



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

SISTERS OF MARY OF THE PRESENTATION LONG TERM CARE, IN UNION WITH THE SISTERS OF MARY OF THE PRESENTATION, WORKS FOR THE GLORY OF GOD BY BRINGING THE WORD AND HEALING OF JESUS CHRIST TO ALL, WITH A SPECIAL CONCERN FOR THE POOR THE ORGANIZATION AND ITS AFFILIATES, THROUGH THE SHARED MINISTRY WITH THE LAITY, PARTICIPATES IN THE HEALTH CARE MISSION IN THE WORK OF HEALING WHICH IS THE WORK OF GOD OUR INDIVIDUAL INSPIRATION IS JESUS AND HIS GOSPEL MESSAGE PERMEATED WITH THE CHARISM OF THE SISTERS OF MARY OF THE PRESENTATION, WE MINISTER TO ONE ANOTHER AND TO ALL WHO COME TO US FOR CARE THOSE WHO SUFFER FROM PHYSICAL, PSYCHOLOGICAL, AND SOCIAL WOUNDEDNESS

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

If "Yes," describe these changes on Schedule O

4a (Code) (Expenses \$ 40,343,882 including grants of \$ 25,031) (Revenue \$ 46,080,628)

SISTERS OF MARY OF THE PRESENTATION LTC (SMP-LTC) IS SPONSORED BY THE SISTERS OF MARY OF THE PRESENTATION, A RELIGIOUS ORDER LOCATED IN VALLEY CITY, NORTH DAKOTA. THE SISTERS OF MARY OF THE PRESENTATION BELONG TO A LARGER RELIGIOUS COMMUNITY FOUNDED IN 1828 IN BROONS, FRANCE BY TWO SISTERS LOUISE AND LAURENCE LEMARCH. SMP - LTC IS PART OF THE SISTERS OF MARY OF THE PRESENTATION HEALTH SYSTEM CORPORATION. SISTERS OF MARY OF THE PRESENTATION HEALTH CORPORATION IS LOCATED IN FARGO, NORTH DAKOTA. SMP - LTC OPERATES FIVE (5) SKILLED NURSING FACILITIES IN THE STATE OF NORTH DAKOTA, AND THE SPECIFIC PURPOSES ARE: 1. TO OPERATE FACILITIES FOR THOSE AGED AND OTHER INDIVIDUALS WHO ARE IN NEED OF HOUSING WHERE 24/7 SKILLED NURSING CARE AND MEDICAL SUPPORT CAN BE PROVIDED, 2. TO ESTABLISH, SUPPORT, MANAGE AND FURNISH FACILITIES, PERSONNEL AND SERVICES TO PROVIDE EXTENDED CARE AND MEDICALLY RELATED SERVICES TO THE SICK, INJURED, DISABLED AND OTHER PERSONS IN NEED OF SUCH SERVICES WITHOUT REGARD TO RACE, CREED, COLOR, SEX OR NATIONAL ORIGIN, 3. TO CARRY ON SUCH ACTIVITIES RELATED TO RENDERING HEALTH CARE SERVICES OR THE PROMOTION OF HEALTH, WHICH IN THE OPINION OF THE BOARD OF DIRECTORS, MAY BE JUSTIFIED BY THE FACILITIES, PERSONNEL, FUNDS OR OTHER REQUIREMENTS THAT ARE OR CAN BE MADE AVAILABLE, 4. TO ENGAGE IN ANY AND ALL ACTIVITIES CONSISTENT WITH OR IN FURTHERANCE OF THE ABOVE PURPOSES. THE MISSION IS CONGRUENT WITH THE CORE VALUES OF THE SISTERS OF MARY OF THE PRESENTATION TO INCLUDE SIMPLICITY, KEEPING OUR MINISTRY CENTERED ON GOD AND SERVICE TO PEOPLE. WE ARE SIMPLE AND DIRECT IN OUR RELATIONSHIPS, HOSPITALITY, BEING OPEN AND WELCOMING ALL, COMPASSIONATE CARE, MANIFESTING GOD'S PRESENCE BY OUR CONCERNED APPROACH FOR THE DIGNITY AND WORTH OF EACH PERSON AS WE GIVE EXCELLENT PERSONALIZED CARE TO THOSE WE SERVE, CONCERN AND CARE OF THE POOR, SUPPORTING THE CAUSE OF THE POOR AND THE ELDERLY IN WAYS MANIFESTED TO US AND TO THE EXTENT OUR HUMAN AND FINANCIAL RESOURCES ALLOW, SHARED MINISTRY, COLLABORATING AS PARTNERS WITH THOSE WHO SHARE OUR MINISTRY. WE ARE UNITED TO SERVE THE MISSION AND, AS A TEAM, BUILD COMMUNITIES WITHIN OUR MINISTRY, STEWARDSHIP, BEING RESPONSIBLE STEWARDS OF OUR RESOURCES. HUMAN, PHYSICAL, AND FINANCIAL. TODAY, SMP - LTC IN CONJUNCTION WITH SISTERS OF MARY OF THE PRESENTATION CARRIES OUT THE MISSION TO PROVIDE SKILLED NURSING CARE SERVICES TO THOSE WHO ARE LESS FORTUNATE AND IN NEED. THE FOLLOWING ANNUAL REPORT, FROM FISCAL YEAR 2011, EXHIBITS THE ENORMOUS COMMUNITY BENEFITS AND SERVICES THAT SMP-LTC HAS PROVIDED AS A NOT-FOR-PROFIT, CATHOLIC HEALTHCARE ORGANIZATION. WE TREAT RESIDENTS, REGARDLESS OF THEIR ABILITY TO PAY. THIS IS CONSISTENT WITH OUR MISSION AND THE CORE VALUES OF THE SISTERS. IN ADDITION, SMP-LTC PROVIDED THOUSANDS OF DOLLARS IN RESOURCES, INCLUDING TIME AND CONTRIBUTIONS TO MANY THROUGHOUT THE REGION. COMMUNITY SERVICE IS A VITAL COMPONENT OF SMP-LTC SINCE ITS INCEPTION. DURING THE FISCAL YEAR ENDING SEPTEMBER 30, 2011, SMP-LTC PROVIDED BENEFITS TO THE POOR AND BROADER COMMUNITY OF \$669,788 AS DESCRIBED BELOW. APPROXIMATELY 28,299 PEOPLE BENEFITED FROM THESE SERVICES. BENEFITS FOR LOW INCOME UNPAID COSTS OF MEDICAID: 1,680 PERSONS SERVED, \$133,671 NET COMMUNITY BENEFIT. EXPENSES BENEFITS FOR THE BROADER COMMUNITY. COMMUNITY HEALTH IMPROVEMENT SERVICES: 8,358 PERSONS SERVED, \$112,620 NET COMMUNITY BENEFIT. EXPENSES. HEALTH PROFESSIONS EDUCATION: 475 PERSONS SERVED, \$139,384 NET COMMUNITY BENEFIT. EXPENSES. SUBSIDIZED HEALTH SERVICES: 937 PERSONS SERVED, \$118,510 NET COMMUNITY BENEFIT. EXPENSES. FINANCIAL AND IN-KIND CONTRIBUTIONS: 15,408 PERSONS SERVED, \$109,621 NET COMMUNITY BENEFIT. EXPENSES. COMMUNITY BUILDING ACTIVITIES: 1,291 PERSONS SERVED, \$41,535 NET COMMUNITY BENEFIT. EXPENSES. COMMUNITY BENEFIT OPERATIONS: 150 PERSONS SERVED, \$14,447 NET COMMUNITY BENEFIT. EXPENSE.

