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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form.

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

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning JAN 1, 2010 , 2009, and ending SEP 30 , 20 10

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
HARMS MEMORIAL HOSPITAL DISTRICT HEALTHCARE FOUNDATION

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

City or town, state or country, and ZIP + 4
AMERICAN FALLS, IDAHO 83211

D Employer identification number
31-1713617

E Telephone number
208-226-3200

F Group Exemption Number ▶

- *Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).*

G Accounting Method: ☑ Cash ☐ Accrual
Other (specify) ▶

I Website: ▶

J Tax-exempt status (check only one) — ☑ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 46440.07

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	37256.43
	2	Program service revenue including government fees and contracts	2	5364.00
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory — 5a		
	b	Less: cost or other basis and sales expenses — 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here ▶ ☐		
	a	Gross revenue (not including $ _____ of contributions reported on line 1) — 6a		
	b	Less: direct expenses other than fundraising expenses — 6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances — 7a		
	b	Less: cost of goods sold — 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0.00
	8	Other revenue (describe ▶ INTEREST INCOME)	8	619.52
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	43239.95
Expenses	10	Grants and similar amounts paid (attach schedule)	10	50398.26
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ SEE ATTACHED)	16	4696.05
	17	**Total expenses.** Add lines 10 through 16 ▶	17	55094.31
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-11854.36
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	24576.24
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	12721.88

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Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	5894.27	22	1868.88
23	Land and buildings		23	
24	Other assets (describe ▶ SEE ATTACHED)	18681.97	24	214562.81
25	**Total assets**	24576.24	25	216431.69
26	**Total liabilities** (describe ▶ SEE ATTACHED)		26	203709.81
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	24576.24	27	12721.88

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 10642I Form **990-EZ** (2009)

SCANNED MAY 24 2011

G9 3

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? **PROVIDE GRANTS TO HOSPITAL DISTRICT**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28	PROVIDED GRANTS FOR NEW EQUIPMENT TO HARMS MEMORIAL HOSPITAL DISTRICT. PLEASE SEE ATTACHED SCHEDULE OF EQUIPMENT PURCHASED FOR THE SHORT YEAR ENDED SEPTEMBER 30, 2010. (Grants $ 50398.26) If this amount includes foreign grants, check here ▶ ☐	28a	50398.26
29	(Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	
30	(Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	50398.26

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
DALLAS CLINGER 2388 CLINGER DR., AMERICAN FALLS, ID 83211	2	0	0	0
ANN WHEELER 659 GIFFORD, AMERICAN FALLS, ID 83211	2	0	0	0
CAROL SCHREIBER 3041 JUNIPER, AMERICAN FALLS, ID 83211	2	0	0	0
SHERRI TIMMONS 3134 SAGE, AMERICAN FALLS, ID 83211	2	0	0	0
DEBBIE THEOBALD 2639 LAKEVIEW RD, AMERICAN FALLS, ID 83211	2	0	0	0
LORIN ROSEBERG 110 BANNOCK AVE, AMERICAN FALLS, ID 83211	2	0	0	0
HARRIET NEWLIN 4 CEDAR HILLS DR., POCATELLO, ID 83204	2	0	0	0
SUSAN GREEN BARGER 1550 YELLOWSTONE #109, POCATELLO, ID 83201	30	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	✓	
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	✓	
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a N/A			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.00 ; section 4912 ▶ 0.00 ; section 4955 ▶ 0.00			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ N/A			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		✓

41 List the states with which a copy of this return is filed. ▶ IDAHO

42a The organization's books are in care of ▶ SUSAN GREEN BARGER Telephone no. ▶ 208-226-3200

Located at ▶ 488 HIGHLAND STREET, AMERICAN FALLS, ID ZIP + 4 ▶ 83211

			Yes	No
b	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)?	42b		✓
	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.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		✓
	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		✓

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

			Yes	No
46	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	46		✓
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	✓	
b	If "Yes," was the related organization a section 527 organization?	49b		✓

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over $100,000 . . . . ▶ 0.00

