLINIC CORPORATION - 38-2561013 PO BOX 992 ANN ARBOR, MI 48106	HEALTHCARE SERVICES (FORMERLY)	MICHIGAN	501(C)(3)	3	CATHERINE MCAULEY HEALTH SERVICES CORP.

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MERCY AMICARE HOME HEALTHCARE, OAKLAND - 38-3320698, 281 ENTERPRISE COURT, BLOOMFIELD HILLS, MI 48302-0312	PROVIDE HOME HEALTH CARE SERVICES	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HOME HEALTH SERVICES, INC.
MERCY AMICARE HOME HEALTHCARE, PORT HURON - 38-3320701, 2540 16TH STREET, PORT HURON, MI 48060	PROVIDE HOME HEALTH CARE SERVICES	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HOME HEALTH SERVICES, INC.
MERCY COMMUNITY PHYSICIANS - 26-4252468 363 FREMONT ST. BATTLE CREEK, MI 49017	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	3	BATTLE CREEK HEALTH SYSTEM
MERCY GENERAL HEALTH PARTNERS, AMICARE HOMECARE - 38-3321856, 684 HARVEY STREET, MUSKEGON, MI 49442	PROVIDE HOME HEALTH CARE SERVICES	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HOME HEALTH SERVICES, INC.
MERCY HEALTH PARTNERS - 38-2589966 1415 LEAHY STREET MUSKEGON, MI 49442	HEALTHCARE SYSTEM SUPPORT	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HEALTH-MICHIGAN
MERCY HEALTH SERVICES - IOWA, CORP. - 31-1373080, 1000 4TH STREET SW, MASON CITY, IA 50401	HEALTHCARE SERVICES	DELAWARE	501(C)(3)	3	TRINITY HEALTH-MICHIGAN
MERCY HEALTHCARE FOUNDATION - 42-1316126 1410 N. 4TH ST. CLINTON, IA 52732	FUNDRAISING AND FINANCIAL ASSISTANCE FOR HOSPITAL CHARITABLE SERVICES	IOWA	501(C)(3)	11, TYPE I	MERCY MEDICAL CENTER-CLINTON
MERCY HOSP. & HEALTH SERVICES OF DETROIT/MARSHALL PARK HEALTH SERVICES, INC., 27870 CABOT DRIVE, NOVI, MI 48377-2920	SUPPORTS MALPRACTICE CONTINGENCIES OF CLOSED HOSPITAL	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HEALTH-MICHIGAN
MERCY HOSPITAL CADILLAC FOUNDATION - 20-3357131, 400 HOBART, CADILLAC, MI 49601-2331	SUPPORT THE SERVICES OF RELATED HOSPITAL	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HEALTH-MICHIGAN
MERCY HOSPITAL GIFT SHOP - 38-1630480 2601 ELECTRIC AVE. PORT HURON, MI 48060	VOLUNTEER SERVICE AUXILIARY	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HEALTH-MICHIGAN
MERCY MEDICAL CENTER - CLINTON, INC. - 42-1336618, 1410 NORTH 4TH ST., CLINTON, IA 52732-2940	TO PROVIDE QUALITY HEALTH CARE	DELAWARE	501(C)(3)	3	MERCY HEALTH SERVICES-IOWA, CORP.
MERCY MEDICAL CENTER - SIOUX CITY FOUNDATION - 14-1880022, 801 5TH STREET, SIOUX CITY, IA 51102	SUPPORT THE SERVICES OF RELATED HOSPITAL	IOWA	501(C)(3)	7	MERCY HEALTH SERVICES-IOWA, CORP.

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MERCY MEDICAL CENTER FOUNDATION - NORTH IOWA - 42-1229151, 1000 4TH STREET SW, MASON CITY, IA 50401-2800	SUPPORT THE SERVICES OF RELATED HOSPITAL	IOWA	501(C)(3)	11, TYPE III-FI	MERCY HEALTH SERVICES-IOWA, CORP.
MERCY MEDICAL CENTER FOUNDATION, INC. - 26-1737256, 1512 12TH AVENUE ROAD, NAMPA, ID 83686	SUPPORT THE SERVICES OF RELATED HOSPITAL	IDAHO	501(C)(3)	7	SAINT ALPHONSUS MEDICAL CENTER-NAMPA
MERCY NORTH HOMECARE AND HOSPICE - 38-3313897, 7985 MACKINAW TRAIL, CADILLAC, MI 49601	HOME HEALTH AND HOSPICE SERVICES	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HOME HEALTH SERVICES, INC.
MERCY PAVILION OF BATTLE CREEK - 38-2783350 300 NORTH AVENUE BATTLE CREEK, MI 49016	PROVIDES LONG-TERM CARE FOR THE ELDERLY	MICHIGAN	501(C)(3)	9	BATTLE CREEK HEALTH SYSTEM
MERCY PHYSICIAN GROUP, INC. - 20-8192593 1512 12TH AVENUE ROAD NAMPA, ID 83686	TO PROVIDE QUALITY HEALTH CARE	IDAHO	501(C)(3)	9	SAINT ALPHONSUS MEDICAL CENTER-NAMPA
MERCY SERVICES FOR AGING NON-PROFIT HOUSING CORPORATION - 38-2719605, PO BOX 9184, FARMINGTON HILLS, MI 48333-9184	PROVIDES LONG-TERM CARE FOR THE ELDERLY	MICHIGAN	501(C)(3)	11, TYPE II	TRINITY CONTINUING CARE SERVICES, INC.
MIDWEST MEDFLIGHT - 38-2684671 1300 VICTORS WAY ANN ARBOR, MI 48108	AEROMEDICAL TRANSPORT	MICHIGAN	501(C)(3)	9	TRINITY HEALTH-MICHIGAN
MOUNT CARMEL CARE CONTINUUM SERVICES CORP. - 31-1126211, 793 WEST STATE STREET, COLUMBUS, OH 43222	COOPERATIVE HOSPITAL SERVICE ORGANIZATION	OHIO	501(C)(3)	3	MOUNT CARMEL HEALTH SYSTEM
MOUNT CARMEL COLLEGE OF NURSING - 31-1308555 6150 EAST BROAD STREET COLUMBUS, OH 43213	COLLEGE OF NURSING	OHIO	501(C)(3)	2	MOUNT CARMEL HEALTH
MOUNT CARMEL HEALTH - 31-4379602 6150 EAST BROAD STREET COLUMBUS, OH 43213	HEALTHCARE SERVICES	OHIO	501(C)(3)	3	MOUNT CARMEL HEALTH SYSTEM
MOUNT CARMEL HEALTH INSURANCE COMPANY - 25-1912781, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	HEALTH INSURANCE	OHIO	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM
MOUNT CARMEL HEALTH PLAN, INC. - 31-1471229 6150 EAST BROAD STREET COLUMBUS, OH 43213	MEDICARE HMO FOR SENIORS	OHIO	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM

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MOUNT CARMEL HEALTH SYSTEM - 31-1439334 6150 EAST BROAD STREET COLUMBUS, OH 43213	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	OHIO	501(C)(3)	11, TYPE I	TRINITY HEALTH CORPORATION
MOUNT CARMEL HEALTH SYSTEM FOUNDATION - 31-1113966, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	SUPPORT THE SERVICES OF RELATED HOSPITAL	OHIO	501(C)(3)	11, TYPE I	MOUNT CARMEL HEALTH SYSTEM
MOUNT CARMEL HOME CARE, LLC - 26-2729300 1144 DUBLIN ROAD, SUITE B COLUMBUS, OH 43215	PROVIDE HOME HEALTH CARE SERVICES	OHIO	501(C)(3)	9	TRINITY HOME HEALTH SERVICES, INC.
MOUNT CARMEL NEW ALBANY SURGICAL HOSPITAL - 87-0790288, 7333 SMITH'S MILL RD., NEW ALBANY, OH 43054	HEALTHCARE SERVICES	OHIO	501(C)(3)	3	MOUNT CARMEL HEALTH SYSTEM
MRI MOBILE SERVICES OF WEST MICHIGAN - 38-3073745, 1820 - 44TH STREET, KENTWOOD, MI 49508	OPERATE MAGNETIC IMAGING RESONANCE (FORMERLY)	MICHIGAN	501(C)(3)	9	TRINITY HEALTH-MICHIGAN
MUSKEGON COMMUNITY HEALTH PROJECT - 91-1932918, 565 W. WESTERN AVENUE, MUSKEGON, MI 49440	FACILITATE AND COORDINATE HEALTHCARE AND RELATED SERVICES	MICHIGAN	501(C)(3)	7	MERCY HEALTH PARTNERS
OAKLAND MERCY HOSPITAL - 20-8072234 601 EAST 2ND STREET OAKLAND, NE 68045	HEALTHCARE SERVICES	NEBRASKA	501(C)(3)	3	MERCY HEALTH SERVICES-IOWA, CORP.
PORT HURON MERCY FAMILY CARE, INC. - 20-1855647, 2601 ELECTRIC AVE., PORT HURON, MI 48060	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HEALTH-MICHIGAN
PROFESSIONAL MED TEAM - 38-2638284 965 FORK STREET MUSKEGON, MI 49442-3257	MEDICAL CARE, TRANSPORTATION AND EDUCATION	MICHIGAN	501(C)(3)	9	TRINITY HEALTH-MICHIGAN
PROFESSIONAL OFFICE CORPORATION - 94-2839324 1303 EAST HERNDON AVE. FRESNO, CA 93720	HEALTHCARE SERVICES	CALIFORNIA	501(C)(3)	11, TYPE I	SAINT AGNES MEDICAL CENTER
SAINT AGNES MEDICAL CENTER - 94-1437713 1303 EAST HERNDON AVE. FRESNO, CA 93720	HEALTHCARE SERVICES	CALIFORNIA	501(C)(3)	3	TRINITY HEALTH CORPORATION
SAINT ALPHONSUS BUILDING COMPANY, INC. - 82-0401011, 1055 NORTH CURTIS RD., BOISE, ID 83706	SUPPORTS SERVICES OF RELATED HOSPITAL	IDAHO	501(C)(3)	11, TYPE I	SAINT ALPHONSUS REGIONAL MEDICAL CENTER, INC.