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	\$ 40,343,882
-----------	---------------------------------------	----------------------

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 Yes	
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 Yes	
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 Yes	
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	No
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, line 10? 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	No
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	No
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 Yes	
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 Yes	
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	No
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	

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ☐ Yes ☒ No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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	64		
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	Yes		
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	1,360		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes		
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?					
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					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b			No

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	10	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	8	
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	Yes	
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	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
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		No
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	Yes	
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	Yes	
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		No
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	15b		No
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▶
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 ▶ GARY BAKKE 1202 PAGE DRIVE SW FARGO, ND 58103 (701) 237-9290

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) SR MARLYSS DIONNE CHAIR	50	X		X				0	0	0
(2) SR DOROTHY BUNCE VICE CHAIR	50	X		X				0	0	0
(3) DONALD MATTHEES MD DIRECTOR	50	X						0	0	0
(4) SR MARGARET ROSE PFEIFER DIRECTOR	50	X						0	0	0
(5) MIKE BRUCKBAUER DIRECTOR	50	X						0	0	0
(6) KAREN BUELING DIRECTOR	50	X						0	0	0
(7) KAREN OVERN DIRECTOR	50	X						0	0	0
(8) CAROLYN TOMLIN-CICHOS DIRECTOR	50	X						0	0	0
(9) AARON ALTON PRESIDENT/CEO-SMPHC	1 00	X		X				0	486,486	43,432
(10) GARY BAKKE VICE PRESIDENT FINANCE-SMPHC	1 00	X		X				0	224,910	31,493
(11) CRAIG CHRISTIANSON PRESIDENT/CEO-SHEYENNE CAR	40 00				X			0	182,257	28,278
(12) MICHAEL PFEIFER PRESIDENT/CEO-VILLA MARIA	40 00				X			0	202,760	25,822
(13) BRUCE DAVIDSON PRESIDENT/CEO-ROSEWOOD ON BROADWAY	40 00				X			0	150,238	25,729
(14) NANCY FARNHAM PRESIDENT/CEO-MARYHILL MANOR	40 00					X		0	122,092	27,135
(15) TIMOTHY BURCHILL PRESIDENT/CEO-AVE MARIA VILLAGE	40 00					X		0	130,781	14,215

Part VII

(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			
1b	Sub-Total									
c	Total from continuation sheets to Part VII, Section A									
d	Total (add lines 1b and 1c)							0	1,499,524	196,104