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over $100,000 . . ▶ 0.00

Sign Here

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

Signature of officer — Date: 27 APR 2011

DALLAS CLINGER, CHAIRPERSON
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

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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

2010

Open to Public Inspection

Name of the organization	Employer identification number
HARMS MEMORIAL HOSPITAL DISTRICT HEALTHCARE FOUNDATION, INCORPORATED	31-1713617

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 33⅓% 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 33⅓% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III–Functionally integrated **d** ☐ Type III–Other

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

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

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A) HARMS MEMORIAL HOSPITAL DISTRIC	82-6000431	HOSPITAL	✓		✓		✓		50398.26
(B)									
(C)									
(D)									
(E)									
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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 6, column (f) divided by line 11, column (f)) . . . . 14 %

15 Public support percentage from 2009 Schedule A, Part II, line 14 . . . . . 15 %

16a **33 1/3% support test—2010.** 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—2009.** 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—2010.** 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—2009.** 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f)) . . .	17	%
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2010.** 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—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

HARMS MEMORIAL HOSPITAL DISTRICT HEALTHCARE FOUNDATION, INCORPORATED
TIN 31-1713617

PAGE 1, PART I, LINE 16 - OTHER EXPENSES

GENERAL AND ADMINISTRATIVE EXPENSES	1,912.65
FUNDRAISING EXPENSES	2,163.88
INTEREST EXPENSE	619.52
TOTAL	4,076.53

PAGE 1, PART II, LINE 24 – OTHER ASSETS

	BEGINNING	ENDING
RESTRICTED CASH AND CASH EQUIVALENTS	18,681.97	10,853.00
OTHER RECEIVABLE, SHORT TERM	0.00	37,660.68
OTHER RECEIVABLE, LONG TERM (HMHD)	0.00	166,049.13
TOTAL	18,681.97	214,562.81

PAGE 1, PART II, LINE 26, - TOTAL LIABILITIES

	BEGINNING	ENDING
N/P – USDA (CT SCANNER)	0.00	159,000.00
N/P – BANK OF COMMERCE (VAN)	0.00	44,709.81
TOTAL	0.00	203,709.81

Harms Memorial Hospital District Healthcare Foundation, Incorporated
Tax Identification Number: 31-1713617
Page 2 Part III Line 28 Equipment Donations to Harms Memorial Hospital District

ITEM	AMOUNT
Desk/Hutch	$499.28
CPR Equipment	$2,105.45
File Cabinet	$194.99
Vital Wrap System	$242.98
Chairs	$2,863.99
Pillows	$250.00
Dynamometer	$351.00
Carpet Shampooer	$365.57
Television	$500.00
ECG/EKG Machines	$2,995.04
Exam Tables	$3,480.00
Lift-Scale	$,1,279.96
Burnisher	$1,375.00
Micro-Temp	$2,895.00
CT Scanner	$31,000.00

Page 3 Part V Line 34 #1

FILED EFFECTIVE 09 DEC 24 AM 8:13

SECRETARY OF STATE
STATE OF IDAHO

Amended and Restate Articles of Incorporation

HARMS MEMORIAL HOSPITAL DISTRICT HEALTHCARE FOUNDATION, INCORPORATED

KNOW ALL MEN BY THESE PRESENTS. That the American people, out of their abundance, have evidenced a marked and increased tendency to benefit their fellow citizens through bequests and gifts for healthcare, educational and charitable purposes, and it is believed that such tendency can be encouraged and promoted by providing a means whereby such bequests and gifts can be administered to promote the public welfare and specifically the local public healthcare services and to afford an opportunity alike to persons of wealth and persons of moderate means to make their several gifts more effective and to provide for the proper management and investment of such gifts and bequests.

Now, the undersigned persons, acting as incorporators of a corporation for this Public Hospital District (Harms Memorial Hospital District, dba Harms Memorial Hospital, Power County Nursing Home and Harms Family Clinic), an Idaho municipal corporation in American Falls, Power County, Idaho, for the purpose of organizing a separate nonprofit corporation (Foundation) as authorized by the Idaho Non-Profit Corporation Act, Chapter 3, Title 30, Idaho Code ("Act"), adopts the following Articles of Incorporation ("Articles").