Part III Continuation of Identification of Related Tax-Exempt Organizations

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SAINT ALPHONSUS DIVERSIFIED CARE, INC. - 94-3028978, 1055 NORTH CURTIS RD., BOISE, ID 83706	SUPPORTS SERVICES OF RELATED HOSPITAL	IDAHO	501(C)(3)	11, TYPE I	SAINT ALPHONSUS REGIONAL MEDICAL CENTER, INC.
SAINT ALPHONSUS HEALTH SYSTEM, INC. - 27-1929502, 1055 N. CURTIS ROAD, BOISE, ID 83706	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	IDAHO	501(C)(3)	11, TYPE I	TRINITY HEALTH CORPORATION
SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY - 27-1790052, 3325 POCAHONTAS ROAD, BAKER CITY, OR 97814	TO PROVIDE QUALITY HEALTH CARE	OREGON	501(C)(3)	3	SAINT ALPHONSUS HEALTH SYSTEM, INC.
SAINT ALPHONSUS MEDICAL CENTER-NAMPA - 82-0200896, 1512 12TH AVENUE ROAD, NAMPA, ID 83686	TO PROVIDE QUALITY HEALTH CARE	IDAHO	501(C)(3)	3	SAINT ALPHONSUS HEALTH SYSTEM, INC.
SAINT ALPHONSUS MEDICAL CENTER-ONTARIO - 27-1789847, 351 S.W. 9TH STREET, ONTARIO, OR 97914	TO PROVIDE QUALITY HEALTH CARE	OREGON	501(C)(3)	3	SAINT ALPHONSUS HEALTH SYSTEM, INC.
SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS, INC. - 35-1142669, 1915 LAKE AVENUE, PO BOX 670, PLYMOUTH, IN 46563	HEALTHCARE SERVICES	INDIANA	501(C)(3)	3	SAINT JOSEPH REGIONAL MEDICAL CENTER, INC.
SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS, INC. - 35-0868157, PO BOX 1935, SOUTH BEND, IN 46634-1935	HEALTHCARE SERVICES	INDIANA	501(C)(3)	3	SAINT JOSEPH REGIONAL MEDICAL CENTER, INC.
SAINT JOSEPH REGIONAL MEDICAL CENTER, INC. - 35-1568821, 801 EAST LASALLE AVE., SOUTH BEND, IN 46617	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	INDIANA	501(C)(3)	11, TYPE I	TRINITY HEALTH CORPORATION
SAINT JOSEPH'S AUXILIARY OF MARSHALL COUNTY - 35-6043563, 1915 LAKE AVENUE, PLYMOUTH, IN 46563	HOSPITAL SERVICE AUXILIARY	INDIANA	501(C)(3)	11, TYPE II	SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS, INC.
SAINT JOSEPH'S TOWER, INC. - 31-1040468 PO BOX 9184 FARMINGTON HILLS, MI 48333-9184	PROVIDES HOUSING FOR LOW INCOME ELDERLY INDIVIDUALS	INDIANA	501(C)(3)	9	TRINITY CONTINUING CARE SERVICES-INDIANA
SAINT MARY'S AMICARE HOME HEALTHCARE - 38-3320700, 1430 MONROE NW, GRAND RAPIDS, MI 48905	PROVIDE HOME HEALTH CARE SERVICES	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HOME HEALTH SERVICES, INC.
SAINT MARY'S DORAN FOUNDATION C/O SAINT MARY'S HEALTH CARE - 38-1779602, 200 JEFFERSON ST., SE, GRAND RAPIDS, MI 49503	SUPPORTS SERVICES OF RELATED HOSPITAL	MICHIGAN	501(C)(3)	7	TRINITY HEALTH-MICHIGAN

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ST ALPHONSUS REGIONAL MEDICAL CENTER - 82-0200895, 1055 NORTH CURTIS RD., BOISE, ID 83706	HEALTHCARE SERVICES	IDAHO	501(C)(3)	3	TRINITY HEALTH CORPORATION
ST JOHN'S HEALTH SYSTEM - 35-0877584 27870 CABOT DRIVE NOVI, MI 48377-2920	HEALTHCARE SERVICES (FORMERLY)	INDIANA	501(C)(3)	3	TRINITY HEALTH CORPORATION
ST JOSEPH MERCY OAKLAND FOUNDATION - 35-2356789, 44405 WOODWARD AVE., PONTIAC, MI 48341	SUPPORTS SERVICES OF RELATED HOSPITAL	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HEALTH-MICHIGAN
ST. ANN'S HOSPITAL - 31-4412701 500 SOUTH CLEVELAND AVE. WESTERVILLE, OH 43081	HEALTHCARE SERVICES	OHIO	501(C)(3)	3	MOUNT CARMEL HEALTH SYSTEM
ST. ELIZABETH HEALTH CARE FOUNDATION - 94-3164869, 3325 POCAHONTAS ROAD, BAKER CITY, OR 97814	SUPPORT THE SERVICES OF RELATED HOSPITAL	OREGON	501(C)(3)	7	SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY
ST. JOSEPH'S MEDICAL CENTER AUXILIARY - 35-6033285, 801 E. LASALLE AVE., PO BOX 1935, SOUTH BEND, IN 46634-1935	HOSPITAL SERVICE AUXILIARY	INDIANA	501(C)(4)	N/A	SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS, INC.
THE FOUNDATION OF SAINT JOSEPH REGIONAL MEDICAL CENTER - 35-1654543, 4215 EDISON LAKES PARKWAY, MISHAWAKA, IN 46545	SUPPORTS SERVICES OF RELATED HOSPITAL	INDIANA	501(C)(3)	11, TYPE I	SAINT JOSEPH REGIONAL MEDICAL CENTER, INC.
TRINITY CONTINUING CARE SERVICES - 38-2559656, PO BOX 9184, FARMINGTON HILLS, MI 48333-9184	MANAGEMENT SERVICES FOR LONG TERM CARE AND SENIOR LIVING FACILITIES	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HEALTH CORPORATION
TRINITY CONTINUING CARE SERVICES - INDIANA, INC. - 93-0907047, PO BOX 9184, FARMINGTON HILLS, MI 48333-9184	PROVIDES LONG-TERM CARE AND RESIDENTIAL HOUSING	INDIANA	501(C)(3)	9	TRINITY CONTINUING CARE SERVICES
TRINITY HEALTH - MICHIGAN - 38-2113393 27870 CABOT DRIVE NOVI, MI 48377-2920	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	3	TRINITY HEALTH CORPORATION
TRINITY HEALTH CORPORATION - 35-1443425 27870 CABOT DRIVE NOVI, MI 48377-2920	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	INDIANA	501(C)(3)	11, TYPE I	N/A
TRINITY HEALTH INTERNATIONAL - 42-1253527 27870 CABOT DRIVE NOVI, MI 48377-2920	HEALTHCARE TRAINING AND SUPPORT SERVICES	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HEALTH CORPORATION