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

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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
SISTERS OF MARY OF THE PRESENTATION HEAL 1202 PAGE DRIVE SW FARGO, ND 58103	MANAGEMENT SERVICES	2,127,641
THIELGES THERAPY 7274 108TH AVENUE SE LAMOURE, ND 58458	CONTRACTED PHYSICAL, OCCUPATIONAL AND SP	794,181
PROREHAB 200 LEWIS AVENUE SOUTH WATERTOWN, MN 55388	CONTRACTED PHYSICAL AND OCCUPATIONAL THE	371,427
ANYTIME TRANSPORTATION INC 1403 13 1/2 STREET S FARGO, ND 58103	NON EMERGENCY TRANSPORTATION	122,841
TECTA AMERICA GREENBERG ROOFING 1810 NORTH 6TH STREET GRAND FORKS, ND 58203	ROOFING CONTRACTOR	110,938
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 5		

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	176,488			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	39,000			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	155,665			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		371,153			
	Program Service Revenue	2a	Business Code				
		RESIDENT SERVICE REVENUE	623000	44,992,660	44,992,660		
b		SUPPORTING SERVICES	900099	527,776	527,776		
c		MANAGEMENT SERVICES	561000	365,492	365,492		
d		ADULT DAYCARE SERVICES	900099	158,186	158,186		
e		CHILD DAYCARE SERVICES	624410	36,514	36,514		
f		All other program service revenue					
g		Total. Add lines 2a-2f		46,080,628			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		234,764			234,764
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross Rents	(i) Real 40,860	(ii) Personal			
	b	Less rental expenses	10,350				
	c	Rental income or (loss)	30,510				
	d	Net rental income or (loss)		30,510			30,510
	7a	Gross amount from sales of assets other than inventory	(i) Securities 16,550	(ii) Other			
	b	Less cost or other basis and sales expenses	10,256				
	c	Gain or (loss)	6,294				
	d	Net gain or (loss)		6,294			6,294
	8a	Gross income from fundraising events (not including \$ 176,488 of contributions reported on line 1c) See Part IV, line 18	a 600				
	b	Less direct expenses	b 600				
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions		46,723,349	46,080,628	0	271,568	

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	5,600	5,600		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	19,431	19,431		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	24,352,498	23,553,770	798,728	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	531,480	509,700	21,780	
9	Other employee benefits	3,013,138	2,911,988	101,150	
10	Payroll taxes	1,710,794	1,656,560	54,234	
a	Fees for services (non-employees)				
	Management	1,861,260		1,861,260	
b	Legal	24,616		24,616	
c	Accounting	17,140		17,140	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	2,376,524	2,144,460	232,064	
12	Advertising and promotion	57,884	28,987	28,897	
13	Office expenses	4,155,512	3,885,041	270,471	
14	Information technology	94,643	94,643		
15	Royalties				
16	Occupancy	859,365	859,365		
17	Travel	206,184	185,356	20,828	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	171,930	60,570	111,360	
20	Interest	1,553,900	1,553,900		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,388,452	2,388,452		
23	Insurance	379,103	379,103		
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	106,956	106,956		
b					
c					
d					
e					
f	All other expenses	10,399		10,399	
25	Total functional expenses. Add lines 1 through 24f	43,896,809	40,343,882	3,552,927	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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			3,198,375	2	3,082,766
	3	Pledges and grants receivable, net				3	18,833
	4	Accounts receivable, net			3,312,528	4	3,783,847
	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			150,772	8	151,467
	9	Prepaid expenses and deferred charges			231,176	9	149,469
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	44,449,736	28,011,963	10c	27,714,200
	b	Less: accumulated depreciation	10b	16,735,536			
	11	Investments—publicly traded securities			7,902,063	11	9,623,112
	12	Investments—other securities. See Part IV, line 11			465,000	12	445,000
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			427,292	15	622,031
16	Total assets. Add lines 1 through 15 (must equal line 34)			43,699,169	16	45,590,725	
Liabilities	17	Accounts payable and accrued expenses			3,069,647	17	3,153,830
	18	Grants payable				18	
	19	Deferred revenue			36,968	19	49,437
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			90,746	21	84,969
	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			27,543,026	23	26,826,303
	24	Unsecured notes and loans payable to unrelated third parties			141,798	24	123,963
	25	Other liabilities. Complete Part X of Schedule D			91,256	25	279,035
	26	Total liabilities. Add lines 17 through 25			30,973,441	26	30,517,537
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			12,469,152	27	14,308,595
	28	Temporarily restricted net assets			92,576	28	219,593
	29	Permanently restricted net assets			164,000	29	545,000
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			12,725,728	33	15,073,188
	34	Total liabilities and net assets/fund balances			43,699,169	34	45,590,725

Part XI

Reconciliation 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	46,723,349
2	Total expenses (must equal Part IX, column (A), line 25)	2	43,896,809
3	Revenue less expenses Subtract line 2 from line 1	3	2,826,540
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,725,728
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-479,080
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	15,073,188

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?		No
b	Were the organization's financial statements audited by an independent accountant?	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		No
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?		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		

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 SISTERS OF MARY OF THE PRESENTATION LONG TERM CARE	Employer identification number 75-2999939
--	--