Article I

The **name** of this corporation (Foundation) shall be. Harms Memorial Hospital District Healthcare Foundation, Incorporated.

Article II

The Foundation is and always shall be a non-profit corporation.

Article III

This corporation is formed to have perpetual existence unless dissolved in accordance with the laws of the State of Idaho. In the event of such dissolution, assets remaining after the winding up of its affairs shall be distributed to Power County, Idaho, an Idaho Municipal Corporation.

Article IV

This corporation is not organized for pecuniary profit or gain. There shall be no shares of stock issued.

IDAHO SECRETARY OF STATE
12/24/2009 05:00
CK: 514 CT: 132571 BH: 1200672
1 @ 30.00 = 30.00 NON PROF A # 2

C134358

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Article V

The initial **registered financial agent** of the corporation is Dan Tenely, of Harms Memorial Hospital District, 510 Roosevelt St., American Falls, Idaho 83211-0420, (208) 226-3200, ext. 128.

Article VI

The name and address of its initial **legal representative** shall be Paul Laggis, Attorney at Law, 20 Hillcrest, American Falls, Idaho 83211, (208) 226-2563.

Article VII

Its **principal location** and office for the transaction of business and the complete address and phone number shall be c/o (Attn. Foundation Office) Harms Memorial (Public) Hospital District Foundation, 510 Roosevelt St., American Falls, Idaho 83211-0410, (208) 226-3200, ext. 127.

Article VIII

The **purposes and objects** for which this corporation (Foundation) is formed are to receive, hold, and administer any donated property, real and personal, or any interest therein, and to invest or reinvest the same, including the right to sell, convey, mortgage, or pledge the same, and carry on any and all activities incident thereto, and accumulated principal or income for the purpose of supporting and providing for the healthcare services delivery needs of the residents (or visitors) located within Power County, Idaho boundaries and those of southwest Bingham County, Idaho, regardless of ability to pay, in a cost effective manner This corporation (Foundation) shall have and may exercise all powers confirmed upon it by statute, as now or hereafter enacted, to specifically include without limiting it by statute, as now or hereafter enacted, to specifically include without limiting the power to take and hold by gift, purchase, grant, lease, devise, bequest or otherwise any property without limitation as to amount or value, necessary or desirable for obtaining the objects and carrying into effect the purposes of the corporation (Foundation); the power to sell, transfer, convey and dispose of such property, the power to borrow money for the purposes of incorporation and issue bonds therefore and secure the same by mortgage, the power to invest, reinvest and deal with the same and expend the income therefrom or the principal thereof for any of the aforementioned purposes subject only to the limitations as may be contained in the instrument under which said property is received but free from any restrictions applicable to the investment of trust funds; and the power to exercise any corporate powers necessary or incidental to the exercise of the power above enumerated. These powers shall include the right to publish and circulate reports, pamphlets, articles and other matters and make awards, grants, scholarships and create endowments for the benefit of the aforementioned Harms Memorial Hospital District

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Not withstanding any other provision of these Articles, if at any time or times this corporation shall be deemed a "private foundation" as defined in Section 501(c)(3) of the Internal revenue Code of 1986, then during such time or times this corporation (Foundation) shall distribute its income for each taxable year at such time and in such manner as not to subject the corporation (Foundation) to the tax under Section 4942 of the Code; shall not engage in any act of self-dealing as defined in Section 4941(d) of the Code; shall not retain any excess business holdings as defined in Section 4943 (c) of the Code; shall not make any investment in any manner as to subject the corporation (Foundation) to tax under Section 4944 of the Code; and shall not make any taxable expenditure as defined in Section 4945(d) of the Code.