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TRINITY HEALTH WELFARE BENEFIT TRUST - 20-8151733, 27870 CABOT DRIVE, NOVI, MI 48377-2920	RETIREE MEDICAL AND RETIREE LIFE INSURANCE COVERAGE	MICHIGAN	501(C)(9)	N/A	TRINITY HEALTH CORPORATION
TRINITY HOME HEALTH SERVICES, INC. - 38-2621935, 17410 COLLEGE PARKWAY, LIVONIA, MI 48152	HOME HEALTH CARE SYSTEM MANAGEMENT SERVICES	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HEALTH CORPORATION
ST. JOSEPH COMMUNITY HEALTH SERVICES - 71-0897107, 300 CENTRAL SW SUITE 300, ALBUQUERQUE, NM 87102	COMMUNITY	NEW MEXICO	501(C)(3)	11A	CHI
ST. JOSEPH COMMUNITY HEALTH FOUNDATION - 85-0253087, 300 CENTRAL SW SUITE 300, ALBUQUERQUE, NM 87102	FOUNDATION	NEW MEXICO	501(C)(3)	7	SJCHS
ST. FRANCIS OF BAKER CITY - 93-0412495 3325 POCAHONTAS ROAD BAKER CITY, OR 97814	HOSPITAL	OREGON	501(C)(3)	3	CHI
FLAGET MEMORIAL HOSPITAL FOUNDATION, INC. - 56-2351341, 4305 NEW SHEPHERDSVILLE ROAD, BARDSTOWN, KY 40004	FUNDRAISING	KENTUCKY	501(C)(3)	11A	FH
FLAGET HEALTHCARE D/B/A MEMORIAL HOSPITAL - 61-1345363, 4305 NEW SHEPHERDSVILLE ROAD, BARDSTOWN, KY 40004	HOSPITAL	KENTUCKY	501(C)(3)	3	CHI
LAKEWOOD HEALTH CENTER - 41-0758434 600 MAIN AVENUE SOUTH BAUDETTE, MN 56623	L TERM CARE	MINNESOTA	501(C)(3)	3	CHI
APPLETREE COURT - 41-1850500 601 OAK STREET BRECKENRIDGE, MN 56520	SENIOR HOMES	MINNESOTA	501(C)(3)	9	SFH
HEALTHCARE AND WELLNESS FOUNDATION - 76-0761782, 2400 ST. FRANCIS DRIVE, BRECKENRIDGE, MN 56520	FOUNDATION	MINNESOTA	501(C)(3)	11A	SFMC
ST. FRANCIS HOME - 41-0729978 2400 ST. FRANCIS DRIVE BRECKENRIDGE, MN 56520	L TERM CARE	MINNESOTA	501(C)(3)	9	CHI
ST. FRANCIS MEDICAL CENTER - 41-0695598 2400 ST. FRANCIS DRIVE BRECKENRIDGE, MN 56520	HEALTHCARE	MINNESOTA	501(C)(3)	3	CHI

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
CARRINGTON HEALTH CENTER - 45-0227311 800 NORTH 4TH STREET CARRINGTON, ND 58421	HEALTHCARE	NORTH DAKOTA	501(C)(3)	3	CHI
SAINT CLARE'S COMMUNITY CARE - 22-2876836 66 FORD ROAD DENVILLE, NJ 07834	HEALTHCARE	NEW JERSEY	501(C)(3)	11B	SCHS
SAINT CLARE'S FOUNDATION, INC. - 22-2502997 66 FORD ROAD DENVILLE, NJ 07834	FUNDRAISING	NEW JERSEY	501(C)(3)	7	SCHS
GOOD SAMARITAN COLLEGE OF NURSING & HEALTH - 31-1778403, 375 DIXMYTH AVE, CINCINNATI, OH 45220	EDUCATION	KENTUCKY	501(C)(3)	2	GHS
TOTAL HEALTHCARE - 84-0927232 P. O. BOX 7021 COLORADO SPRINGS, CO 80933	HEALTHCARE	COLORADO	501(C)(3)	3	CHI COLORADO
MEMORIAL HEALTH CARE SYSTEM, INC. - 62-0532345, 2525 DE SALES AVENUE, CHATTANOOGA, TN 37404	HOSPITAL	TENNESSEE	501(C)(3)	3	CHI
MEMORIAL HEALTH CARE SYSTEM FOUNDATION - 62-1839548, 2525 DE SALES AVENUE, CHATTANOOGA, TN 37404	FOUNDATION	TENNESSEE	501(C)(3)	7	MHCS
MEMORIAL HEALTH PARTNERS FOUNDATION, INC. - 03-0417049, 6028 SHALLOWFORD ROAD, CHATTANOOGA, TN 37421	HEALTHCARE	TENNESSEE	501(C)(3)	9	MHCS
THE COMMUNITY LIMITED CARE DIALYSIS CENTER - 23-7419853, 619 OAK STREET, ACCOUNTING-3 WEST, CINCINNATI, OH 45206	DIALYSIS	OHIO	501(C)(3)	NONE	GSH
GOOD SAMARITAN FOUNDATION OF CINCINNATI, INC. - 31-1206047, 619 OAK STREET, ACCOUNTING-3 WEST, CINCINNATI, OH 45206	FOUNDATION	OHIO	501(C)(3)	11A	GSH
THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO - 31-0537486, 619 OAK STREET, ACCOUNTING-3 WEST, CINCINNATI, OH 45206	HOSPITAL	OHIO	501(C)(3)	3	TRI-HEALTH
SAINT CLARE'S HOSPITAL - 22-3319886 66 FORD ROAD DENVILLE, NJ 07834	HOSPITAL	NEW JERSEY	501(C)(3)	3	CHI

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
ST. FRANCIS LIFE CARE CORPORATION - 22-2536017, 19 POCONO ROAD, DENVILLE, NJ 07834	ELDERLY CARE	NEW JERSEY	501(C)(3)	9	SCHS
TRIHEALTH PHYSICIAN INSTITUTE - 31-1074519 619 OAK STREET, ACCOUNTING-3 WEST CINCINNATI, OH 45206	PHYSICIANS	OHIO	501(C)(3)	11A	GSH
CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION - 84-0902211, 961 EAST COLORADO AVENUE, COLORADO SPRINGS, CO 80903	FOUNDATION	COLORADO	501(C)(3)	7	CHI COLORADO
S.E.T. OF COLORADO SPRINGS, INC. - 84-1183335, 825 E. PIKES PEAK AVENUE, BLDG 29, COLORADO SPRINGS, CO 80903	L TERM CARE	COLORADO	501(C)(3)	7	CHI COLORADO
CATHOLIC HEALTH INITIATIVES - 47-0617373 1999 BROADWAY, SUITE 4000 DENVER, CO 80202	HEALTHCARE	COLORADO	501(C)(3)	9	CHI
CATHOLIC HEALTH CARE FEDERATION - 20-8473567 1999 BROADWAY, SUITE 4000 DENVER, CO 80202	JURDIC PERSON	COLORADO	501(C)(3)	11A	CHI
GLOBAL HEALTH INITIATIVES - 20-1536108 1999 BROADWAY, SUITE 4000 DENVER, CO 80202	MINISTRIES	COLORADO	501(C)(3)	11A	CHI
HEALTH S.E.T. - 84-1102943 4200 WEST CONEJOS PLACE #436 DENVER, CO 80204	LOW INC. CARE	COLORADO	501(C)(3)	7	CHI COLORADO
BISHOP DRUMM RETIREMENT CENTER - 42-0725196 1111 6TH AVENUE DES MOINES, IA 50314	L TERM CARE	IOWA	501(C)(3)	9	CHI-IA CORP
MERCY MEDICAL CENTER-DES MOINES A/K/A CHI-IOWA, CORP - 42-0680448, 1111 6TH AVENUE, DES MOINES, IA 50314	HOSPITAL	IOWA	501(C)(3)	3	CHI-IA CORP
HOUSE OF MERCY - 42-1323808 1111 6TH AVENUE DES MOINES, IA 50314	SHELTER	IOWA	501(C)(3)	7	CHI-IA CORP
MERCY AUXILIARY OF CENTRAL IOWA - 42-6076069 1111 6TH AVENUE DES MOINES, IA 50314	AUXILIARY	IOWA	501(C)(3)	11A	CHI-IA CORP