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

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
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 IIISupport 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.")	72,717	67,763	40,222	141,297	371,153	693,152
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	35,302,014	36,981,917	40,949,872	44,115,181	46,080,628	203,429,612
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	35,374,731	37,049,680	40,990,094	44,256,478	46,451,781	204,122,764
7a Amounts included on lines 1, 2, and 3 received from disqualified persons					5,000	5,000
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						0
c Add lines 7a and 7b					5,000	5,000
8 Public Support (Subtract line 7c from line 6)						204,117,764

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	35,374,731	37,049,680	40,990,094	44,256,478	46,451,781	204,122,764
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	483,405	256,217	285,216	274,738	295,624	1,595,200
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	483,405	256,217	285,216	274,738	295,624	1,595,200
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)	35,858,136	37,305,897	41,275,310	44,531,216	46,747,405	205,717,964
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	99 220 %	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	99 250 %	

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	0 780 %	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	0 750 %	
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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2010

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Name of the organization SISTERS OF MARY OF THE PRESENTATION LONG TERM CARE	Employer identification number 75-2999939
--	--

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

- 1

Provide a description of the organization’s direct and indirect political campaign activities in Part IV
- 2

Political expenditures ▶ \$ _____
- 3

Volunteer hours _____

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

- 1

Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a

Was a correction made? ☐ Yes ☐ No
- b

If "Yes," describe in Part IV

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

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ \$ _____
- 3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4

Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes	☐ No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?	Yes		10,200
	g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV		No	
	j Total lines 1c through 1i			10,200
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Identifier	Return Reference	Explanation
EXPLANATION OF OTHER LOBBYING ACTIVITIES	PART II-B, LINE 1I	SISTERS OF MARY OF THE PRESENTATION LONG TERM CARE PAYS NORTH DAKOTA LONG TERM CARE ASSOCIATION FOR MEMBERSHIP DUES. THE AMOUNT LISTED IS SISTERS OF MARY OF THE PRESENTATION LONG TERM CARE'S PORTION OF LOBBY EXPENSES PAID THROUGH MEMBERSHIP DUES.

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 SISTERS OF MARY OF THE PRESENTATION LONG TERM CARE	Employer identification number 75-2999939
--	--

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? YesNo	
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? YesNo	

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
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06
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? YesNo
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)? YesNo
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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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	415,000	404,000	413,000		
b Contributions	150,000				
c Investment earnings or losses	10,310	11,252	13,195		
d Grants or scholarships					
e Other expenditures for facilities and programs	30,310	252	22,195		
f Administrative expenses					
g End of year balance	545,000	415,000	404,000		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 100 000 %

c

Term endowment ▶

3a

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

(i)

unrelated organizations

(ii)

related organizations

3a(i)

Yes

No

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		1,298,714		1,298,714
b Buildings		35,357,013	12,940,811	22,416,202
c Leasehold improvements				
d Equipment		4,788,960	2,757,536	2,031,424
e Other		3,005,049	1,037,189	1,967,860
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				27,714,200

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	146,723,349
2	Total expenses (Form 990, Part IX, column (A), line 25)	243,896,809
3	Excess or (deficit) for the year Subtract line 2 from line 1	32,826,540
4	Net unrealized gains (losses) on investments	4-426,972
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8-52,108
9	Total adjustments (net) Add lines 4 - 8	9-479,080
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	102,347,460

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	145,990,862
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a-426,972	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d	2e-426,972
3	Subtract line 2e from line 1	346,417,834
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 7b4a	
b	Other (Describe in Part XIV)4b305,515	
c	Add lines 4a and 4b	4c305,515
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	546,723,349

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	143,907,159
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d10,350	
e	Add lines 2a through 2d	2e10,350
3	Subtract line 2e from line 1	343,896,809
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 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b	4c0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	543,896,809

Part XIVSupplemental 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
	PART IV, LINE 2B	RESIDENT TRUSTS FUNDS ARE ASSETS OF THE RESIDENTS OF SMPLTC OVER WHICH SMPLTC HAS LITTLE OR NO DISCRETION OVER THE USE OF THOSE RESOURCES
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	ROSEWOOD ON BROADWAY WAS NAMED BENEFICIARY OF AN IRREVOCABLE GIFT OF \$150,000 FROM A DONOR'S ESTATE. THE ENDOWMENT GIFT WILL BE HELD IN PERPETUITY WITH THE DISTRIBUTIONS FROM THE FUND TO BE RESTRICTED TO PROVIDING FINANCIAL SUPPORT IN FURTHERANCE OF EDUCATIONAL NEEDS OF NURSES AND NURSE ASSISTANTS. THE BENEFICIAL INTEREST IN PERPETUAL TRUST REPRESENTS AN IRREVOCABLE TRUST. THE TRUST DESIGNATES THE AVE MARIA VILLAGE DIVISION AS A BENEFICIARY WITH AN IRREVOCABLE RIGHT TO RECEIVE A PORTION OF THE INCOME EARNED ON THE TRUST ASSETS IN PERPETUITY. ASSETS ARE HELD BY A THIRD PARTY TRUSTEE. THE NET INCOME ON THESE ASSETS CAN BE USED AS DETERMINED BY THE ORGANIZATION'S BOARD OF DIRECTORS.
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THE ORGANIZATION WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED.
PART XI, LINE 8 - OTHER ADJUSTMENTS		EQUITY TRANSFERS FROM RELATED PARTIES -32,108 CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUST -20,000
PART XII, LINE 4B - OTHER ADJUSTMENTS		TEMP RESTR CONTRIBUTIONS RECORDED IN FUND BALANCE FOR FINANCIAL STATEMENTS 165,865 DAKOTA HEIGHTS RENTAL EXPENSES INCLUDED IN REVENUE PER FORM 990 -10,350 PERM RESTR CONTRIBUTIONS RECORDED IN FUND BALANCE FOR FINANCIAL STATEMENTS 150,000
PART XIII, LINE 2D - OTHER ADJUSTMENTS		DAKOTA HEIGHTS RENTAL EXPENSES INCLUDED IN REVENUE PER FORM 990 10,350