Not withstanding any other provisions of this document, the organization shall not carry on any other activities as permitted to be carried on: (a) by an organization exempt from federal income tax under section 502(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal code; or by an organization, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Article IX

In the event Harms Memorial Hospital District loses its federal and/or state income tax exemptions, **substantially fails or abandons its operations** or upon the Hospital District's final liquidation or dissolution, the Foundation Board of Directors shall either continue as a non-profit corporation (Foundation) and support the healthcare needs of the community, or, after paying or making provisions for payments of all liabilities of the corporation (Foundation), dispose of all of the remaining assets of the corporation to the County of Power, an Idaho Municipal Corporation. The principal of such assets is to be permanently held in trust as an endowment and with the income therefrom to be used exclusively for public purposes to benefit Power County, Idaho, and the citizens and visitors thereof. This shall include without limiting the scope, the county's emergency medical response program.

Upon the dissolution of the corporation (Foundation), assets shall be distributed for one or more exempt purposes within the meaning of section 501(c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by the court of Common Pleas of the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations a said Court shall determine which are organized and operated exclusively for such purposes.

Article X

The Foundation Board of Directors shall not be personally liable to the corporation (Foundation) for monetary damages for **conduct as a Director** unless such Director's acts or omissions involve intentional misconduct, a knowing violation of the law, or any

Page 3 Part V Line 34 #4

transactions which the Director shall personally receive a benefit in money, property, or services to which such director is not legally entitled. Furthermore, the members of the Foundation Board of Directors and the office of this corporation (Foundation) shall not be individually liable for any discretionary decision or failure to make a discretionary decision within his or her official capacity as director or officer unless such decision or failure to decide constitutes gross negligence.

Article XI

The corporation (Foundation) **shall not have or issue shares of stock**. No part of the net earnings of the corporation (Foundation) shall not accrue to the benefit of or to be distributed to its directors, trustees, officers, associates, or other private persons, except that the corporation (Foundation) shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distribution in furtherance of the purposes set forth in Article VIII. No substantial part of the activities of the corporation (Foundation) shall be carrying of propaganda or otherwise attempting to influence legislation and the corporation (Foundation) shall not participate in or intervene in any political campaign on behalf of any candidate for public office.

Article XII

The number of members and subcommittees of the corporation (Foundation) shall be managed and controlled by a Board of Seven Directors. The Administrator of Harms Memorial Hospital shall be an ex-officio member of the Board. The Board of Trustees of Harms Memorial Hospital District shall appoint the majority (four) of the Foundation Board members. The Foundation Directors shall appoint the remaining three members. These appointments shall take place as the appropriate terms expire, or as vacancies occur. The names and addresses of the persons who are to act in the capacity of Directors of the corporation (Foundation) until the selection of their successors are as follows:

1st Director Position
Ann Wheeler, President
659 Gifford
American Falls, Idaho 83211

2nd Director Position
Vacant

7th Director Position
Harriet Newlin
246 Monroe Street
American Falls, Idaho 83211

3rd Director Position
Carol Schreiber, Member
3041 Juniper Drive
American Falls, Idaho 83211

4th Director Position
Mike Hovorka, Treasurer
3135 Willow Street
American Falls, Idaho 83211

5th Director Position
Debbie Theobald, Member
2639 Lakeview Road
American Falls, Idaho 83211

6th Director Position
Lorin Roseberg, Vice President
110 Bannock Avenue
American Falls, Idaho 83211

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The **election, terms or office, powers and duties of the Board of Directors** and the number of officers, their qualifications, method of election and terms of office, powers and duties shall be prescribed by the By-laws to be adopted by the corporation (Foundation); and in accordance with the laws of the State of Idaho, the By-laws of the corporation (Foundation) may be altered or amended as may be provided in said By-laws, as adopted.

IN WITNESS WHEREOF, the incorporator has hereunto set its hand this 30 day of November, 2009.

Harms Memorial Hospital District Healthcare Foundation

By Wayne a Stroman
Chairperson, Harms Memorial Hospital District

Upon a vote of one more than the majority of the Harms Memorial Hospital District Board of Trustees ON November 30, 2009

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HARMS MEMORIAL HOSPITAL DISTRICT
HARMS MEMORIAL HOSPITAL AND POWER COUNTY NURSING HOME

POLLING OF BOARD MEMBERS
NOVEMBER 30, 2009

Each member of the HMHD Board was e-mailed a copy or sent a hard copy of the HMHD Foundation "Articles of Incorporation" to be reviewed. These articles were approved at an earlier meeting; however, the signature page was not attached. Each HMHD board member was called and polled as to whether or not they approved the "Articles."

