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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

**2010**

**Open to Public Inspection**

**A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010**

**B** Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

**C** Name of organization
NORTH CENTRAL HEALTH SERVICES INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
201 MAIN STREET NO 606

City or town, state or country, and ZIP + 4
LAFAYETTE, IN 47902

**D Employer identification number**
31-1118357

**E Telephone number**
(765) 423-1604

**G** Gross receipts $ 282,232,657

**F** Name and address of principal officer
JOHN R WALLING
201 MAIN STREET NO 606
LAFAYETTE,IN 47902

**H(a)** Is this a group return for affiliates? ☐ Yes ☑ No

**H(b)** Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶

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

**J Website:** ▶ WWW NCHSI COM

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

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities
TO PROVIDE MEDICAL CARE TO THE GREATER LAFAYETTE COMMUNITY

**2** Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

| | | | |
|---|---|---|---|
| **3** | Number of voting members of the governing body (Part VI, line 1a) | **3** | 18 |
| **4** | Number of independent voting members of the governing body (Part VI, line 1b) | **4** | 16 |
| **5** | Total number of individuals employed in calendar year 2010 (Part V, line 2a) | **5** | 3 |
| **6** | Total number of volunteers (estimate if necessary) | **6** | 16 |
| **7a** | Total unrelated business revenue from Part VIII, column (C), line 12 | **7a** | 0 |
| **b** | Net unrelated business taxable income from Form 990-T, line 34 | **7b** | 0 |

| | | Prior Year | Current Year |
|---|---|---|---|
| Revenue | **8** Contributions and grants (Part VIII, line 1h) | 0 | 0 |
| | **9** Program service revenue (Part VIII, line 2g) | 108,202 | 2,323,745 |
| | **10** Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | -2,493,212 | 16,603,826 |
| | **11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 1,878,889 | 549,100 |
| | **12** Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | -506,121 | 19,476,671 |
| Expenses | **13** Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 684,224 | 1,377,642 |
| | **14** Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| | **15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 642,048 | 583,104 |
| | **16a** Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| | **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 | | |
| | **17** Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) | 3,893,467 | 5,923,331 |
| | **18** Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 5,219,739 | 7,884,077 |
| | **19** Revenue less expenses Subtract line 18 from line 12 | -5,725,860 | 11,592,594 |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| Net Assets or Fund Balances | **20** Total assets (Part X, line 16) | 290,893,128 | 315,667,029 |
| | **21** Total liabilities (Part X, line 26) | 5,319,412 | 1,671,041 |
| | **22** Net assets or fund balances Subtract line 21 from line 20 | 285,573,716 | 313,995,988 |

## 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**

****** | 2011-10-24
Signature of officer | Date

JOHN R WALLING CHIEF EXECUTIVE OFFICER
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check if self-employed ▶☐ | PTIN |
|---|---|---|---|---|
| ANGELA L ZIRKELBACH CPA | ANGELA L ZIRKELBACH CPA | | | |

Firm's name ▶ BLUE & CO LLC | Firm's EIN ▶

Firm's address ▶ ONE AMERICAN SQUARE 2200
INDIANAPOLIS, IN 46282 | Phone no ▶ (317) 633-4705

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

## Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

**1** Briefly describe the organization's mission

TO PROVIDE MEDICAL CARE TO THE GREATER LAFAYETTE COMMUNITY

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

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

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses $ 7,135,478 including grants of $ 1,377,642 ) (Revenue $ 2,419,645 )

NORTH CENTRAL HEALTH SERVICES IS COMMITTED TO ADDRESSING A WIDE RANGE OF HEALTH ISSUES AND ENHANCING THE QUALITY OF LIFE FOR INDIVIDUALS, FAMILIES AND COMMUNITIES IN THE EIGHT COUNTIES OF THE GREATER LAFAYETTE AREA

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

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

**4d** Other program services (Describe in Schedule O )

(Expenses $ including grants of $ ) (Revenue $ )

**4e** **Total program service expenses** ▶ $ 7,135,478

## Part IV Checklist of Required Schedules

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? | 2 | | No |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | No |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | 4 | | No |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III* | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I* | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II* | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV* | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V* | 10 | Yes | |
| 11 | If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.* | 11a | Yes | |
| b | 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.* | 11b | Yes | |
| c | 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.* | 11c | Yes | |
| d | 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.* | 11d | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.* | 11e | Yes | |
| f | 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 (ASC 740)? *If "Yes," complete Schedule D, Part X.* | 11f | | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII* | 12a | Yes | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional* | 12b | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV* | 14b | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV* | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV* | 16 | | No |
| 17 | Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)* | 17 | | No |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II* | 18 | | No |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | 19 | | No |
| 20a | Did the organization operate one or more hospitals? *If "Yes," complete Schedule H* | 20a | Yes | |
| b | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) | 20b | | No |

**Part IV Checklist of Required Schedules** *(continued)*

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

## Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . | 1a | 9 | | |
| b | Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable | 1b | 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | | 1c | | |
| 2a | Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return . . . . . | 2a | 3 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | 2b | Yes | |
| | **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year? . . . . . | | 3a | | No |
| b | If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O* . . . . . | | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . | | 4a | | No |
| b | If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . | | 5a | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | 5b | | No |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . . | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible? . . . . . | | 6a | | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . | | 6b | | |
| 7 | **Organizations that may receive deductible contributions under section 170(c).** | | | | |
| a | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? . . . . . | | 7a | | No |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . | | 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . | | 7c | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year . . . . | 7d | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . | | 7e | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . | | 7f | | No |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . | | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . | | 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 | | | |
| 13 | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O | | 13a | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | |
| c | Enter the amount of reserves on hand | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? . . . . . | | 14a | | No |
| b | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . . | | 14b | | |

**Part VI** **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

## Section A. Governing Body and Management

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number of voting members of the governing body at the end of the tax year . . . . . | 1a | 18 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent . . . . . | 1b | 16 | | |
| 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 | Yes | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . | | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | | 5 | | No |
| 6 | Does the organization have members or stockholders? . . . . . | | 6 | | No |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . . | | 7a | | No |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . | | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | | |
| a | The governing body? . . . . . | | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? . . . . . | | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . | | 9 | | No |

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

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

## Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

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

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

JEFF NAGY TREASURER
201 MAIN ST
LAFAYETTE,IN 47902
(765) 423-1604

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

### 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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any 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 neither the organization nor any related organization compensated any current officer, director, or trustee