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
SISTERS OF MARY OF THE PRESENTATION LONG TERM CARE

Employer identification number
75-2999939

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐

Mail solicitations

e

☐

Solicitation of non-government grants

b

☐

Internet and e-mail solicitations

f

☐

Solicitation of government grants

c

☐

Phone solicitations

g

☐

Special fundraising events

d

☐

In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes

☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

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

Revenue		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		CAPITAL CAMPAIGN			(Add col (a) through col (c))
		(event type)	(event type)	(total number)	
1	Gross receipts	174,245			174,245
2	Less Charitable contributions	174,245			174,245
3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
1	Gross revenue				
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor			
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

Yes

No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes

No

13

Indicate the percentage of gaming activity operated in

a

The organization's facility

13a

b

An outside facility

13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

Yes

No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16 Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

Director/officer

Employee

Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

Yes

No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
SISTERS OF MARY OF THE PRESENTATION LONG TERM CARE

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

Employer identification number
75-2999939

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

2

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

▶

3

Enter total number of other organizations

▶

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
(1) NURSING SCHOLARSHIPS FOR TUITION AND BOOKS	15	19,431			

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 MOST DISBURSEMENTS IN FURTHERANCE OF THE ORGANIZATION'S EXEMPT PROGRAMS ARE MADE DIRECTLY IN THE ACTIVE CONDUCT OF THE ACTIVITIES CONSTITUTING THE EXEMPT PURPOSE OR FUNCTION FOR WHICH THE INSTITUTION IS ORGANIZED AND OPERATED OTHERWISE, DISBURSEMENTS IN FURTHERANCE OF THE INSTITUTION'S EXEMPT PROGRAMS ARE MADE IN ACCORDANCE WITH PROCEDURES OR SUBJECT TO CONDITIONS ESTABLISHED BY THE INSTITUTION'S GOVERNING BOARD DESIGNED TO INSURE THAT INDIVIDUALS AND ORGANIZATIONS RECEIVING DISBURSEMENTS FROM THE ORGANIZATION IN FURTHERANCE OF ITS EXEMPT PROGRAMS ARE ADEQUATELY INVESTIGATED TO INSURE THAT THEY ARE QUALIFIED RECIPIENTS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

SISTERS OF MARY OF THE PRESENTATION LONG TERM CARE

Employer identification number

75-2999939

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	
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	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment 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 accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	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) AARON ALTON	(i)	0	0	0	0	0	0	0
	(ii)	383,390	56,358	46,738	25,876	23,082	535,444	0
(2) GARY BAKKE	(i)	0	0	0	0	0	0	0
	(ii)	175,900	25,857	23,153	14,501	19,569	258,980	0
(3) CRAIG CHRISTIANSON	(i)	0	0	0	0	0	0	0
	(ii)	141,440	21,216	19,601	10,838	19,622	212,717	0
(4) MICHAEL PFEIFER	(i)	0	0	0	0	0	0	0
	(ii)	178,589	12,336	11,835	18,671	9,619	231,050	0
(5) BRUCE DAVIDSON	(i)	0	0	0	0	0	0	0
	(ii)	121,675	12,187	16,376	8,540	19,148	177,926	0
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(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
SUPPLEMENTAL INFORMATION	PART III	PART I, QUESTION 3. SISTERS OF MARY OF THE PRESENTATION LONG TERM CARE DOES NOT PAY COMPENSATION TO AARON ALTON, PRESIDENT/CEO. THIS INDIVIDUAL IS COMPENSATED BY SISTERS OF MARY OF THE PRESENTATION HEALTH CORPORATION, A RELATED ORGANIZATION, FOR SERVICES PROVIDED TO SISTERS OF MARY OF THE PRESENTATION LONG TERM CARE AND THE OTHER RELATED ORGANIZATIONS. SISTERS OF MARY OF THE PRESENTATION HEALTH CORPORATION USES THE METHODS ON PART I, QUESTION 3 TO DETERMINE HIS COMPENSATION.
SUPPLEMENTAL INFORMATION	PART III	PART II. AARON ALTON, GARY BAKKE, BRUCE DAVIDSON, MICHAEL PFEIFER, AND CRAIG CHRISTIASON ARE COMPENSATED BY SISTERS OF MARY OF THE PRESENTATION HEALTH CORPORATION, A RELATED ORGANIZATION. AARON ALTON IS COMPENSATED FOR SERVICES AS PRESIDENT/CEO OF SMPHS, WHICH INCLUDES MANAGEMENT OF FOUR RELATED HOSPITALS, A HOME HEALTH AGENCY, AND FIVE RELATED LONG-TERM CARE FACILITIES. GARY BAKKE IS COMPENSATED FOR HIS SERVICES AS VICE PRESIDENT OF FINANCE FOR SISTERS OF MARY OF THE PRESENTATION HEALTH CORPORATION AND THE RELATED ORGANIZATIONS. BRUCE DAVIDSON IS COMPENSATED FOR HIS SERVICES AT ROSEWOOD ON BROADWAY. MICHAEL PFEIFER IS COMPENSATED FOR HIS SERVICES AT VILLA MARIA. CRAIG CHRISTIASON IS COMPENSATED FOR HIS SERVICES AT SHEYENNE CARE CENTER.
SUPPLEMENTAL INFORMATION	PART III	PART I, LINE 7. ANY NON-FIXED PAYMENTS ARE DETERMINED BY SISTERS OF MARY OF THE PRESENTATION HEALTH CORPORATION, A RELATED ORGANIZATION.