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
MERCY CLINICS, INC. - 42-1193699 1111 6TH AVENUE DES MOINES, IA 50314	PHYSICIAN	IOWA	501(C)(3)	9	CHI-IA CORP
MERCY COLLEGE OF HEALTH SCIENCES - 42-1511682, 1111 6TH AVENUE, DES MOINES, IA 50314	EDUCATION	IOWA	501(C)(3)	2	CHI-IA CORP
MERCY FOUNDATION OF DES MOINES, IA - 23-7358794, 1111 6TH AVENUE, DES MOINES, IA 50314	FOUNDATION	IOWA	501(C)(3)	7	CHI-IA CORP
MERCY MEDICAL CENTER - CENTERVILLE - 42-0680308, 1 ST. JOSEPH'S DRIVE, CENTERVILLE, IA 52544	HOSPITAL	IOWA	501(C)(3)	3	CHI-IA CORP
MERCY PROFESSIONAL PRACTICE ASSOCIATES, INC. - 42-1470935, 1111 6TH AVENUE, DES MOINES, IA 50314	PHYSICIAN	IOWA	501(C)(3)	9	CHI-IA CORP
MERCY HOSPITAL OF DEVILS LAKE - 45-0227012 1031 EAST SEVENTH STREET DEVILS LAKE, ND 58301	HEALTHCARE	NORTH DAKOTA	501(C)(3)	3	CHI
SAINT JOSEPH'S HOSPITAL FOUNDATION - 36-3418207, 30 WEST 7TH STREET, DICKINSON, ND 58601	FOUNDATION	NORTH DAKOTA	501(C)(3)	11A	SJHHC
ST. JOSEPH'S HOSPITAL AND HEALTH CENTER - 45-0226429, 30 WEST 7TH STREET, DICKINSON, ND 58601	HEALTHCARE	NORTH DAKOTA	501(C)(3)	3	CHI
MERCY REGIONAL MEDICAL CENTER OF DURANGO - 84-0405515, 1010 THREE SPRINGS BLVD, DURANGO, CO 81301	HOSPITAL	COLORADO	501(C)(3)	3	CHI
CHI KENTUCKY, INC. - 20-2741651 3900 OLYMPIC BLVD., SUITE 400 ERLANGER, KY 41018	HEALTHCARE	KENTUCKY	501(C)(3)	11A	CHI
VILLA NAZARETH, INC. - 45-0226714 801 PAGE DRIVE FARGO, ND 58103	LT CARE	NORTH DAKOTA	501(C)(3)	9	CHI
ST. CATHERINE HOSPITAL - 48-0543721 401 EAST SPRUCE STREET GARDEN CITY, KS 67846	HOSPITAL	KANSAS	501(C)(3)	3	CHI

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
ST. CATHERINE HOSPITAL DEVELOPMENT FOUNDATION - 20-0598702, 401 EAST SPRUCE STREET, GARDEN CITY, KS 67846	FOUNDATION	KANSAS	501(C)(3)	11A	SCH
SAINT FRANCIS MEDICAL CENTER FOUNDATION - 47-0630267, P. O. BOX 9804, GRAND ISLAND, NE 68802	FOUNDATION	NEBRASKA	501(C)(3)	7	SFMC
SAINT FRANCIS MEDICAL CENTER - 47-0376601 P. O. BOX 9804 GRAND ISLAND, NE 68802	HEALTHCARE	NEBRASKA	501(C)(3)	3	CHI NEBRASKA
CENTRAL KANSAS MEDICAL CENTER - 48-0543724 3515 BROADWAY GREAT BEND, KS 67530	HOSPITAL	KANSAS	501(C)(3)	3	CHI
ST. JOSEPH MEMORIAL HOSPITAL - 48-1253246 923 CARROLL AVE LARNED, KS 67550	HOSPITAL	KANSAS	501(C)(3)	3	CKMC
MNMCH, INC. - 48-1216238 220 NORTH PENNSYLVANIA COLUMBUS, KS 66725	HOSPITAL	KANSAS	501(C)(3)	3	SJRMC
MERCY LIFECARE SYSTEMS - 43-1305163 2727 MCCLELLAND BLVD JOPLIN, MO 64804	PROPERTY MGMT	MISSOURI	501(C)(3)	11A	SJRMC
ST. JOHN'S MEDICAL GROUP - 43-1882377 2727 MCCLELLAND BLVD JOPLIN, MO 64804	PHYS PRACTICE	MISSOURI	501(C)(3)	9	SJRMC
ST. JOHN'S MERCY REGIONAL FOUNDATION - 43-1308084, 2727 MCCLELLAND BLVD, JOPLIN, MO 64804	FOUNDATION	MISSOURI	501(C)(3)	7	SJRMC
ST. JOHN'S REGIONAL MEDICAL CENTER - 44-0545809, 2727 MCCLELLAND BLVD, JOPLIN, MO 64804	HOSPITAL	MISSOURI	501(C)(3)	3	CHI
GOOD SAMARITAN HOSPITAL - 47-0379755 P. O. BOX 1990 KEARNEY, NE 68848	HEALTHCARE	NEBRASKA	501(C)(3)	3	CHI NEBRASKA
GOOD SAMARITAN HOSPITAL FOUNDATION - 47-0659443, P. O. BOX 1810, KEARNEY, NE 68848	FOUNDATION	NEBRASKA	501(C)(3)	7	GSH

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
ST. JOSEPH HEALTH MINISTRIES - 23-2342997 2135 NOLL DRIVE, SUITE C LANCASTER, PA 17603	HEALTH	PENNSYLVANIA	501(C)(3)	11A	SJHM
ST. JOSEPH HEALTH MINISTRIES FOUNDATION - 23-2605579, 2135 NOLL DRIVE, SUITE C, LANCASTER, PA 17603	FUNDRAISING	PENNSYLVANIA	501(C)(3)	11A	SJHM
ST. JOSEPH HEALTH SERVICES, INC. - 20-1425375, 2135 NOLL DRIVE, SUITE C, LANCASTER, PA 17603	DENTAL CARE	PENNSYLVANIA	501(C)(3)	11A	SJHM
CONTINUING CARE HOSPITAL - 61-1400619 150 NORTH EAGLE CREEK DRIVE LEXINGTON, KY 40509	LTACH	KENTUCKY	501(C)(3)	3	SJHS
SAINT JOSEPH BEREA HOSPITAL FOUNDATION, INC. - 26-0152877, 305 ESTILL STREET, BEREA, KY 40403	FOUNDATION	KENTUCKY	501(C)(3)	7	SJHS
SAINT JOSEPH HEALTH SYSTEM, INC. - 61-1334601, 150 N. EAGLE CREEK DR., LEXINGTON, KY 40509	HOSPITAL	KENTUCKY	501(C)(3)	3	CHI
ST. JOSEPH HOSPITAL FOUNDATION, INC. - 61-1159649, ONE ST. JOSEPH DRIVE, LEXINGTON, KY 40504	FOUNDATION	KENTUCKY	501(C)(3)	11A	SJHS
SAINT JOSEPH MEDICAL FOUNDATION, INC. - 31-1539059, ONE ST. JOSEPH DRIVE, LEXINGTON, KY 40504	PHY PRACTICES	KENTUCKY	501(C)(3)	3	SJHS
VISITING NURSE ASSOCIATION OF ST. CLARE'S - 22-1768334, 191 WOODPORT ROAD, SPARTA, NJ 07871	HOME HEALTH	NEW JERSEY	501(C)(3)	9	SCHS
SAINT ELIZABETH FOUNDATION - 47-0625523 555 SOUTH 70TH STREET LINCOLN, NE 68510	FOUNDATION	NEBRASKA	501(C)(3)	7	SERMC
SAINT ELIZABETH HEALTH SERVICES - 36-3233120 555 SOUTH 70TH STREET LINCOLN, NE 68510	HEALTHCARE	NEBRASKA	501(C)(3)	3	SERMC
CHI NEBRASKA - 36-3233121 555 SOUTH 70TH STREET LINCOLN, NE 68510	HEALTHCARE	NEBRASKA	501(C)(3)	11A	CHI

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
SAINT ELIZABETH REGIONAL MEDICAL CENTER - 47-0379836, 555 SOUTH 70TH STREET, LINCOLN, NE 68510	HEALTHCARE	NEBRASKA	501(C)(3)	3	CHI NEBRASKA
THE PHYSICIAN NETWORK - 47-0780857 8055 "O" STREET, SUITE 300 LINCOLN, NE 68510	HEALTHCARE	NEBRASKA	501(C)(3)	11A	CHI NEBRASKA
LISBON AREA HEALTH SERVICES - 82-0558836 905 MAIN STREET LISBON, ND 58054	HEALTHCARE	NORTH DAKOTA	501(C)(3)	3	CHI
ALVERNA APARTMENTS - 41-1351177 300 SE 8TH AVENUE LITTLE FALLS, MN 56345	LTERM CARE	MINNESOTA	501(C)(3)	9	CHI
UNITY FAMILY HEALTHCARE - 41-0721642 815 2ND STREET SE LITTLE FALLS, MN 56345	HEALTHCARE	MINNESOTA	501(C)(3)	3	CHI
ST. ANTHONY'S HOSPITAL ASSOCIATION - 71-0245507, 4 HOSPITAL DRIVE, MORRILTON, AR 72110	HEALTHCARE	ARKANSAS	501(C)(3)	3	SVIMC
ST. VINCENT INFIRMARY MEDICAL CENTER - 71-0236917, #2 ST. VINCENT CIRCLE, LITTLE ROCK, AR 72205	HEALTHCARE	ARKANSAS	501(C)(3)	3	CHI
ST. VINCENT MEDICAL GROUP - 71-0830696 #2 ST. VINCENT CIRCLE LITTLE ROCK, AR 72205	HEALTHCARE	ARKANSAS	501(C)(3)	9	SVIMC
MARIA-JOSEPH CENTER - 31-0935118 4830 SALEM AVENUE DAYTON, OH 45416	HEALTHCARE	OHIO	501(C)(3)	9	SHP
SAINT JOSEPH LONDON FOUNDATION, INC. - 26-0438748, 310 EAST NINTH STREET, LONDON, KY 40741	FOUNDATION	KENTUCKY	501(C)(3)	11A	SJHS
SAMARITAN BEHAVIORAL HEALTH - 02-0633634 601 S. EDWIN C. MOSES BLVD. DAYTON, OH 45408	HOSPITAL	OHIO	501(C)(3)	3	SHP
ST. MARY'S HOSPITAL - 47-0443636 1314 3RD AVENUE NEBRASKA CITY, NE 68410	HOSPITAL	NEBRASKA	501(C)(3)	3	CHI NEBRASKA