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (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 | | | |
| (1) BART BURRELL CHAIRMAN | 2 00 | X | | | | | | 0 | 0 | 0 |
| (2) WILLIAM F COOK VICE CHAIRMAN | 2 00 | X | | | | | | 0 | 0 | 0 |
| (3) THOMAS E PEARSON PHD SECRETARY | 2 00 | X | | | | | | 0 | 0 | 0 |
| (4) JEFFREY R NAGY TREASURER | 10 00 | X | | | | | | 26,700 | 0 | 0 |
| (5) KD BENSON BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| (6) JOANN BROUILLETTE BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| (7) BRAD COHEN BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| (8) P DONALD HERRING PHD BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| (9) R MICHAEL HOLMES MD BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| (10) JAMES C SHOOK JR BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| (11) JAMES POULOS MD BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| (12) JOHN K MCBRIDE BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| (13) JAMES C SHOOK SR BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| (14) MARIELLEN M NEUDECK BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| (15) JAMES K RISK III BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| (16) LORETTA H RUSH BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (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 | | | |
| (17) STEPHEN M THOMPSON BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| (18) JOHN R WALLING PRESIDENT/CEO | 40 00 | X | | X | | | | 320,165 | 0 | 49,085 |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| **1b** **Sub-Total** | | | | | | | | | | |
| **c** **Total from continuation sheets to Part VII, Section A** | | | | | | | | | | |
| **d** **Total (add lines 1b and 1c)** | | | | | | | | 346,865 | 0 | 49,085 |

**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 ▶ 1

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

## Section B. Independent Contractors

**1** Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| WABASH VALLEY ALLIANCE<br>2900 N RIVER ROAD<br>WEST LAFAYETTE, IN 47906 | MANAGEMENT SERVICES | 3,607,851 |
| | | |
| | | |
| | | |
| | | |

**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 ▶ 1

**Part VIII Statement of Revenue**

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|---|---|---|---|---|---|
| Contributions, gifts, grants and other similar amounts | 1a Federated campaigns . . | 1a | | | | |
| | b Membership dues . . . . | 1b | | | | |
| | c Fundraising events . . . . | 1c | | | | |
| | d Related organizations . . . | 1d | | | | |
| | e Government grants (contributions) | 1e | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | | | | |
| | g Noncash contributions included in lines 1a-1f $ | | | | | |
| | h **Total.** Add lines 1a-1f . . . . . ▶ | | | | | |
| Program Service Revenue | | Business Code | | | | |
| | 2a INPATIENT PSYCHIATRIC | 900099 | 2,293,386 | 2,293,386 | | |
| | b PATIENT SERVICE REVENU | 900099 | 30,359 | 30,359 | | |
| | c | | | | | |
| | d | | | | | |
| | e | | | | | |
| | f All other program service revenue | | | | | |
| | g **Total.** Add lines 2a–2f . . . . . ▶ | | 2,323,745 | | | |
| | 3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶ | | 7,583,576 | | | 7,583,576 |
| | 4 Income from investment of tax-exempt bond proceeds . . ▶ | | | | | |
| | 5 Royalties . . . . . ▶ | | | | | |
| | | (i) Real / (ii) Personal | | | | |
| | 6a Gross Rents | 453,200 | | | | |
| | b Less rental expenses | | | | | |
| | c Rental income or (loss) | 453,200 | | | | |
| | d Net rental income or (loss) . . . . . ▶ | | 453,200 | | | 453,200 |
| | | (i) Securities / (ii) Other | | | | |
| | 7a Gross amount from sales of assets other than inventory | 258,044,448 / 13,731,788 | | | | |
| | b Less cost or other basis and sales expenses | 254,794,995 / 7,960,991 | | | | |
| | c Gain or (loss) | 3,249,453 / 5,770,797 | | | | |
| | d Net gain or (loss) . . . . . ▶ | | 9,020,250 | | | 9,020,250 |
| 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 | | | | | |
| | b | | | | | |
| | c | | | | | |
| | d All other revenue . . . . | | 95,900 | 95,900 | | |
| | e **Total.** Add lines 11a–11d . . . . . ▶ | | 95,900 | | | |
| | 12 **Total revenue.** See Instructions . . . ▶ | | 19,476,671 | 2,419,645 | 0 | 17,057,026 |

## 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 | 1,377,642 | 1,377,642 | | |
| 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 | 338,238 | 253,678 | 84,560 | |
| 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 | 123,025 | 92,270 | 30,755 | |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 21,412 | 16,059 | 5,353 | |
| 9 Other employee benefits | 79,299 | 59,474 | 19,825 | |
| 10 Payroll taxes | 21,130 | 15,848 | 5,282 | |
| a Fees for services (non-employees) Management | 3,484,966 | 3,136,469 | 348,497 | |
| b Legal | 48,000 | 24,000 | 24,000 | |
| c Accounting | 65,000 | 32,500 | 32,500 | |
| d Lobbying | | | | |
| e Professional fundraising services *See Part IV, line 17* | | | | |
| f Investment management fees | 646,633 | 646,633 | | |
| g Other | 71,639 | 64,476 | 7,163 | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 2,602 | 2,342 | 260 | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 656,892 | 591,203 | 65,689 | |
| 17 Travel | 157 | 157 | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 710 | 710 | | |
| 20 Interest | 25,681 | 25,681 | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 550,533 | 550,533 | | |
| 23 Insurance | 173,735 | 69,494 | 104,241 | |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O ) | | | | |
| a BAD DEBT EXPENSE | 145,436 | 145,436 | | |
| b MEDICAL SUPPLIES | 15,267 | 12,733 | 2,534 | |
| c CONSULTING | 14,583 | 14,583 | | |
| d DUES & SUBSCRIPTIONS | 8,480 | | 8,480 | |
| e MEALS/ENTERTAINMENT | 3,557 | 3,557 | | |
| f All other expenses | 9,460 | | 9,460 | |
| 25 **Total functional expenses.** Add lines 1 through 24f | 7,884,077 | 7,135,478 | 748,599 | 0 |
| 26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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 | | 16,215,412 | 1 | 22,583,278 |
| | 2 | Savings and temporary cash investments | | 2,706,687 | 2 | 2,823,120 |
| | 3 | Pledges and grants receivable, net | | | 3 | |
| | 4 | Accounts receivable, net | | 16,025 | 4 | 967,720 |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L | | | 6 | |
| | 7 | Notes and loans receivable, net | | | 7 | |
| | 8 | Inventories for sale or use | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 126,900 | 9 | 92,507 |
| | 10a | Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* | 10a 18,410,758 | | | |
| | b | Less accumulated depreciation | 10b 3,811,082 | 10,904,797 | 10c | 14,599,676 |
| | 11 | Investments—publicly traded securities | | 202,326,808 | 11 | 216,610,323 |
| | 12 | Investments—other securities See Part IV, line 11 | | 33,671,755 | 12 | 38,045,681 |
| | 13 | Investments—program-related See Part IV, line 11 | | 24,429,198 | 13 | 19,677,342 |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | 495,546 | 15 | 267,382 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | | 290,893,128 | 16 | 315,667,029 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 884,926 | 17 | 471,360 |
| | 18 | Grants payable | | 1,199,087 | 18 | 1,028,162 |
| | 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 | | 3,084,656 | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 24 | |
| | 25 | Other liabilities Complete Part X of Schedule D | | 150,743 | 25 | 171,519 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 5,319,412 | 26 | 1,671,041 |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.** | | | | |
| | 27 | Unrestricted net assets | | 285,431,135 | 27 | 313,851,412 |
| | 28 | Temporarily restricted net assets | | 142,581 | 28 | 144,576 |
| | 29 | Permanently restricted net assets | | | 29 | |
| | | **Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.** | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 32 | |
| | 33 | Total net assets or fund balances | | 285,573,716 | 33 | 313,995,988 |
| | 34 | Total liabilities and net assets/fund balances | | 290,893,128 | 34 | 315,667,029 |

## Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) . . . | 1 | 19,476,671 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) . . . . . | 2 | 7,884,077 |
| 3 | Revenue less expenses Subtract line 2 from line 1 . . . . | 3 | 11,592,594 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . | 4 | 285,573,716 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) . . . . | 5 | 16,829,678 |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . . | 6 | 313,995,988 |

## Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

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

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# SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

## Public Charity Status and Public Support

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

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

OMB No 1545-0047

**2010**

**Open to Public Inspection**

Name of the organization
NORTH CENTRAL HEALTH SERVICES INC

**Employer identification number**
31-1118357

## 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 the supported organization? **11g(i)** | | |
| **(ii)** a family member of a person described in (i) above? **11g(ii)** | | |
| **(iii)** a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)** | | |

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

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

**Part II** **Support Schedule for Organizations Described in 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 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 for 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 the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—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 section501(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.** 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).

| Facts And Circumstances Test |
| --- |
| |
| |

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**SCHEDULE D** (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2010**

**Open to Public Inspection**

**Name of the organization**
NORTH CENTRAL HEALTH SERVICES INC

**Employer identification number**
31-1118357

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

## Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

## Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

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

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

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

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

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

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

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

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

## Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | (a) Current Year | (b) Prior Year | (c) Two Years Back | (d) Three Years Back | (e) Four Years Back |
|---|---|---|---|---|---|
| 1a Beginning of year balance | 142,581 | 136,126 | 172,114 | | |
| b Contributions | | | | | |
| c Investment earnings or losses | 10,335 | 6,455 | -35,988 | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 8,340 | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 144,576 | 142,581 | 136,126 | | |

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶ 100 000 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

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

4 Describe in Part XIV the intended uses of the organization's endowment funds

## Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | | 6,627,301 | | 6,627,301 |
| b Buildings | | 10,923,450 | 3,296,081 | 7,627,369 |
| c Leasehold improvements | | 431,167 | 233,192 | 197,975 |
| d Equipment | | 428,840 | 281,809 | 147,031 |
| e Other | | | | |
| **Total.** Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 14,599,676 |

**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 |
|---|---|---|
| (1) Financial derivatives | 24,416,806 | F |
| (2) Closely-held equity interests | 13,628,875 | F |
| Other | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total.** *(Column (b) should equal Form 990, Part X, col (B) line 12 )* ▶ | 38,045,681 | |

**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 |
|---|---|---|
| (1) DIRECT FINANCE LEASE | 19,617,297 | F |
| (2) TENANT RECEIVABLES | 60,045 | C |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total.** *(Column (b) should equal Form 990, Part X, col (B) line 13 )* ▶ | 19,677,342 | |

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

| (a) Description | (b) Book value |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) should 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 | |
| CHARITABLE REMAINDER TRUST | 21,947 |
| DEFERRED COMPENSATION | 149,572 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) should equal Form 990, Part X, col (B) line 25 )* ▶ | 171,519 |

**2.** Fin 48 (ASC 740) 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 (ASC740)

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

| | | | |
|---|---|---|---|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 19,476,671 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 7,884,077 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 11,592,594 |
| 4 | Net unrealized gains (losses) on investments | 4 | 16,827,683 |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | 1,995 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | 16,829,678 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | 28,422,272 |

## 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 | 35,659,716 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | | |
| a | Net unrealized gains on investments | 2a | 16,827,683 | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIV) | 2d | 1,995 | | |
| e | Add lines **2a** through **2d** | | | 2e | 16,829,678 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 18,830,038 |
| 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 | 646,633 | | |
| b | Other (Describe in Part XIV) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | 646,633 |
| 5 | Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12 ) | | | 5 | 19,476,671 |

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

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 7,237,444 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIV) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | 0 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 7,237,444 |
| 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 | 646,633 | | |
| b | Other (Describe in Part XIV) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | 646,633 |
| 5 | Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18 ) | | | 5 | 7,884,077 |

## Part XIV Supplemental Information

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

| Identifier | Return Reference | Explanation |
|---|---|---|
| DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS | PART V, LINE 4 | 2010 TOTAL RESTRICTED NET ASSETS ARE $144,576 WITH $60,351 RELATED TO A CHARITABLE REMAINDER TRUST TO PROVIDE PAYMENTS TO THE GRANTOR OVER THE DESIGNATED BENEFICIARY'S LIFETIME WITH THE REMAINING ASSETS AVAILABLE FOR THE ORGANIZATION'S USE FOR IMPROVEMENT, AND $84,225 HAVE BEEN DONATED SPECIFICALLY FOR THE USE OF IMPROVING HEALTHCARE FACILITIES AND PATIENT CARE |
| PART XI, LINE 8 - OTHER ADJUSTMENTS | | CHANGE IN TEMPORARY RESTRICTED NET ASSETS 1,995 |
| PART XII, LINE 2D - OTHER ADJUSTMENTS | | CHANGE IN TEMPORARY RESTRICTED NET ASSETS 1,995 |