Members Polled	Approval	Did not Approve
Wayne Thomas	yes	
Gary Tiede	yes	
Mike Ferguson	yes	
Tim Mauch	yes	
Richard Wallace	yes	
Jim Chapman, Jr.	yes	
Lisa Qualls	yes	

The vote was unanimous to approve the HMHD Foundation's "Articles of Incorporation." Chairman Wayne Thomas signed the Articles.

Respectfully submitted,

Marie H. Sorensen

Marie H. Sorensen, Recording Secretary

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BY-LAWS
HARMS MEMORIAL HOSPITAL DISTRICT HEALTHCARE FOUNDATION, INCORPORATED

SECTION I
OFFICES

Registered Office. The principle office shall be at Harms Memorial Hospital, 510 Roosevelt St., American Falls, Power County, Idaho. The corporation, hereinafter referred to as "Foundation" may have offices and places of business at such other places within the State of Idaho, and may change the principal office from time to time as shall be determined by the Foundation Directors.

SECTION II
MEMBERS

1. No Voting Members. The Foundation shall have no voting members but only a Board of Directors, hereinafter referred to as "Foundation Directors". There shall be a class of non-voting affiliates to be designated "Foundation Associates".

2. Foundation Associates. From time to time the Foundation Directors may, by majority vote, admit to membership "Foundation Associates," individuals or organizations who are interested in the objectives and purposes of this Foundation. The Foundation Directors shall determine qualifications for such participation. Foundation Associates shall not be entitled to vote on any matter relating to the Foundation, but the Foundation Directors may arrange for periodic meetings, programs, and /or reports for the purpose of acquainting the Foundation Associates with the affairs of the Foundation and its supported organization.

3. Certificate of Association. Certificates or other evidence of affiliation in the Foundation may be issued. They will exhibit the associate's name and shall be signed by the president and secretary of the Foundation Directors.

4. Status of Affiliation. Association in the Foundation shall be personal, shall not survive the death of any individual associated, and may not be transferred by any means. An associate may resign at any time by written notice to the Foundation.

5. Termination of Association. Affiliation in the Foundation may be terminated for any action by an associate who is detrimental to the best interest of the Foundation, or for failure to actively support Foundation purposes, or to actively participate in Foundation activities, and removal shall require the affirmative vote of two-thirds of the Foundation Directors.

SECTION III
BOARD OF DIRECTORS (FOUNDATION DIRECTORS)

1. Number and Qualifications. The business affairs of the Foundation shall be managed and controlled by a Board of seven Directors (Foundation Directors). At the organizational meeting, four of the Foundation Directors (initial Directors) shall be elected at large by a

Page 3 Part IV Line 34 #8

majority of the Board of Commissioners (Trustees) of Harms Memorial Hospital District and assigned a term of office by the drawing of lots for positions one, two, three, four. Positions five, six, and seven shall be elected by the majority of the initial Directors.

2. Term. The terms of the Foundation Directors are to be staggered. Initially, the first, second, and seventh Director positions shall be for a period of three years, the third and fourth Director positions shall be for a period of two years, and the fifth and sixth Director positions shall be for a period of one year. The first year of such Foundation Director's terms shall be from the date of organization until the first annual meeting. The terms of appointment for all Directors shall be three years for each position thereafter. At all times four of the seven appointed Foundation Directors (i.e. the first through fourth director positions) shall be elected by majority of the Board of Trustees of Harms Memorial Hospital District and the balance by the Foundation Directors. The Administrator of Harms Memorial Hospital District shall serve as ex-officio of the Foundation.

3. Successor. At the expiration of the Foundation Director's term of office or if any of the Foundation Directors resigns or is removed, a successor Foundation Director shall be appointed by either the Foundation Directors or by the Board of Trustees of Harms Memorial Hospital District depending upon which board position is vacated.