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
ST. MARY'S HOSPITAL FOUNDATION - 47-0707604 1314 3RD AVENUE NEBRASKA CITY, NE 68410	FOUNDATION	NEBRASKA	501(C)(3)	7	SMH
OAKES COMMUNITY HOSPITAL - 45-0231675 314 SOUTH 8TH STREET OAKES, ND 58474	HOSPITAL	NORTH DAKOTA	501(C)(3)	3	CHI
OAKES COMMUNITY HOSPITAL FOUNDATION - 71-0966606, 314 SOUTH 8TH STREET, OAKES, ND 58474	FOUNDATION	NORTH DAKOTA	501(C)(3)	11A	OCH
ST. DOMINIC AT ONTARIO - 93-0433692 351 S.W 9TH STREET ONTARIO, OR 97914	HOSPITAL	OREGON	501(C)(3)	3	CHI
ST. JOSEPH'S AREA HEALTH SERVICES - 41-0695603, 600 PLEASANT AVENUE, PARK RAPIDS, MN 56470	HOSPITAL	MINNESOTA	501(C)(3)	3	CHI
ST. ANTHONY HOSPITAL - 93-0391614 1601 S.E. COURT AVENUE PENDLETON, OR 97801	HOSPITAL	OREGON	501(C)(3)	3	CHI
ST. ANTHONY HOSPITAL FOUNDATION - 93-0992727 1601 S.E. COURT AVENUE PENDLETON, OR 97801	FOUNDATION	OREGON	501(C)(3)	11A	SA HOSPITAL
GETTYSBURG MEDICAL CENTER - 46-0234354 606 EAST GARFIELD AVENUE GETTYSBURG, SD 57442	HOSPITAL	SOUTH DAKOTA	501(C)(3)	3	SMHC
ST. MARY'S HEALTHCARE CENTER - 46-0230199 801 EAST SIOUX AVENUE PIERRE, SD 57501	HEALTHCARE	SOUTH DAKOTA	501(C)(3)	3	CHI
MT. ST. JOSEPH, INC. - 93-0386870 3060 SE STARK STREET PORTLAND, OR 97214	NURSING CARE	OREGON	501(C)(3)	9	CHI
PUEBLO STEPUP - 84-1234295 1925 EAST ORMAN AVENUE, SUITE G52 PUEBLO, CO 81004	COMMUNITY	COLORADO	501(C)(3)	7	CHI
BORNEMANN HEALTHCARE CORPORATION - 23-2187242, 2500 BERNVILLE ROAD, PO BOX 316, READING, PA 19603	HEALTHCARE	PENNSYLVANIA	501(C)(3)	11A	CHI

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
ST. JOSEPH MEDICAL CENTER FOUNDATION - 23-2649362, 2500 BERNVILLE ROAD, PO BOX 316, READING, PA 19603	FOUNDATION	PENNSYLVANIA	501(C)(3)	11A	SJRHN
ST. JOSEPH MEDICAL GROUP - 20-8544021 2500 BERNVILLE ROAD, PO BOX 316 READING, PA 19603	HEALTHCARE	PENNSYLVANIA	501(C)(3)	9	BHC
ST. JOSEPH REGIONAL HEALTH NETWORK - 23-1352211, 2500 BERNVILLE ROAD, PO BOX 316, READING, PA 19603	HEALTHCARE	PENNSYLVANIA	501(C)(3)	3	CHI
LINUS OAKES, INC. - 93-0821381 2700 STEWART PARKWAY ROSEBURG, OR 97470	SENIOR LIVING	OREGON	501(C)(3)	9	MMC
MERCY FOUNDATION, INC. - 93-6088946 2700 STEWART PARKWAY ROSEBURG, OR 97470	FOUNDATION	OREGON	501(C)(3)	7	MMC
MERCY MEDICAL CENTER - 93-0386868 2700 STEWART PARKWAY ROSEBURG, OR 97470	HOSPITAL	OREGON	501(C)(3)	3	CHI
FRANCISCAN VILLA OF SOUTH MILWAUKEE, INC. - 39-1093829, 3601 SOUTH CHICAGO AVENUE, SOUTH MILWAUKEE, WI 53172	HEALTHCARE	WISCONSIN	501(C)(3)	9	CHI
ENUMCLAW COMMUNITY HOSPITAL - 91-0715805 1450 BATTERSBY AVENUE ENUMCLAW, WA 98022	HOSPITAL	WASHINGTON	501(C)(3)	3	FHS
FRANCISCAN FOUNDATION - 91-1145592 1717 SOUTH "J" STREET TACOMA, WA 98405	FUNDRAISING	WASHINGTON	501(C)(3)	9	FHS
FRANCISCAN HEALTH SYSTEM FKA FRANCISCAN HEALTH SYSTEM-WEST - 91-0564491, 1717 SOUTH "J" STREET, TACOMA, WA 98405	HEALTHCARE	WASHINGTON	501(C)(3)	3	CHI
FRANCISCAN MEDICAL GROUP - 91-1939739 1708 SOUTH YAKIMA AVENUE TACOMA, WA 98405	HEALTHCARE	WASHINGTON	501(C)(3)	9	FHS
ST. JOSEPH MEDICAL CENTER FOUNDATION, INC. - 52-1681044, 7601 OSLER DRIVE, TOWSON, MD 21204	FUNDRAISING	MARYLAND	501(C)(3)	7	SJMC

Part III Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
ST. JOSEPH MEDICAL CENTER, INC. - 52-0591461 7601 OSLER DRIVE TOWSON, MD 21204	HOSPITAL	MARYLAND	501(C)(3)	3	CHI
ST. JOSEPH PHYSICIAN ENTERPRISES - 52-1311775, 7601 OSLER DRIVE, TOWSON, MD 21204	PHYSICIANS	MARYLAND	501(C)(3)	11A	CHI
SAMARITAN HEALTH FOUNDATION - 23-7296923 2222 PHILADELPHIA DRIVE DAYTON, OH 45406	FOUNDATION	OHIO	501(C)(3)	7	SHP
MERCY HOSPITAL OF VALLEY CITY - 45-0226553 570 CHAUTAUQUA BOULEVARD VALLEY CITY, ND 58072	HOSPITAL	NORTH DAKOTA	501(C)(3)	3	CHI
MERCY MEDICAL CENTER - 45-0231183 1301 15TH AVENUE WEST WILLISTON, ND 58801	HEALTHCARE	NORTH DAKOTA	501(C)(3)	3	CHI
MERCY MEDICAL FOUNDATION - 45-0381803 1301 15TH AVENUE WEST WILLISTON, ND 58801	FOUNDATION	NORTH DAKOTA	501(C)(3)	11A	MMC
SAMARITAN HEALTH PARTNERS - 31-1107411 2222 PHILADELPHIA DRIVE DAYTON, OH 45406	HEALTHCARE	OHIO	501(C)(3)	11A	CHI
ST. VINCENT FOUNDATION - 51-0169537 TWO ST. VINCENT CIRCLE LITTLE ROCK, AR 72205	FUNDRAISING	ARKANSAS	501(C)(3)	11A	SVIMC
THE MERCY HOSPITAL OF DEVILS LAKE FDN - 35-2367360, 1031 EAST SEVENTH STREET, DEVILS LAKE, ND 58301	FOUNDATION	NORTH DAKOTA	501(C)(3)	11A	MHDL
ALEGENT HEALTH - BERGAN MERCY HEALTH SYS - 47-0484764, 7500 MERCY ROAD, OMAHA, NE 68124	HOSPITAL	NEBRASKA	501(C)(3)	3	CHI
ALEGENT HEALTH - MERCY HOSPITAL, CORNING - 42-0782518, P. O. BOX 368, CORNING, IA 50841	HOSPITAL	IOWA	501(C)(3)	3	AHBMHS
MERCY HEALTH CARE FOUNDATION - 42-1461064 P. O. BOX 368 CORNING, IA 50841	FOUNDATION	NEBRASKA	501(C)(3)	11A	AHMH