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

# Hospitals

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

OMB No 1545-0047

**2010**

**Open to Public Inspection**

**Name of the organization**
NORTH CENTRAL HEALTH SERVICES INC

**Employer identification number**
31-1118357

## Part I Financial Assistance and Certain Other Community Benefits at Cost

| | | | Yes | No |
|---|---|---|---|---|
| 1a | Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a | 1a | Yes | |
| b | If "Yes," is it a written policy? | 1b | Yes | |
| 2 | If the organization has multiple hospitals, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year<br>☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals<br>☐ Generally tailored to individual hospitals | | | |
| 3 | Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year | | | |
| 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 FPG family income limit for eligibility for free care<br>☐ 100% ☐ 150% ☐ 200% ☑ Other **250.000000000000 %** | 3a | Yes | |
| b | Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care<br>☐ 200% ☑ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ % | 3b | Yes | |
| c | If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care | | | |
| 4 | Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? | 4 | Yes | |
| 5a | Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? | 5a | Yes | |
| b | If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? | 5b | | No |
| c | If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care? | 5c | | |
| 6a | Does the organization prepare a community benefit report during the tax year? | 6a | | No |
| 6b | If "Yes," did the organization make it available to the public? | 6b | | |
| | Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H | | | |

**7** Financial Assistance and Certain Other Community Benefits at Cost

| Financial Assistance 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 Financial Assistance at cost (from Worksheets 1 and 2) | | | 480,067 | | 480,067 | 6 200 % |
| b Unreimbursed Medicaid (from Worksheet 3, column a) | | | 46,493 | | 46,493 | 0 600 % |
| c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d **Total** Financial Assistance and Means-Tested Government Programs | | | 526,560 | | 526,560 | 6 800 % |
| **Other Benefits** | | | | | | |
| e Community health improvement services and community benefit operations (from (Worksheet 4) | | | | | | |
| f Health professions education (from Worksheet 5) | | | | | | |
| g Subsidized health services (from Worksheet 6) | | | | | | |
| h Research (from Worksheet 7) | | | | | | |
| i Cash and in-kind contributions to community groups (from Worksheet 8) | | | | | | |
| j **Total** Other Benefits | | | | | | |
| k **Total.** Add lines 7d and 7j | | | 526,560 | | 526,560 | 6 800 % |

**Part II** **Community Building Activities** during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

| | | (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 | | | 182,976 | | 182,976 | 2 360 % |
| 2 | Economic development | | | | | | |
| 3 | Community support | | | 360,188 | | 360,188 | 4 650 % |
| 4 | Environmental improvements | | | 620,000 | | 620,000 | 8 010 % |
| 5 | Leadership development and training for community members | | | 20,000 | | 20,000 | 0 260 % |
| 6 | Coalition building | | | | | | |
| 7 | Community health improvement advocacy | | | | | | |
| 8 | Workforce development | | | | | | |
| 9 | Other | | | 180,821 | | 180,821 | 2 340 % |
| 10 | **Total** | | | 1,363,985 | | 1,363,985 | 17 620 % |

## Part III Bad Debt, Medicare, & Collection Practices

**Section A. Bad Debt Expense**

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1 | Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15? | 1 | | | No |
| 2 | Enter the amount of the organization's bad debt expense (at cost) | 2 | 141,268 | | |
| 3 | Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy | 3 | 0 | | |
| 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 a portion of bad debt amounts as community benefit | | | | |

**Section B. Medicare**

| | | | | | |
|---|---|---|---|---|---|
| 5 | Enter total revenue received from Medicare (including DSH and IME) | 5 | 1,002,969 | | |
| 6 | Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 1,234,790 | | |
| 7 | Subtract line 6 from line 5 This is the surplus or (shortfall) | 7 | -231,821 | | |
| 8 | Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used | | | | |

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

**Section C. Collection Practices**

| | | | | | |
|---|---|---|---|---|---|
| 9a | Does the organization have a written debt collection policy? | 9a | Yes | | |
| 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 | Yes | | |

## Part IV Management Companies and Joint Ventures

| | (a) Name of entity | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership% | (e) Physicians' profit % or stock ownership % |
|---|---|---|---|---|---|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |
| 11 | | | | | |
| 12 | | | | | |
| 13 | | | | | |

## Part V Facility Information

### Section A. Hospital Facilities

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

| | 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) |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RIVER BEND HOSPITAL<br>2900 N RIVER ROAD<br>WEST LAFAYETTE,IN 47906 | X | | | | | | | | PSYCHIATRIC INPATIENT |
| | | | | | | | | | | |
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**Part V** **Facility Information** *(continued)*

**Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? _____

| | Name and address | Type of Facility (Describe) |
|---|---|---|
| 1 | | |
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
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| 9 | | |
| 10 | | |

## Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B

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 financial assistance policy

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

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities 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 )

6 **Affiliated health care system.** 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