4. Appointment. Increasing or reducing the number of Foundation Directors shall be by amendment to these by-laws, but a reduction in the number of Foundation Directors shall not be effective during the term of office of the Directors effectuating the change. The number of Foundation Directors shall not be less than five (5). Each Foundation Director shall hold the office until reappointment or the appointment of his or her successor or otherwise as set forth in these by-laws. A Foundation Director may resign at any time and vacancies occurring may be filled by the affirmative vote of the majority of either the remaining Foundation Directors or by the Board of Trustees of Harms Memorial Hospital District as set forth above. In no event shall less than the majority of Foundation Directors, be appointed by the Board of Trustees of Harms Memorial Hospital District.

5. Removal. At a meeting called expressly for that purpose, Foundation Directors may be removed by an affirmative vote of the majority of the Foundation Directors present for such meeting.

6. Absence. In the event a member of the Foundation Directors is absent from three consecutive meetings of the Foundation without being excused by majority vote of the Directors present, his or her position shall be automatically vacated and be filled as provided above.

SECTION IV
MEETINGS OF THE BOARD OF DIRECTORS

1. Regular and Special Meetings. Meetings of the Foundation Directors, regular or special shall be held within the State of Idaho. The regular meetings shall be held on the 2nd Wednesday of each month and may be held without other notice. Special meetings of the Foundation

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Directors may be called by the President or at the written request of at least three members of the Foundation Directors. Notice of special meetings stating the time, place, and general purpose thereof shall be delivered personally to each Director, mailed or e-mailed at least 24-hours, if possible prior to the meeting. The presence of a Foundation Director at any Foundation meeting where such request for special meeting is made shall constitute a waiver of such notice. No business shall be transacted until a quorum of the Foundation Directors is present. If less than a quorum is present, the majority of those present may continue the meeting from time to time until a quorum is present.

2. Annual Meeting. The annual meeting shall be held on the 2nd Wednesday of June.

3. Quorum. A majority of the whole Foundation Directors shall constitute a quorum at all meetings of the Foundation.

SECTION V
OFFICERS

1. Officers. Executive officers of the Foundation shall be a President, Vice-President, and Treasurer, all of whom shall be elected among the Foundation Directors at the annual meeting by a majority vote of the Foundation Directors and shall hold office during the pleasure of the majority of the Foundation Directors. The Foundation Directors may set term limits for any or all of its executive office positions. The secretary may be appointed from outside of the Board of Directors and will serve in a non-voting capacity.

SECTION VI
BOARD AND OFFICERS

1. President. The President shall preside at all meetings of the Foundation Directors, and shall have general supervision over the affairs of the Foundation, shall sign or countersign all certificates, contracts, and other instruments of the Foundation, as authorized by the Foundation Directors, shall make reports to the Foundation Directors, and shall perform all such duties as are incident to his or her office or as are required by said Foundation Directors. The President shall vote only to break tie votes of the body voting.

2. Vice-President. The Vice-President shall in the absence or disability of the President exercise the powers and duties of the President. The Vice-President shall also generally assist and exercise such other powers and perform such other duties as shall be prescribed by the Foundation Directors. The Vice-President shall also generally assist and exercise such other powers and perform such other duties as shall be prescribed by the Foundation Directors.

3. Executive Director of the Foundation. The Executive Director of the Foundation Directors, shall attend to the giving and serving of all notices to the Foundation Directors or other notices required by law or by the By-Laws, shall affix the seal of the Foundation to deeds, contract, or other instruments in writing requiring the seal when duly signed, shall have charge of the books and papers of the corporation, take and keep the minutes of proceedings of the Foundation, and shall perform all other duties incident to the office Executive Director.

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All or some of these duties may be assigned/contracted to a third party as approved by a majority of the Directors.