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
MERCY HOSPITAL FOUNDATION, COUNCIL BLUFFS - 42-1178204, 800 MERCY DRIVE, COUNCIL BLUFFS, IA 51503	FOUNDATION	IOWA	501(C)(3)	11A	AHBMHS
CHI INSTITUTE FOR RESEARCH AND INNOVATION - 27-1050565, 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	HEALTHCARE	COLORADO	501(C)(3)	11A	CHI
CHI COLORADO - 84-0405257 188 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112	HEALTHCARE	COLORADO	501(C)(3)	3	CHI
SAINT JOSEPH MOUNT STERLING FOUNDATION, INC. - 27-2884584, 50 STERLING AVENUE, MOUNT STERLING, KY 40353	FOUNDATION	KENTUCKY	501(C)(3)	7	SJHS
CENTENNIAL MEDICAL GROUP, INC. - 90-0433062 2700 STEWART PARKWAY ROSEBURG, OR 97470	PHYSICIANS	OREGON	501(C)(3)	9	MMC
CHI NATIONAL FOUNDATION - 27-0930004 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112	FOUNDATION	COLORADO	501(C)(3)	11A	CHI
SAINT CLARE'S HEALTH SERVICES, INC. - 22-3639733, 25 POCONO ROAD, DENVILLE, NJ 07834	MANAGEMENT	NEW JERSEY	501(C)(3)	7	CHI
GOOD SAMARITAN HOSPITAL - 31-0536981 2222 PHILADELPHIA DRIVE DAYTON, OH 45406	HOSPITAL	OHIO	501(C)(3)	3	SHP

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514.)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount on box 20 of K-1	(j) General or managing partner? Yes	(j) No
CCH LABORATORY - 38-2910400 775 SOUTH MAIN STREET CHELSEA, MI 48118	LABORATORY	MI	N/A	N/A	0.	0.		X	N/A		X
CENTRAL OHIO SLEEP MEDICINE, LTD. - 31-1701029, 5955 EAST BROAD ST., COLUMBUS, OH 43213	SLEEP MEDICINE SERVICES	OH	N/A	N/A	0.	0.		X	N/A		X
CLINTON IMAGING SERVICES, LLC - 41-2044739, 1410 NORTH 4TH ST., CLINTON, IA 52732	MRI DIAGNOSTIC SERVICES	IA	N/A	N/A	0.	0.		X	N/A		X
FOREST PARK IMAGING, LLC - 13-4365966, 1000 4TH STREET SW, MASON CITY, IA 50401	X-RAY AND MAMMOGRAPHY SERVICES	IA	N/A	N/A	0.	0.		X	N/A		X
FRANCES WARDE MEDICAL LABORATORY - 38-2648446, 300 WEST TEXTILE ROAD, ANN ARBOR, MI 48104	LABORATORY	MI	N/A	N/A	0.	0.		X	N/A		X
FRESNO IMAGING CENTER - 77-0363563, 1303 E. HERNDON AVE., FRESNO, CA 93720	DIAGNOSTIC IMAGING	CA	N/A	N/A	0.	0.		X	N/A		X
HAWARDEN COMMUNITY CLINIC, LLC - 20-1444339, 1122 AVENUE L, HAWARDEN, IA 51023	MEDICAL CLINIC	IA	N/A	N/A	0.	0.		X	N/A		X
IDAHO GYN/ONCOLOGY SERVICES, LLC - 20-2975807, 1055 N CURTIS RD, BOISE, ID 83706	PROVIDE GYN ONCOLOGY SERVICES	ID	N/A	N/A	0.	0.		X	N/A		X
MAGNETIC RESONANCE SERVICES PARTNERSHIP - 42-1328388, 1416 SIXTH STREET SW, MASON CITY, IA 50401	MRI SERVICES	IA	N/A	N/A	0.	0.		X	N/A		X

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514.)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount on box 20 of K-1	(j) General or managing partner? Yes	(j) No
MASON CITY AMBULATORY SURGERY CENTER, LLC - 20-1960348, 990 4TH STREET SW, MASON CITY, IA 50401	SURGERY-SAME DAY	IA	N/A	N/A	0.	0.		X	N/A		X
MCE MOB IV LIMITED PARTNERSHIP - 42-1544707, 793 W. STATE STREET, COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	0.	0.		X	N/A		X
MCMC POB III LIMITED PARTNERSHIP - 31-1392994, 793 W. STATE STREET, COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	0.	0.		X	N/A		X
MEDILUCENT MOB I - 20-4911370 793 W. STATE STREET COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	0.	0.		X	N/A		X
MERCY HEART CTR O/P SERVICES, LLC - 13-4237594, 1000 4TH STREET SW, MASON CITY, IA 50401	CARDIOVASCULAR SERVICES	IA	N/A	N/A	0.	0.		X	N/A		X
MERCY OUTPATIENT SURGERY CENTER, LLC - 84-1380439, 1512 12TH AVENUE ROAD, NAMPA, ID 83686	OUTPATIENT SURGERY	ID	SAINT ALPHONSUS MEDICAL CENTER-NAMPA, INC.	RELATED	<102851.>	262,579.		X	N/A	X	
MICHIANA HEALTH INFORMATION NETWORK LLC - 35-2050128, 215 WEST MADISON STREET, SOUTH BEND, IN 46601	COMMUNITY BASED CLINICAL INFORMATION SYSTEM AND DATA DEPOSITORY	IN	N/A	N/A	0.	0.		X	N/A		X
MOUNT CARMEL EAST POB III LIMITED PARTNERSHIP - 31-1369473, 793 W. STATE STREET, COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	0.	0.		X	N/A		X
NEWCO AMBULATORY SURGERY CTR, LLP - 30-0136708, 4190 24TH AVENUE, FORT GRATIOT, MI 48059	OUTPATIENT SURGERY CENTER	MI	N/A	N/A	0.	0.		X	N/A		X

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514.)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount on box 20 of K-1	(j) General or managing partner? Yes	(j) No
PLAZA SURGICAL CENTER - 37-1463357, PO BOX 27230, FRESNO, CA 93729	AMBULATORY SURGERY	CA	N/A	N/A	0.	0.		X	N/A		X
RIVERVIEW MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP - 31-1531135, 793 W. STATE STREET, COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	0.	0.		X	N/A		X
SARMED OUTPATIENT PHARMACY, LLC - 51-0483218, 999 N. CURTIS RD., STE 102, BOISE, ID 83706	PHARMACY	ID	N/A	N/A	0.	0.		X	N/A		X
SIXTY FOURTH STREET, LLC - 20-2443646, 2373 64TH ST., STE 2200, BYRON CENTER, MI 49315	PROVIDE OUTPATIENT SURGICAL CARE	MI	N/A	N/A	0.	0.		X	N/A		X
ST. ALPHONSUS CALDWELL CANCER CTR., LLC - 82-0526861, 3123 MEDICAL DR., CALDWELL, ID 83605	RADIATION ONCOLOGY	ID	N/A	N/A	0.	0.		X	N/A		X
ST. ANN'S MEDICAL OFFICE BLDG II LIMITED PARTNERSHIP - 31-1603660, 793 W. STATE STREET, COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	0.	0.		X	N/A		X
TAMARACK MEDICAL CLINIC, LLC - 20-1637921, 610 VILLAGE DRIVE, DONNELLY, ID 83615	OUTPATIENT MEDICAL SERVICES	ID	N/A	N/A	0.	0.		X	N/A		X
WESTAR MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP - 31-1784409, 793 W. STATE STREET, COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	0.	0.		X	N/A		X
WOODLAND IMAGING CENTER, LLC - 76-0820959, 5301 E. HURON RIVER DR., ANN ARBOR, MI 48106	RADIOLOGY/IMAGING	MI	N/A	N/A	0.	0.		X	N/A		X