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

| Identifier | ReturnReference | Explanation |
|---|---|---|
| | | PART I, L7 COL(F) TOTAL FINANCIAL STATEMENT BAD DEBT EXPENSE OF $145,436 INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A) HAS BEEN EXCLUDED FROM THE DENOMINATOR FOR THE PERCENTAGE CALCULATION PER IRS INSTRUCTIONS |
| | | PART II NCHS BELIEVES THAT GRANT MAKING TO 501(C)(3) ORGANIZATIONS IN WHOSE BOARD OF DIRECTORS WE HAVE TRUST AND CONFIDENCE IS AN INVESTMENT IN OUR COMMUNITY IT IS OUR PRIVILEGE TO HELP THEM SUCCEED THE ORGANIZATION IS ROOTED IN ITS MISSION OF HELPING AND SERVING THE COMMUNITY AND ITS CITIZENS IN A VARIETY OF WAYS NCHS GRANTS HAVE PROVIDED EDUCATIONAL OPPORTUNITIES FOR NON PROFIT BOARD MEMBERS AND CHILDREN IN BOYS AND GIRLS CLUB PROGRAMS, CONTINUED THE LONG TERM ENHANCEMENT PLANS OF WABASH RIVER, ASSISTED FAMILIES THROUGH PROJECTS THAT EXPAND FOOD AND CLOTHING DISTRIBUTION, MUSICAL INSTRUMENT LENDING PROGRAMS, AND TRAINING THOSE WITH DISABILITIES NCHS GRANTED NEARLY $3 MILLION IN GRANT FUNDS DURING 2009 - 2010 PERIOD FOR PROJECTS THAT RELATE TO HEALTH, AND HEALTHY COMMUNITIES THE FOLLOWING ARE A FEW OF THESE PROJECTS PROMOTING HEALTH OF THE COMMUNITIES THAT NCHS SERVES WABASH RIVER ENHANCEMENT CORPORATION - THE LONG TERM PROJECT OF ENHANCING THE WABASH RIVER CORRIDOR REMAINS A PRIORITY FOR NCHS GRANT FUNDING NCHS PLAYED A SIGNIFICANT ROLE BY CONTRIBUTING $500,000 TO ESTABLISH WABASH RIVER ENHANCEMENT CORPORATION IN 2005 AS THE PRIMARY ORGANIZATION TO FOCUS ON ISSUES RELATED TO THE WABASH RIVER IN OUR COMMUNITY THEY WORK WITH LOCAL, STATE AND FEDERAL AUTHORITIES AND HAVE COMPLETED IMPORTANT GROUND WORK IN HYDROLOGY STUDIES THE CORRIDOR MASTER PLAN HAS BEEN DEVELOPED IN CONJUNCTION WITH PROFESSIONAL GUIDANCE ON RIVER ENHANCEMENT WITH INPUT FROM LOCAL STAKEHOLDERS MOST RECENTLY, NCHS HAS PROVIDED GRANT FUNDING TO THE WABASH RIVER ENHANCEMENT CORPORATION FOR THE ACQUISITION OF LAND PARCELS SPECIFICALLY IDENTIFIED IN THE LONG RANGE CORRIDOR MASTER PLAN FOR FUTURE PROJECT DEVELOPMENT CLINTON COUNTY BOYS & GIRLS CLUB - THE CLINTON COUNTY BOYS & GIRLS CLUB INITIATED A CHILDREN'S GARDEN PROJECT IN 2010 MANY LOCAL ORGANIZATIONS ASSISTED IN THIS PROJECT BY PROVIDING LABOR, SEED, AND LEADERSHIP IN TEACHING THE CHILDREN ABOUT GARDENING NCHS PROVIDED FUNDING FOR CAPITAL EXPENSES SUCH AS FENCING, TOOLS AND A STORAGE SHED WHICH ENHANCED THE SUCCESS OF THE PROGRAM NCHS PREFERS TO PROVIDE CAPITAL GRANTS TO ORGANIZATIONS THAT HAVE SHOWN THE ABILITY TO COLLABORATE WITH OTHERS IN THEIR COMMUNITY IN SUPPORTING PROJECTS THAT THEY VALUE AND CAN SUSTAIN TIPPECANOE ARTS FEDERATION -THE TIPPECANOE ARTS FEDERATION (TAF) HAS PROVIDED LEADERSHIP FOR SEVERALYEARS IN ASSESSING APPLICATIONS FROM ITS MEMBER ORGANIZATIONS FOR NCHS GRANT FUNDING IN 2010, NCHS PROVIDED FUNDING WHICH ALLOWED TAF TO BEGIN A NEW PROGRAM ENTITLED ARTREACH THIS PROGRAM PROVIDES AN INSTRUMENT LENDING LIBRARY TO 5TH GRADE CHILDREN ALLOWING CHILDREN THE OPPORTUNITY TO LEARN TO PLAY AN INSTRUMENT TAF ALSO PROMOTES THIS PROGRAM AT LOCAL FESTIVALS WHERE PEOPLE ARE GIVEN THE OPPORTUNITY TO HAVE HANDS ON EXPERIENCES WITH DONATED INSTRUMENTS IT IS ANTICIPATED THAT THE ARTREACH PROGRAM WILL BE EXPANDED TO SURROUNDING COUNTIES IN THE FUTURE OVER THE PAST SEVERAL YEARS, NCHS HAS GRANTED OVER $1 2 MILLION DOLLARS TO A VARIETY OF TAF MEMBER ORGANIZATIONS FOR CAPITAL PROJECTS THE MOST RECENT FOCUS OF GRANT RECIPIENTS HAS BEEN THE EXPANSION OF ARTS SERVICES TO OUR RURAL AREAS TAFS EXPERIENCE AS A RE-GRANTOR OF INDIANA ARTS COMMISSION FUNDING IN REGION 4 WAS A MAJOR FACTOR IN THE NCHS DECISION TO ENLIST TAF TO CONDUCT THE PROCESS OF APPROVING AND DISTRIBUTING THE NCHS ARTS RELATED GRANTS MADE TO THEIR MEMBERSHIP HIS KIDS KLOSET -HIS KIDS KLOSET IS A COMMUNITY OUTREACH PROGRAM THAT STARTED IN JUNE 2010 LOCATED IN DOWNTOWN FOWLER, INDIANA, HIS KIDS KLOSET PROVIDES FREE, GENTLY USED CLOTHING FOR CHILDREN AGES INFANT THROUGH HIGH SCHOOL OVER 140 FAMILIES, INCLUDING 347 CHILDREN, HAVE BEEN SERVED AT HIS KIDS KLOSET IN THE FIRST FEW MONTHS OF OPERATION THE PROGRAM DEPENDS SOLELY UPON DONATIONS AND SERVES THE BENTON COUNTY COMMUNITY NCHS GRANT FUNDS WERE UTILIZED TO PURCHASE MATERIALS TO BUILD CLOTHING RACKS AND PURCHASE LAUNDRY EQUIPMENT NOT-FOR-PROFIT BOARD GOVERNANCE SERIES - NCHS HAS MADE A 10 YEAR $200,000 COMMITMENT TO PROVIDE FUNDING FOR THE DOUGLAS W EBERLE NOT-FOR-PROFIT BOARD GOVERNANCE SERIES WORKING COLLABORATIVELY WITH THE UNITED WAY, AND THE COMMUNITY FOUNDATION OF GREATER LAFAYETTE, THIS EDUCATIONAL SERIES PROVIDES A HIGH QUALITY LEARNING EXPERIENCE TO NOT-FOR-PROFIT BOARD MEMBERS AND THEIR EXECUTIVE DIRECTORS NCHS PLACES A HIGH VALUE ON THE QUALITY OF GOVERNANCE IN NOT-FOR-PROFIT ORGANIZATIONS NCHS GRANTS ARE MADE TO THOSE ORGANIZATIONS IN WHOSE LEADERSHIP WE HAVE TRUST AND CONFIDENCE HANGING ROCK CAMP - AT THE HANGING