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 SISTERS OF MARY OF THE PRESENTATION LONG TERM CARE	Employer identification number 75-2999939
---	---

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		OFFICERS AARON ALTON, PRESIDENT/CEO AND GARY BAKKE, VP FINANCE ARE EMPLOYED AND COMPENSATED BY SISTERS OF MARY OF THE PRESENTATION HEALTH CORPORATION KEY EMPLOYEES CRAIG CHRISTIANSON, MICHAEL PFEIFER, AND BRUCE DAVIDSON ARE COMPENSATED BY SISTERS OF MARY OF THE PRESENTATION HEALTH CORPORATION SR MARGARET ROSE PFEIFER IS ALSO A MEMBER OF THE BOARD FOR SISTERS OF MARY OF THE PRESENTATION HEALTH CORPORATION THEREFORE, BUSINESS RELATIONSHIPS EXIST BETWEEN THESE INDIVIDUALS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3		SISTERS OF MARY OF THE PRESENTATION HEALTH CORPORATION, A RELATED ORGANIZATION, FACILITATES THE MANAGEMENT AND OPERATIONS OF SISTERS OF MARY OF THE PRESENTATION LONG TERM CARE THE OFFICERS OF THE ORGANIZATION ARE DIRECTLY COMPENSATED BY SISTERS OF MARY OF THE PRESENTATION HEALTH CORPORATION

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		THE SOLE MEMBER OF THE ORGANIZATION IS THE SISTERS OF MARY OF THE PRESENTATION HEALTH CORPORATION

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		THE MEMBER IS ENTITLED TO VOTE IN THE ELECTION OF DIRECTORS AND TO CAST ONE VOTE FOR EACH DIRECTOR TO BE ELECTED THE MEMBER IS ALSO ENTITLED TO ONE VOTE ON EVERY OTHER MATTER TO BE VOTED ON BY THE MEMBER VOTES CAST ON BEHALF OF THE MEMBER ARE CAST BY THE CHIEF EXECUTIVE OFFICER OF SISTERS OF MARY OF THE PRESENTATION HEALTH CORPORATION

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		THE AUTHORITY TO ACT ON THE FOLLOWING MATTERS ARE EXCLUSIVELY VESTED IN THE MEMBER OF THE ORGANIZATION 1 ANY CHANGE IN THE PHILOSOPHY , OBJECTIVES AND PURPOSES OF THE ORGANIZATION, 2 AMENDMENT OF THE ARTICLES OF INCORPORATION AND BY LAWS, 3 THE ELECTION OR REMOVAL OF THE DIRECTORS, 4 MERGER OR CONSOLIDATION WITH ANY OTHER ORGANIZATION, 5 DISSOLUTION OF THE ORGANIZATION OR THE SALE, LEASE OR EXCHANGE OF ALL OR SUBSTANTIALLY ALL OF ITS PROPERTY OR ASSETS, 6 THE SALE, LEASE, TRANSFER OR ENCUMBRANCE OF ANY LAND, BUILDINGS OR OTHER ASSETS OWNED BY THE ORGANIZATION OR IN WHICH THE ORGANIZATION HAS OR WILL HAVE EQUITABLE OR LEGAL TITLE, 7 APPROVAL OF THE ANNUAL OPERATING AND CAPITAL BUDGETS, 8 APPOINTMENT OF THE CHIEF EXECUTIVE OFFICER