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SUPERIOR MEDICAL IMAGING, LLC - 26-2884555, 5000 NORTH 26TH STREET, LINCOLN, NE 68521	OP DIAGNOSTICS	NE	N/A	N/A	0.	0.		X	N/A		X
CENTRAL NEBRASKA REHAB SERVICES - 81-0653461, 3004 W FAIDLEY AVE, GRAND ISLAND, NE 68802	PHYSICAL THERAPY	NE	N/A	N/A	0.	0.		X	N/A		X
MERCY WEST ENDOSCOPY LLC - 90-0129077, 1601 NW 114TH ST, SUITE 244, CLIVE, IA 50325	AMBULATORY SURG	IA	N/A	N/A	0.	0.		X	N/A		X
AUDUBON LAND COMPANY LLC - 84-1513085, 5390 N ACADEMY BLVD SUITE 300, COLORADO SPRINGS, CO 80918	REAL ESTATE	CO	N/A	N/A	0.	0.		X	N/A		X
BRECKENRIDGE MEDICAL CLINIC LLC - 65-1295958, 555 SOUTH PARK AVENUE PLAZA 11, BRECKENRIDGE, CO 80424	MEDICAL CLINIC	CO	N/A	N/A	0.	0.		X	N/A		X
PENRAD IMAGING - 84-1072619 1390 KELLY JOHNSON BLVD COLORADO SPRINGS, CO 80920	MEDICAL IMAGING	CO	N/A	N/A	0.	0.		X	N/A		X
ST ANTHONY REGIONAL MTN CANCER CENTER - 37-1568013, 4231 W 16TH AVENUE, DENVER, CO 80112	CANCER CENTER	CO	N/A	N/A	0.	0.		X	N/A		X
ST FRANCIS LAND COMPANY - 26-3134100, 5390 N ACADEMY BLVD SUITE 300, COLORADO SPRINGS, CO 80918	REAL ESTATE	CO	N/A	N/A	0.	0.		X	N/A		X
ORTHOCOLORADO, LLC - 37-1577105, 11650 WEST 2ND PLACE, LAKEWOOD, CO 80255	ORTHO HOSPITAL	CO	N/A	N/A	0.	0.		X	N/A		X

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PENINSULA RADIATION ONCOLOGY - 87-0808610, 314 MARTIN LUTHER KING JR. WAY, #11, TACOMA, WA 98405	HEALTHCARE SRVC	WA	N/A	N/A	0.	0.		X	N/A		X
HEALTHCARE SUPPORT SERVICES, LLC - 72-1546196, P. O. BOX 9804, GRAND ISLAND, NE 68802	LAUNDRY	NE	N/A	N/A	0.	0.		X	N/A		X
BLUEGRASS REGIONAL IMAGING CENTER - 61-1386736, 1218 SOUTH BROADWAY,SUITE 310, LEXINGTON, KY 40504	DIAGNOSTIC	KY	N/A	N/A	0.	0.		X	N/A		X
NORTH RIVER SURGERY CENTER, LLC - 71-0799771, 2209 WILDWOOD AVENUE, SHERWOOD, AR 72120	AMBUL SURG CTR	AR	N/A	N/A	0.	0.		X	N/A		X
CHI OPERATING INVESTMENT PROGRAM, LP - 47-0727942, 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	INVESTMENTS	CO	N/A	N/A	0.	0.		X	N/A		X
RUXTON SURGICENTER, LLC - 52-2095835, 8322 BELLONA AVENUE, SUITE 201, BALTIMORE, MD 21204	SURGERY CENTER	MD	N/A	N/A	0.	0.		X	N/A		X
CENTRAL NEBRASKA HOME CARE SERVICES - 47-0692112, P. O. BOX 1146-4510 SECOND AVENUE, KEARNEY, NE 68848	HEALTHCARE SRVC	NE	N/A	N/A	0.	0.		X	N/A		X

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
HACKLEY ORTHOTICS & PROSTHETICS - 38-2999815 1415 LEAHY ST. MUSKEGON, MI 49442	HEALTHCARE SERVICES	MI	N/A	C CORP	0.	0.	.00%
HACKLEY PROFESSIONAL CENTER - 38-3024797 1415 LEAHY ST. MUSKEGON, MI 49442	REAL ESTATE RENTAL	MI	N/A	C CORP	0.	0.	.00%
HACKLEY PROFESSIONAL PHARMACY - 38-2447870 1415 LEAHY ST. MUSKEGON, MI 49442	PHARMACY	MI	N/A	C CORP	0.	0.	.00%
HEF, INC. - 38-3086401 1415 LEAHY ST. MUSKEGON, MI 49442	OFFICE STAFFING	MI	N/A	C CORP	0.	0.	.00%
HOLY CROSS PRIVATE HOME SERVICES CORP. - 52-1986562 11801 TECH ROAD SILVER SPRING, MD 20904	HOME CARE SERVICES	MD	N/A	C CORP	0.	0.	.00%
HURON ARBOR CORPORATION - 38-2475644 5301 EAST HURON RIVER DR., PO BOX 992 ANN ARBOR, MI 48106	PROVIDES OFFICE RENTAL SPACE	MI	N/A	C CORP	0.	0.	.00%
MARYLAND CARE GROUP, INC. - 52-1815313 11801 TECH ROAD SILVER SPRING, MD 20904	HEALTHCARE HOLDING	MD	N/A	C CORP	0.	0.	.00%
MEDNOW, INC. - 82-0389927 1512 12TH AVENUE ROAD NAMPA, ID 83686	OUTPATIENT PHARMACY	ID	SAINT ALPHONSUS MEDICAL CENTER	C CORP	191,749.	5,455,173.	100.00%
MERCY MEDICAL SERVICES - 42-1283849 801 5TH STREET SIOUX CITY, IA 51101	PRIMARY CARE PHYSICIANS	IA	N/A	C CORP	0.	0.	.00%
MICHIGAN PHYSICIAN SERVICES - 38-3293125 44405 WOODWARD AVENUE, H-5 PONTIAC, MI 48341	PHYSICIAN SERVICES	MI	N/A	C CORP	0.	0.	.00%
MICHIGAN ATHLETIC CLUB - 38-2647304 2500 BURTON GRAND RAPIDS, MI 49546	ATHLETIC CLUB	MI	N/A	C CORP	0.	0.	.00%
MOUNT CARMEL BEHAVIORAL HEALTHCARE SERVICES, INC. - 31-0971510, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	BEHAVIORAL HEALTHCARE SERVICES	OH	N/A	C CORP	0.	0.	.00%

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MOUNT CARMEL HEALTH HORIZONS CORP. - 31-1177652 6150 EAST BROAD STREET COLUMBUS, OH 43213	MEDICAL SERVICES/RENT	OH	N/A	C CORP	0.	0.	.00%
MOUNT CARMEL HEALTH PROVIDERS, INC. - 31-1382442 6150 EAST BROAD STREET COLUMBUS, OH 43213	MEDICAL SERVICES	OH	N/A	C CORP	0.	0.	.00%
NORTH IOWA MERCY MEDICAL SERVICES, INC. - 42-1382308 1000 4TH ST. SW MASON CITY, IA 50401	MEDICAL SERVICES	IA	N/A	C CORP	0.	0.	.00%
PRIMARY CARE NETWORK OF OHIO, INC. - 31-1422486 6150 EAST BROAD STREET COLUMBUS, OH 43213	HEALTH MANAGEMENT SERVICES	OH	N/A	C CORP	0.	0.	.00%
PRIORITY PLUS OF CALIFORNIA - 77-0395267 PO BOX 27230 FRESNO, CA 93729	FORMERLY HEALTH MANAGEMENT NOW DISCONTINUED	CA	N/A	C CORP	0.	0.	.00%
SAINT ALPHONSUS PHYSICIAN SERVICES, INC. - 82-0477852 1055 NORTH CURTIS ROAD BOISE, ID 83706	PHYSICIAN CLINICS	ID	N/A	C CORP	0.	0.	.00%
SAINT ALPHONSUS PHYSICIANS, P.A. - 33-1078261 1055 NORTH CURTIS ROAD BOISE, ID 83706-1370	PHYSICIANS	ID	N/A	C CORP	0.	0.	.00%
SAINT MARY'S HEALTH MANAGEMENT COMPANY - 38-3450733 1640 EAST PARIS, SE. GRAND RAPIDS, MI 49546	ATHLETIC CLUB	MI	N/A	C CORP	0.	0.	.00%
SURGERY CENTER FINANCING CORPORATION - 31-1531102 6150 EAST BROAD STREET COLUMBUS, OH 43213	FINANCE, INSURANCE AND REAL ESTATE	OH	N/A	C CORP	0.	0.	.00%
TRINITY HEALTH EMPLOYEE BENEFIT TRUST - 38-3410377 27870 CABOT DRIVE NOVI, MI 48377-2920	GRANTOR TRUST	MI	N/A	TRUST	0.	0.	.00%
TRINITY HEALTH SELF-INSURANCE PLAN - 38-6742154 27870 CABOT DRIVE NOVI, MI 48377-2920	GRANTOR TRUST	MI	N/A	TRUST	0.	0.	.00%
TRINITY HEALTH SELF-INSURED WORKERS' COMPENSATION FUND - 38-6742157, 27870 CABOT DRIVE, NOVI, MI 48377-2920	GRANTOR TRUST	MI	N/A	TRUST	0.	0.	.00%