ROCK CAMP IN WARREN COUNTY, WATER QUALITY AND QUANTITY ISSUES HAD BECOME A SERIOUS CONCERN FOR THE STATE AND THE 10,000 PEOPLE WHO VISIT AND UTILIZE THE CAMP EACH YEAR A GRANT FROM NCHS ALLOWED THE CAMP TO INSTALL NEW WELLS AND AN UPDATED SYSTEM THAT SIGNIFICANTLY IMPROVED THE QUANTITY AND QUALITY OF WATER WATER QUALITY IS A SIGNIFICANT HEALTHY COMMUNITY ISSUE FOR HANGING ROCK CAMP AND THE MANY CHILDREN, FAMILIES AND ORGANIZATIONS THAT USE THE CAMP EACH YEAR ST MATTHEW 25 CARE AND SHARE SOUP KITCHEN - IN 2010, NCHS GRANT FUNDING ALLOWED THE ST MATTHEW 25 CARE AND SHARE SOUP KITCHEN TO SIGNIFICANTLY IMPROVE THEIR ABILITY TO EFFICIENTLY AND SAFELY STORE DONATED FOOD FOR DISTRIBUTION MANY IN OUR COMMUNITY COUNT ON THE SOUP KITCHEN FOR HELP DURING 2010, OVER 295,000 POUNDS OF FOOD WERE DISTRIBUTED PROVIDING OVER 124,000 INDIVIDUAL MEALS ABILITIES SERVCIES, INC (ASI) - ABILITIES SERVICES IS A SOCIAL SERVICE AGENCY THAT HAS BEEN HELPING PEOPLE WITH DISABILITIES SINCE 1971 A MATCHING GRANT FROM NCHS WAS A PART OF THE COLLABORATIVE EFFORT THAT MADE POSSIBLE A NEW FACILITY IN CLINTON COUNTY THIS BUILDING HOUSES BOTH OFFICES AND PROGRAM SERVICES UNDER ONE ROOF, IMPROVING EFFICIENCY AND ENHANCING SUCCESS ASI SERVES WEST-CENTRAL INDIANA WITH OFFICE LOCATIONS IN CLINTON, MONTGOMERY AND TIPPECANOE COUNTIES, AND OFFERS THE FOLLOWING PROGRAMS DAY PROGRAMS, INCLUDING MEANINGFUL DAY, HABILITATION, AND PRE-VOCATIONAL WORK, RESPITE, GROUP HOMES, SUPPORTED LIVING, ADULT DAY CARE, AND EMPLOYMENT AND TRAININGSERVICES WITH THIS NEW FACILITY, THEY PLAN TO EXPAND THE SERVICES THAT HELP LINK CLIENTS WITH THEIR COMMUNITY THIS IS ANOTHER EXAMPLE OF AN ORGANIZATION THAT BENEFITS FROM A WIDE VARIETY OF COMMUNITY SUPPORT THE PLANNING BEGAN IN 2008 AND THE FACILITY OPENED IN THE SPRING OF 2011 |
| | | PART III, LINE 4 SECTION A BAD DEBT EXPENSE LINE 2 FOOTNOTE TO ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES BAD DEBT EXPENSE THE ORGANIZATION ALLOWS FOR LOSSES ON ESTIMATED UNCOLLECTIBLE ACCOUNTS BASED ON PRIOR BAD DEBT EXPERIENCE AND A REVIEW OF THE EXISTING RECEIVABLES ACCOUNTS ARE DETERMINED UNCOLLECTIBLE AFTER ALL THIRD-PARTY PAYOR OPTIONS HAVE BEEN EXHAUSTED AND DILIGENT COLLECTION EFFORTS HAVE BEEN COMPLETED WRITE-OFFS AND BAD DEBT RECOVERIES ARE CHARGED TO ESTIMATED UNCOLLECTIBLE ACCOUNTS AS INCURRED AND REALIZED PART III, LINE 4 SECTION A BAD DEBT EXPENSE LINE 3 EXPLANATION FOR RATIONAL FOR INCLUDING OTHER BAD DEBT AMOUNT IN COMMUNITY BENEFIT NO OTHER BAD DEBT AMOUNTS HAVE BEEN INCLUDED AS COMMUNITY BENEFIT THE ORGANIZATION BELIEVES IT ACCURATELY CAPTURES ALL CHARITY CARE DEDUCTIONS PROVIDED ACCORDING TO THE FINANCIAL ASSISTANCE POLICY AND THE AMOUNT OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY IS NEGLIGIBLE |
| | | PART III, LINE 8 THE SOURCE USED TO DETERMINE THE AMOUNT OF MEDICARE ALLOWABLE COSTS REPORTED FOR PART III, SECTION B, MEDICARE HAS BEEN PROVIDED FROM THE HOSPITAL STATEMENT OF REIMBURSMENT COST FOR THE PERIOD OF JANUARY 15 TO DECEMBER 31, 2010 |
| | | PART III, LINE 9B THE PROVISIONS TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE ARE INCLUDED IN THE SEPARATE CHARITY CARE POLICY THE FINANCIAL ASSISTANCE DOCUMENT IS REFERENCED IN THE WRITTEN DEBT COLLECTION POLICY |
| | | PART VI, LINE 2 THE ORGANIZATION HAS DONE SEVERAL NEEDS ASSESSMENT OVER THE PAST FIVE YEARS TO IDENTIFY HEALTH CARE NEEDS OF THE COMMUNITY AND SURROUNDING AREA |
| | | PART VI, LINE 3 PATIENTS WITHOUT INSURANCE ARE CONTACTED VIA TELEPHONE TO DISCUSS PAYMENT ARRANGEMENTS FINANCIAL ASSISTANCE AND CHARITY CARE ARE DISCUSSED AT THAT TIME AND APPROPRIATE FORMS ARE COMPLETED AS APPLICABLE ALSO, EACH PATIENT COMPLETES AN ADMISSION AGREEMENT AND SIGNS CERTIFYING THAT THE FORM WAS FULLY EXPLAINED AND UNDERSTOOD THE AGREEMENT INCLUDES A FINANCIAL AGREEMENT SECTION THAT STATES THE INDIVIDUAL UNDERSTANDS THAT FINANCIAL ASSISTANCE IS AVAILABLE BASED ON INCOME AND FAMILY SIZE |
| | | PART VI, LINE 4 THE ORGANIZATION SERVES LAFAYETTE-WEST LAFAYETTE CITIES AS WELL AS TIPPECANOE AND SURROUNDING INDIANA COUNTIES AND CITIZENS OF BENTON, CARROLL, CLINTON, FOUNTAIN, MONTGOMERY, TIPPECANOE, WARREN, AND WHITE |
| | | PART VI, LINE 6 NCHS IS A MEDICAL SERVICES ORGANIZATION GOVERNED BY A VOLUNTEER BOARD OF DIRECTORS NCHS IS COMMITTED TO PROMOTING A HEALTHY COMMUNITY FOR ALL AREA CITIZENS SINCE 1999, THE ORGANIZATION HAS FULFILLED THIS OBJECTIVE BY FINANCIALLY SUPPORTING SELECT ACTIVITIES OF QUALIFED NOT-FOR-PROFIT ORGANIZATIONS WHO SHARE ITS VISION GRANTS ARE PROVIDED THAT WILL 1 ADVANCE TECHNOLOGY AND SCIENTIFIC DEVELOPMENT IN HEALTH CARE 2 DEVELOP AND PROMOTE COMMUNITY HEALTH EDUCATION 3 PROVIDE DIRECT, INDIVIDUAL SOCIAL WELFARE AND HUMAN SERVICE4 PROMOTE A HEALTHY COMMUNITY 5 IMPROVE THE QUALITY OF LIFE FOR ALL THE COMMUNITIES' PEOPLE |
| | | PART VI, LINE 7 NOT APPLICABLE THE ORGANIZATION IS NOT PART OF AN AFFILIATED HEALTH CARE SYSTEM |