4. Treasurer. The Treasurer shall have the custody of all funds, securities, evidences of indebtedness an other personal property of the Foundation, shall deposit the same in such bank or trust company or invest or reinvest same as shall be designated by the Foundation Directors, shall receive and give reports and a quittance for monies paid and property gifted on account of the Foundation. The Treasurer shall pay out of funds on hand all bills, payroll, and other just debts of the Foundation when due. The Treasurer shall enter regularly in the books of the Foundation to be kept by him or her, the full and accurate accounts of monies received and paid out by him or her on account of the Foundation and shall perform all of the duties incident to the office of Treasurer. All or some of these duties may be assigned/contracted to a third party as approved by a majority of the Foundation Directors.

5. Appointment by Others. The Foundation Directors may appoint such other associates, agents, employees, and committees with such powers and duties as it shall deem necessary and may delegate to them or others authority to act on behalf of the Foundation as provided in the Idaho Non-Profit Corporation Act, Chapter 3, Title 30, Idaho code, but not to exceed beyond two years appointment without reappointment by the majority of Foundation Directors.

6. Salaries. There shall be no salaries or wages for Foundation Directors. No part of the net earnings of the Foundation shall inure to the benefit of or be distributed to its Directors, associates, or other private persons, except that the Foundation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions for the purpose of the Foundation.

7. Nominations and Elections. Nominations, elections, and appointment of officers shall be done at the annual meeting every year.

SECTION VII
INDEMNIFICATION OF OFFICER AND DIRECTORS

1. Condition for Indemnification. The Foundation shall indemnify each current and former director, officer, agent, and employee of this Foundation against expenses, judgment, decrees, fines, penalties, or amounts paid in settlement in connection with the defense of any past, pending, or threatened action, suit or proceeding, criminal or civil, to which he or she was, is or may be made a party by reason of being or having been director, officer, agent, or employee, provided a determination is made by the Foundation Directors acting at a meeting at which a quorum consisting of Foundation Directors who neither were nor are parties to or threatened with any action, suit or proceeding is present that:
    i. such director, officer, agent, or employee was not and has not been adjudicated to be guilty of misconduct in the performance of his or her duty to the Foundation.

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ii. he or she acted in good faith and reasonably believed to have acted in the best interest of such Foundation, and
iii. in any matter the subject of a criminal action; suit or proceeding, he or she has no reasonable cause to believe such conduct was unlawful.

2. Non-Exclusive. The foregoing rights of indemnification shall not be deemed exclusive of any other rights to which such Foundation Director, trustee, officer, agent, or employee may be entitled apart from the provision of the Section VII.

SECTION VIII
SEAL

1. Foundation Seal. The Foundation Directors shall provide a suitable Foundation seal, which shall be in the charge of the Secretary and shall be used as authorized by the Foundation Directors.

SECTION IX
FISCAL YEAR

1. Fiscal Year. The fiscal year of the Foundation shall end on the 30th day of September.

SECTION X
DEPOSITORIES

1. Working Capital. The working capital of the Foundation shall be deposited in such banks or trust companies as determined by the Foundation Directors. Checks drawn against the Foundation funds shall be signed and countersigned by a designated Foundation Director.

2. Collection. Checks and notes of the Foundation shall be signed by two designated Foundation Directors. Checks, notes, drafts, bills of exchange, and orders for the payment of money shall be endorsed for collection or deposited in such manner as shall be determined by the Foundation Directors.

3. Investment. The Foundation Directors shall exercise ordinary business care and prudence under the existing facts and circumstances when managing the assets of the Foundation and investing or reinvesting same.

SECTION XI
GENERAL RESPONSIBILITIES AND OBLIGATIONS

1. Responsibilities and Obligations. The Foundation Directors should identify the areas for improving the health care needs of Harms Memorial Hospital District and assist in obtaining and providing funds for same. The areas include, but are not limited to maintaining, improving, and constructing buildings and other structures, supporting the health care, educational pursuits of the employees and the citizens of Harms Memorial Hospital District and providing capital and/or assisting in the raising funds of the purchase of equipment and

Page 3 Part V Line 34 #12

for projects of the towns and school districts located within the service area of Harms Memorial Hospital District that would improve the health of its residents.