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B		THE ORGANIZATION DOES NOT HAVE COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE FORM 990 IS MADE AVAILABLE TO THE GOVERNING BODY BEFORE IT IS FILED THE PRESIDENT/CEO AND VICE PRESIDENT OF FINANCE OF SISTERS OF MARY OF THE PRESENTATION HEALTH CORPORATION, A RELATED ORGANIZATION, REVIEW THE FORM 990 BEFORE IT IS FILED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	EACH DIRECTOR MUST SUBMIT IN WRITING TO THE CHAIRPERSON OF THE BOARD AND THE CHIEF EXECUTIVE OFFICER A LIST OF ALL BUSINESS OR OTHER ORGANIZATIONS OF WHICH THE INDIVIDUAL IS AN OFFICER, DIRECTOR, TRUSTEE, MEMBER, OWNER (EITHER AS A SOLE PROPRIETOR OR PARTNER), SHAREHOLDER WITH A 5% OR GREATER INTEREST IN ALL OUTSTANDING VOTING SHARES, EMPLOYEE OR AGENT, WITH WHICH THE ORGANIZATION HAS, OR MIGHT REASONABLY IN THE FUTURE ENTER INTO, A RELATIONSHIP OR A TRANSACTION IN WHICH THE DIRECTOR WOULD HAVE CONFLICTING INTERESTS. EACH WRITTEN STATEMENT IS RESUBMITTED WITH ANY NECESSARY CHANGES EACH YEAR. THE CHAIRPERSON OF THE BOARD REVIEWS THE STATEMENTS OF THE DIRECTORS AND THE VICE CHAIRPERSON OF THE BOARD REVIEWS THE STATEMENT FILED BY THE CHAIRPERSON. WHEN A CONFLICT ARISES, THE AFFECTED DIRECTOR MAKES KNOWN THE POTENTIAL CONFLICT, WHETHER DISCLOSED BY WRITTEN STATEMENT OR NOT, AND AFTER ANSWERING ANY QUESTIONS, WILL WITHDRAW FROM THE MEETING FOR AS LONG AS THE MATTER CONTINUES UNDER DISCUSSION. SHOULD THE MATTER BE BROUGHT TO A VOTE, THE AFFECTED DIRECTOR WILL NOT VOTE ON IT. IN THE EVENT THE DIRECTOR DOES NOT WITHDRAW VOLUNTARILY, THE CHAIRPERSON OF THE BOARD HAS AUTHORITY TO REQUIRE THE DIRECTOR TO REMOVE HIMSELF FROM THE ROOM DURING BOTH THE DISCUSSION AND VOTE ON THE MATTER. IN THE EVENT THE CONFLICT OF INTEREST AFFECTS THE CHAIRPERSON, THE VICE CHAIRPERSON HAS AUTHORITY TO REQUIRE THE CHAIRPERSON REMOVE HIMSELF IN THE SAME MATTER. IF THE MATTER IS THE ITEM OF BUSINESS FOR WHICH A SPECIAL MEETING OF THE BOARD WAS CALLED, THE AFFECTED DIRECTOR WILL NOT BE COUNTED TO ESTABLISH A QUORUM, AND HE WILL NOT PARTICIPATE IN THE DELIBERATIONS OR VOTE ON IT.

Identifier	Return Reference	Explanation
		FORM 990, PART VI, SECTION B, LINE 15 THE PRESIDENT/CEO AND VICE PRESIDENT OF FINANCE OF SISTERS OF MARY OF THE PRESENTATION HEALTH CORPORATION, A RELATED ORGANIZATION, OVERSEE THE OPERATIONS OF SISTERS OF MARY OF THE PRESENTATION LONG TERM CARE THE COMPENSATION REFLECTS RESPONSIBILITY OF SUPERVISING THE MANAGEMENT, ADMINISTRATION AND OPERATIONS OF SISTERS OF MARY OF THE PRESENTATION HEALTH CORPORATION AND THE RELATED FACILITIES EACH FACILITY WITHIN SISTERS OF MARY OF THE PRESENTATION LONG TERM CARE HAS THEIR OWN RESPECTIVE PRESIDENT/CEO THE COMPENSATION PROCESS FOR ALL THE TOP MANAGEMENT OFFICIALS IS DETERMINED BY SISTERS OF MARY OF THE PRESENTATION HEALTH CORPORATION THE SISTERS OF MARY OF THE PRESENTATION HEALTH CORPORATION BOARD OF TRUSTEES DIRECTLY ENGAGES A NATIONALLY RECOGNIZED INDEPENDENT COMPENSATION CONSULTING FIRM TO REVIEW THE TOTAL COMPENSATION ARRANGEMENTS OF THE OFFICERS AND KEY EMPLOYEES THE SISTERS OF MARY OF THE PRESENTATION HEALTH CORPORATION BOARD OF TRUSTEES APPROVES ALL COMPENSATION BASED ON COMPARABLE DATA AND DOCUMENTS THEIR DECISION IN THE MEETING MINUTES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	INFORMATION REGARDING THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS CAN BE OBTAINED BY CONTACTING THE DEPARTMENT OF HUMAN SERVICES AND BY VIEWING THE COST REPORT. FINANCIAL INFORMATION CAN ALSO BE OBTAINED THROUGH THE PUBLIC DISCLOSURE COPY OF THE 990.