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**Schedule I (Form 990)**

Department of the Treasury
Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments and Individuals in the United States

**Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.**
**▶ Attach to Form 990**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

Name of the organization
NORTH CENTRAL HEALTH SERVICES INC

**Employer identification number**
31-1118357

## Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . ▶ ☐

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| See Additional Data Table | | | | | | | |
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2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 16

3 Enter total number of other organizations . . . ▶ 2

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---|---|---|---|---|
| | | | | | |
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**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

| Identifier | Return Reference | Explanation |
|---|---|---|
| PROCEDURE FOR MONITORING GRANTS IN THE U S | PART I, LINE 2 | SCHEDULE I, PART I, LINE 2 UPON RECEIPT OF THE LETTER OF INQUIRY, INITIAL REVIEW WILL DETERMINE WHETHER OR NOT THE REQUEST MEETS THE FUNDING FOCUS, AND PRIORITIES OF NCHS THE RECIPIENT WILL BE PROMPTLY NOTIFIED IN WRITING OF THE INITIAL DETERMINATION, AND INFORMED OF APPLICATION OPPORTUNITIES GRANT RECIPIENTS ARE REQUIRED TO FILE A PROGRESS REPORT WITH NCHS SIX MONTHS AFTER RECEIVING THE GRANT WITH A FINAL REPORT REQUIRED ONE YEAR AFTER BEING AWARDED THE GRANT |
| OTHER INFORMATION | PART IV | ORGANIZATIONS INTERESTED IN INITIATING A GRANT REQUEST SHOULD BEGIN BY WRITING A LETTER OF INQUIRY TO NORTH CENTRAL HEALTH SERVICES ATTN RITA SMITH, PROGRAM DIRECTOR, P O BOX 528 LAFAYETTE, IN 47902 THE LETTER OF INQUIRY SHOULD INCLUDE 1 A CONCISE DESCRIPTION OF THE ORGANIZATION 2 A STATEMENT OF THE PROBLEM OR NEED BEING ADDRESSED, AND AN EXPLANATION OF THE PROJECT 3 ESTIMATED TOTAL COST, AND THE AMOUNT BEING REQUESTED FROM NCHS |

**Additional Data** Return to Form

**Software ID:**
**Software Version:**
**EIN:** 31-1118357
**Name:** NORTH CENTRAL HEALTH SERVICES INC

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| WABASH RIVER ENHANCEMENT CORP200 NORTH 2ND STREET LAFAYETTE,IN 47901 | 20-1337591 | 501C3 | 450,000 | | | | CAPITAL PROJECT |
| TIPPECANOE ARTS FEDERATION638 NORTH STREET LAFAYETTE,IN 47901 | 31-0942566 | 501C3 | 350,000 | | | | CAPITAL PROJECT |
| HANGING ROCK CHRISTIAN ASSEMBLE INC PO BOX 218 6988 S SR 263 WEST LEBANON,IN 47991 | 35-6045412 | 501C3 | 170,000 | | | | CAPITAL PROJECT |
| MONTGOMERY COUNTY COMMUNITY FOUNDATION PO BOX 334 CRAWFORDSVILLE,IN 47933 | 35-1836315 | 501C3 | 125,000 | | | | CAPITAL PROJECT |
| ST ANN SOUP KITCHEN612 WABASH AVE LAFAYETTE,IN 47905 | 35-1483485 | 501C3 | 121,425 | | | | EQUIPMENT |
| COMPREHENSIVE DEVELOPMENT CENTERS INC5053 NORWAY ROAD MONTICELLO,IN 47960 | 35-1138156 | 501C3 | 25,000 | | | | EQUIPMENT |
| LYNN TREECE BOYS & GIRLS CLUB OF TIPPECANOE COUNTY1529 N 10TH STREET LAFAYETTE,IN 47904 | 35-1262269 | 501C3 | 24,700 | | | | EQUIPMENT |
| COMMUNITY FOUNDATION OF GREATER LAFAYETTE 1114 EAST STATE ST LAFAYETTE,IN 47905 | 23-7147996 | 501C3 | 20,000 | | | | CURRICULUM PROGRAM |
| MONTGOMERY COUNTY YOUTH SERVICES BUREAU 1529 N 10TH STREET LAFAYETTE,IN 47904 | 35-1272759 | 501C3 | 14,541 | | | | CAPITAL PROJECT |
| CASSWHITE COUNTY AMERICAN RED CROSS 1200 W MARKET ST LOGANSPORT,IN 46947 | 35-0903051 | 501C3 | 10,551 | | | | EQUIPMENT |
| CITY OF LAFAYETTE POLICE DEPARMENT516 N MAIN STREET KOKOMO,IN 46903 | 35-6010880 | GOV | 10,188 | | | | CURRICULUM PROGRAM |
| HOOSIER BURN CAMPPO BOX 695 DAYTON,IN 47941 | 35-2032919 | 501C3 | 10,000 | | | | CAPITAL PROJECT |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| BOYS AND GIRLS CLUB OF MONTGOMERY COUNTY 1001 N WHITLOCK AVE PO BOX 292 CRAWFORDSVILLE,IN 47933 | 35-6007302 | 501C3 | 9,000 | | | | EQUIPMENT |
| INDIANA RURAL HEALTH ASSOCIATION1024 S 6TH STREET SUITE 2020 TERRE HAUTE,IN 47807 | 35-2026704 | 501C3 | 8,320 | | | | EDUCATION |
| THE SALVATION ARMY 1110 UNION STREET LAFAYETTE,IN 47904 | 36-2167910 | 501C3 | 8,000 | | | | EQUIPMENT |
| ST ELIZABETH REGIONAL HEALTH1501 HARTFORD STREET LAFAYETTE,IN 47903 | 35-0869066 | 501C3 | 5,825 | | | | EQUIPMENT |
| FAMILY PROMISE OF GREATER LAFAYETTEPO BOX 825 LAFAYETTE,IN 47902 | 26-0827155 | 501C3 | 5,435 | | | | EQUIPMENT |
| BOSWELL GRANT TOWNSHIP VOLUNTEER FIRE DEPARTMENTPO BOX 245 FOWLER,IN 47921 | | 501C4 | 5,000 | | | | EQUIPMENT |