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VENZKE INSURANCE COMPANY, LTD. - 98-0453602 PO BOX 1051 GRAND CAYMAN GRAND CAYMAN, CAYMAN ISLANDS	PROVISION OF INSURANCE COVERAGE	CAYMAN ISLANDS	N/A	C CORP	0.	0.	.00%
WESTSHORE HEALTH NETWORK - 38-3280200 1820 44TH STREET KENTWOOD, MI 49508	PHYSICIAN HOSPITAL ORGANIZATION	MI	N/A	C CORP	0.	0.	.00%
WORKPLACE HEALTH OF GRAND HAVEN - 38-3112035 1415 LEAHY ST. MUSKEGON, MI 49442	OCCUPATIONAL HEALTH	MI	N/A	C CORP	0.	0.	.00%
MERCY HEALTH SERVICES CORPORATION - 43-1457881 2727 MCCLELLAND BLVD JOPLIN, MO 64804	DME	MO	N/A	C CORP	0.	0.	.00%
MOUNTAIN MANAGEMENT SERVICES INC - 62-1570739 6082D SHALLOWFORD ROAD CHATTANOOGA, TN 37422	MGMT SVC ORG	TN	N/A	C CORP	0.	0.	.00%
MEDQUEST - 45-0392137 1301 15TH AVENUE WEST WILLISTON, ND 58801	SALE OF DME	ND	N/A	C CORP	0.	0.	.00%
ST ANTHONY DEVELOPMENT COMPANY - 93-1216943 1415 SOUTHGATE PENDLETON, OR 97801	ATHLETIC CLUB	OR	N/A	C CORP	0.	0.	.00%
GOOD SAMARITAN OUTREACH SERVICES - 47-0659440 PO BOX 1990 KEARNEY, NE 68848	MEDICAL CLINIC	NE	N/A	C CORP	0.	0.	.00%
HEALTH SYSTEMS ENTERPRISES, INC. - 47-0664558 PO BOX 1990 KEARNEY, NE 68848	MANAGEMENT	NE	N/A	C CORP	0.	0.	.00%
MERCY PARK APARTMENTS, LTD - 42-1202422 1111 6TH AVENUE DES MOINES, IA 50314	HOUSING	IA	N/A	C CORP	0.	0.	.00%
DES MOINES MEDICAL CENTER INC. - 42-0837382 1111 6TH AVENUE DES MOINES, IA 50314	REAL ESTATE	IA	N/A	C CORP	0.	0.	.00%
COMCARE SERVICES - 84-0904813 4231 W 16TH AVENUE DENVER, CO 80204	INACTIVE	CO	N/A	C CORP	0.	0.	.00%

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

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SAINT CLARE'S PRIMARY CARE, INC. - 22-2441202 66 FORD ROAD DENVILLE, NJ 07834	BILLING SERVICES	NJ	N/A	C CORP	0.	0.	.00%
HEALTHCARE MGMT. SERVICES ORG. INC. - 91-1865474 1149 MARKET ST. TACOMA, WA 98402	HEALTH ORG.	WA	N/A	C CORP	0.	0.	.00%
PHYSICIAN HEALTH SYSTEM NETWORK - 91-1746721 1149 MARKET ST. TACOMA, WA 98402	HEALTH ORG.	WA	N/A	C CORP	0.	0.	.00%
MERCY SERVICES CORP. - 93-0824308 2700 STEWART PARKWAY ROSEBURG, OR 97470	RETAIL SALES	OR	N/A	C CORP	0.	0.	.00%
CADUCEUS MEDICAL ASSOCIATES, INC. - 62-1570736 6028 SHALLOWFORD ROAD, SUITE D CHATTANOOGA, TN 37422	HEALTHCARE	TN	N/A	C CORP	0.	0.	.00%
CENTRAL KANSAS HEALTH SERVICES ASSOCIATION - 48-1042853, 3515 BROADWAY, GREAT BEND, KS 67530	MEDICAL EQUIPMENT	KS	N/A	C CORP	0.	0.	.00%
ST. VINCENT COMMUNITY HEALTH SERVICES, INC. - 71-0710785, TWO ST. VINCENT CIRCLE, LITTLE ROCK, AR 72205	HEALTHCARE	AR	N/A	C CORP	0.	0.	.00%
ALTERNATIVE INSURANCE MANAGEMENT SERVICES - 84-1112049, 3900 OLYMPIC BOULEVARD, SUITE 400, ERLANGER, KY 41018	MANAGEMENT SERVICES	CO	N/A	C CORP	0.	0.	.00%
NAZARETH ASSURANCE COMPANY - 03-0304831 76 ST. PAUL STREET, SUITE 500 BURLINGTON, VT 05401	INSURANCE	VT	N/A	C CORP	0.	0.	.00%
FRANCISCAN SERVICES, INC. - 23-2487967 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112	HEALTHCARE	CO	N/A	C CORP	0.	0.	.00%
SJH SERVICES CORPORATION - 23-2307408 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112	HEALTHCARE	CO	N/A	C CORP	0.	0.	.00%
ST. JOSEPH DEVELOPMENT COMPANY, INC. - 91-1480569 1717 SOUTH J STREET TACOMA, WA 98405	RENTAL	WA	N/A	C CORP	0.	0.	.00%

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

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TOWSON MANAGEMENT, INC. - 52-1710750 7601 OSLER DRIVE TOWSON, MD 21204	MANAGEMENT SERVICES	MD	N/A	C CORP	0.	0.	.00%
CAPTIVE MANAGEMENT INITIATIVES - 98-0663022 PO BOX 10073, APO GEORGE TOWN, CAYMAN ISLANDS KY1-1001	CAPTIVE MANAGEMENT	CAYMAN ISLANDS	N/A	C CORP	0.	0.	.00%
FIRST INITIATIVES INSURANCE, LTD. - 98-0203038 PO BOX 10073, APO GEORGE TOWN, CAYMAN ISLANDS KY1-1001	INSURANCE	CAYMAN ISLANDS	N/A	C CORP	0.	0.	.00%
CENTER FOR TRANSLATIONAL RESEARCH - 27-2269511 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112	HEALTHCARE	CO	N/A	C CORP	0.	0.	.00%
SAMARITAN FAMILY CARE, INC. - 31-1299450 40 W. FOURTH ST, #1700 DAYTON, OH 45402	HEALTHCARE	OH	N/A	C CORP	0.	0.	.00%
SJL PHYSICIAN MANAGEMENT SERVICES, INC. 424 LEWIS HARGETT CR, #160 LEXINGTON, KY 40503	MANAGEMENT	KY	N/A	C CORP	0.	0.	.00%
CGH REALTY COMPANY, INC. - 23-2326801 215 N. 12TH ST. READING, PA 19603	REAL ESTATE	PA	N/A	C CORP	0.	0.	.00%
ST. JOSEPH OFFICE PARK ASSOCIATION - 61-1079899 1401 HARRODSBURG ROAD, BLDG B70 LEXINGTON, KY 40504	MANAGEMENT	KY	N/A	C CORP	0.	0.	.00%

Part V **Continuation of Transactions With Related Organizations** (Schedule R (Form 990), Part V, line 2)

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(7)	TRINITY HEALTH CORPORATION	O	426,625.
(8)	MEDNOW, INC.	Q	2,260,422.
(9)	MEDNOW, INC.	A	55,203.
(10)	MEDNOW, INC.	O	53,473.
(11)	MERCY OUTPATIENT SURGERY CENTER, LLC	G	469,984.
(12)	MERCY OUTPATIENT SURGERY CENTER, LLC	A	338,661.
(13)	MERCY OUTPATIENT SURGERY CENTER, LLC	Q	2,671,054.
(14)	MERCY OUTPATIENT SURGERY CENTER, LLC	R	1,826,385.
(15)	MERCY PHYSICIAN GROUP, INC.	A	189,413.
(16)	MERCY PHYSICIAN GROUP, INC.	K	713,956.
(17)	MERCY PHYSICIAN GROUP, INC.	N	92,493.
(18)	MERCY PHYSICIAN GROUP, INC.	Q	10,757,793.
(19)	MERCY PHYSICIAN GROUP, INC.	R	10,534,988.
(20)	CATHOLIC HEALTH INITIATIVES	L	4,404,601.
(21)	CATHOLIC HEALTH INITIATIVES	O	4,202,061.
(22)	SAINT ALPHONSUS HEALTH SYSTEM, INC.	R	63,334,612.
(23)	HOLY ROSARY MEDICAL CENTER	L	262,519.
(24)			