SECTION XII
ETHICS CLAUSE

1. Ethics & Integrity. Foundation Directors will commit to the following, during all Foundation business and dealings:
    a. We are committed to act honestly, truthfully, and with integrity in all our transactions and dealings.
    b. We are committed to treat our grantees fairly and to treat every individual with dignity and respect.
    c. We are committed to be a good corporate citizen and to comply with both the spirit and the letter of the law.
    d. Members shall effectively disclose all potential and actual conflicts of interest; such disclosure does not preclude or imply ethical impropriety.
    e. We are committed to act responsibly toward the community in which we work and for the benefit of the community we serve.
    f. We are committed to be responsible and accountable for all our actions.
    g. We do not discriminate against any person, regardless of age, sex, religion, creed, race, or ethnicity.

SECTION XIII
AMENDMENTS

1. Amendments. The Foundation Directors shall have the power to make, amend, and repeal the By-laws of the Foundation by an affirmative vote of one more than a majority of all the acting Foundation Directors at a regular or special meeting of the Foundation called for that purpose, provided however that the Board of Trustees of Harms Memorial Hospital District ratifies such change by an affirmative vote of one more than a majority vote of all the acting Board of Trustees of Harms Memorial Hospital District.

SECTION XIV
ADOPTION

1. Adoption. The foregoing **By-laws were adopted** by a majority vote of the **Board of Trustees of Harms Memorial Hospital District** on the 18th day of May, 2009.
2. and the **Foundation Directors** at their organizational meeting held on the 18 day of May, 2009.

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HARMS MEMORIAL HOSPITAL DISTRICT FOUNDATION, INC.

1. **Ann Wheeler** **Director Position 1** **(HMHD Board Appointed)**

2. **Rod Tucker** **Director Position 2** **(HMHD Board Appointed)**

3. **Carol Schreiber** **Director Position 3** **(HMHD Board Appointed)**

4. **Mike Hovorka** **Director Position 4** **(HMHD Board Appointed)**

5. **Debbie Theobald** **Director Position 5** **(Foundation Appointed)**

6. **Loren Roseberg** **Director Position 6** **(Foundation Appointed)**

7. **Harriet Newlin** **Director Position 7** **(Foundation Appointed)**

8. **Dallas Clinger** **Ex-Officio** **HMHD Administrator**

HARMS MEMORIAL HOSPITAL DISTRICT BOARD OF TRUSTEES

5-14-09

Signature Date

HMHD Board of Trustees Chairman

Form **8868**
(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ ☑
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-*file*). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ▶ ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization	Employer identification number
File by the due date for filing your return See instructions	HARMS MEMORIAL HOSPITAL DISTRICT HEALTHCARE FOUNDATION	31-1713617
	Number, street, and room or suite no If a P.O box, see instructions 510 ROOSEVELT STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. AMERICAN FALLS, ID 83211	

RECEIVED
MAY 03 2011
IRS-OSC
OGDEN, UT

Enter the Return code for the return that this application is for (file a separate application for each return) 0 3

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ DALLAS CLINGER

Telephone No. ▶ 208-226-3200 FAX No. ▶ 208-226-3206

- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . ▶ ☐. If it is for part of the group, check this box . . . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until MAY 16, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ ☐ calendar year 20 ____ or
▶ ☑ tax year beginning JANUARY 1, 20 10, and ending SEPTEMBER 30, 20 10.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☑ Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance due.** Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . ▶ ☐

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print	Name of exempt organization	**Employer identification number**
File by the extended due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O box, see instructions.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . . ☐☐

Application Is For	**Return Code**	**Application Is For**	**Return Code**
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of ▶ _____

Telephone No. ▶ _____ FAX No. ▶ _____

• If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . ▶ ☐. If it is for part of the group, check this box . . . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until _____, 20 _____.

5 For calendar year _____, or other tax year beginning _____, 20 _____, and ending _____, 20 _____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension _____

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**8a**	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	**8b**	$
c	**Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**8c**	$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ _____ Title ▶ **CHAIR** Date ▶ 12 FEB 2011

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