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**Schedule J** (Form 990)

Department of the Treasury
Internal Revenue Service

# Compensation Information

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

OMB No 1545-0047

**2010**

**Open to Public Inspection**

**Name of the organization**
NORTH CENTRAL HEALTH SERVICES INC

**Employer identification number**
31-1118357

## Part I Questions Regarding Compensation

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

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies 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 | | | | |
| (1) JOHN R WALLING | (i) | 311,538 | 0 | 8,627 | 14,019 | 35,066 | 369,250 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (2) | | | | | | | | |
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| (15) | | | | | | | | |
| (16) | | | | | | | | |

## Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

| Identifier | Return Reference | Explanation |
|---|---|---|
| | PART I, LINE 1A | SOCIAL CLUB DUES PROVIDED TO CEO ONLY, TREATED AS TAXABLE COMPENSATION INCLUDED IN W-2 WAGES |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493297004121 |
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**SCHEDULE O**
**(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.**
**▶ Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

**Name of the organization**
NORTH CENTRAL HEALTH SERVICES INC

**Employer identification number**
31-1118357

| Identifier | Return Reference | Explanation |
|---|---|---|
| NEW PROGRAM SERVICES | FORM 990, PART III, LINE 2 | NCHS ACQUIRED A 16 BED INPATIENT PSYCHIATRIC FACILITY AND HAS ENTERED INTO A MANAGEMENT AGREEMENT WITH WABASH VALLEY ALLIANCE TO MANAGE THE OPERATIONS OF RIVER BEND HOSPITAL |

| Identifier | Return Reference | Explanation |
|---|---|---|
| FORM 990, PART VI, SECTION A, LINE 2 | | JAMES SHOOK, JR AND JAMES SHOOK, SR , BOTH BOARD MEMBERS, HAVE A FAMILY RELATION, AND OWN AND OPERATE A CLOSELY HELD BUSINESS TOGETHER NORTH CENTRAL HEALTH SERVICES DID NOT ENGAGE IN ANY TRANSACTIONS WITH THIS BUSINESS DURING 2010 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| FORM 990, PART VI, SECTION B, LINE 11 | | THE PROCESS OF REVIEWING THE FORM 990 ENTAILS A DETAILED REVIEW BY THE ORGANIZATION'S CEO AND TREASURER THE GOVERNING BODY RECEIVES A PAPER AND ELECTRONIC COPY OF THE FORM 990 INCLUDING REQUESTED SCHEDULES, AS ULTIMATELY FILED WITH THE IRS, FOR REVIEW AND APPROVAL PRIOR TO FILING WITH THE IRS |

| Identifier | Return Reference | Explanation |
|---|---|---|
| | FORM 990, PART VI, SECTION B, LINE 12C | THE WRITTEN CONFLICT OF INTEREST POLICY IS REGULARLY AND CONSISTENTLY MONITORED AND COMPLIANCE ENFORCED BY THE CHAIRMAN, VICE CHAIRMAN, OR PRESIDENT OF NORTH CENTRAL HEALTH SERVICES, INC THE SCOPE OF THIS POLICY INCLUDES THE BOARD OF DIRECTORS, PRINCIPAL OFFICER, AND MEMBERS OF COMMITTEES WITH BOARD DELEGATED POWERS THE POLICY IS IN PLACE TO AVOID ANY DUALITY OF INTEREST OR POTENTIAL CONFLICT OF INTEREST BY FULL DISCLOSURE OF ANY SUCH POTENTIAL CONFLICT, AND BY ABSTENTION BY THE INTEREST PERSON FROM ANY VOTE ON A MATTER IN WHICH A CONFLICT EXISTS BETWEEN THE INTERESTED PERSON AND THE CORPORATION THE COVERED PERSONS ARE TO REFRAIN FROM ANY KNOWN OR ANTICIPATED FINANCIAL INTEREST OR RELATIONSHIP WHICH COULD REASONABLY BE EXPECTED TO CREATE A CONFLICT OF INTEREST ON ANY MATTER WHICH MIGHT COME BEFORE THE BOARD OF DIRECTORS A SELF DISCLOSURE FROM COVERED PERSONS TO THE CHAIRMAN OR THE SECRETARY OF THE BOARD OF DIRECTORS IS REQUIRED ON ANY POTENTIAL CONFLICTS OF INTEREST THE COVERED PERSONS ARE TO RECUES FROM PARTICIPATING IN ANY DELIBERATION OR DECISIONS ON SUCH TRANSACTIONS THE CHAIRMAN OR VICE CHAIRMAN OF THE BOARD OF DIRECTORS REVIEWS THE CONFLICTS DISCLOSED |

| Identifier | Return Reference | Explanation |
|---|---|---|
| | FORM 990, PART VI, SECTION B, LINE 15A | EXECUTIVE COMMITTEE OF THE BOARD MEETS ANNUALLY TO REVIEW THE COMPENSATION OF THE CEO IN FY 2008, AN INDEPENDENT CONSULTING FIRM WAS CONTRACTED TO PERFORM A COMPENSATION STUDY AND THE COMMITTEE REVIEWED THE FINDINGS TO HELP DETERMINE AND SET THE CEO'S COMPENSATION THE PROCESS AND FINDINGS ARE DOCUMENTED IN THE COMMITTEE'S MEETING MINUTES THERE WERE NO CHANGES TO THE CEOS COMPENSATION FOR 2010 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| | FORM 990, PART VI, SECTION C, LINE 19 | NORTH CENTER HEALTH SERVICES, INC DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC |

| Identifier | Return Reference | Explanation |
|---|---|---|
| CHANGES IN NET ASSETS OR FUND BALANCES | FORM 990, PART XI, LINE 5 | NET UNREALIZED GAINS ON INVESTMENTS 16,827,683 CHANGE IN TEMPORARY RESTRICTED NET ASSETS 1,995 TOTAL TO FORM 990, PART XI, LINE 5 16,829,678 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| OVERSIGHT OF THE AUDIT | PART XI LINE 2C | THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS AND NO PROCESSES HAVE CHANGED FROM PRIOR YEAR |