Identifier	Return Reference	Explanation
	FORM 990, PART VII, SECTION A	AARON ALTON, PRESIDENT/CEO, AND GARY BAKKE, VICE PRESIDENT OF FINANCE, PERFORM SERVICES FOR THE RELATED HOSPITALS, HOME HEALTH AGENCY, AND FIVE RELATED LONG-TERM CARE FACILITIES BOTH AARON AND GARY DEDICATE A MINIMUM OF 40 HOURS PER WEEK TO THE RELATED ORGANIZATIONS THE FOLLOWING INDIVIDUALS DEVOTED TIME PROVIDING SERVICES TO THESE RELATED ORGANIZATIONS SISTERS OF MARY OF THE PRESENTATION HEALTH CORPORATION SR MARGARET ROSE PFEIFER 1 HOUR PER WEEK ST ANDREW'S HOSPITAL SR MARLYSS DIONNE 3 HOURS PER WEEK SR DOROTHY BUNCE 3 HOURS PER WEEK SR MARGARET ROSE PFEIFER 3 HOURS PER WEEK PRESENTATION MEDICAL CENTER SR MARGARET ROSE PFEIFER 5 HOURS PER WEEK SR MARLYSS DIONNE 5 HOURS PER WEEK SR DOROTHY BUNCE 5 HOURS PER WEEK ST ALOISIUS HOSPITAL SR MARGARET ROSE PFEIFER 5 HOURS PER WEEK SR MARLYSS DIONNE 5 HOURS PER WEEK SISTERS OF MARY OF THE PRESENTATION PRAIRIELAND HOME HEALTH AGENCY SR MARGARET ROSE PFEIFER 3 HOURS PER WEEK SR DOROTHY BUNCE 3 HOURS PER WEEK SMP ENTERPRISES SR MARGARET ROSE PFEIFER 3 HOURS PER WEEK

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -426,972 EQUITY TRANSFERS FROM RELATED PARTIES -32,108 CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUST -20,000 TOTAL TO FORM 990, PART XI, LINE 5 -479,080

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE GOVERNING BOARD OF SISTERS OF MARY OF THE PRESENTATION ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT FOR SISTERS OF MARY OF THE PRESENTATION LONG TERM CARE

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SISTERS OF MARY OF THE PRESENTATION LONG TERM CARE

Employer identification number
75-29999939

Part I

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ST ANDREW'S BOTTINEAU CLINIC LLC 316 OHMER STREET BOTTINEAU, ND58318 45-0451306	PROVISION OF HEALTH CARE SERVICES	ND	N/A									51 000 %

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) SMP ENTERPRISES PO BOX 10007 FARGO, ND581060007 36-3486506	HOME HEALTH CARE SERVICES	ND	N/A	C			
(2) ROLETTE CLINIC INC PO BOX 759 ROLLA, ND58367 45-0308335	LEASING	ND	N/A	C			

Part V

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

Yes

Yes

Yes

No

No

No

No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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

[illegible]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
------------	------------------	-------------

Software ID:

Software Version:

EIN: 75-2999939

Name: SISTERS OF MARY OF THE PRESENTATION LONG TERM CARE

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
SISTERS OF MARY OF THE PRESENTATION HEALTH CORPORATION 1202 PAGE DRIVE SW FARGO, ND58103 45-0359620	FACILITATES MANAGEMENT AND OPERATIONS OF TEN RELATED FACILITIES	ND	501(C)(3)	LINE 11A, I	SMP MARYVALE PROVINCIAL CENTER		No
PRESENTATION MEDICAL CENTER 213 2ND AVENUE NE ROLLA, ND583670759 45-0227391	ACUTE CARE HOSPITAL	ND	501(C)(3)	LINE 3	SMP HEALTH CORPORATION		No
ST ALOISIUS HOSPITAL 325 EAST BREWSTER STREET HARVEY, ND58341 45-0226729	PROVISION OF HEALTH CARE SERVICES	ND	501(C)(3)	LINE 3	SMP HEALTH CORPORATION		No
ST MARGARET'S HOSPITAL 600 EAST FIRST STREET SPRING VALLEY, IL61362 36-2167884	PROVISION OF HEALTH CARE SERVICES	IL	501(C)(3)	LINE 3	SMP HEALTH CORPORATION		No
ST ANDREW'S HOSPITAL 316 OHMER STREET BOTTINEAU, ND58318 45-0226426	PROVISION OF HEALTH CARE SERVICES	ND	501(C)(3)	LINE 3	SMP HEALTH CORPORATION		No
ST ANDREW'S HOSPITAL FOUNDATION 316 OHMER STREET BOTTINEAU, ND58318 45-0413201	ASSIST ST ANDREW'S HOSPITAL IN FUND RAISING AND FUND MANAGEMENT	ND	501(C)(3)	LINE 11A, I	SMP HEALTH CORPORATION		No
SMP PRAIRIELAND HOME HEALTH AGENCY 1102 PAGE DRIVE SW FARGO, ND581060007 45-0391192	HOME HEALTH AND SUPPORTIVE SERVICES	ND	501(C)(3)	LINE 9	SMP HEALTH CORPORATION		No
ST MARGARET'S HOSPITAL FOUNDATION 600 EAST FIRST STREET SPRING VALLEY, IL61362 36-4042262	PROVIDE SUPPORT TO ST MARGARET'S HOSPITAL	IL	501(C)(3)	LINE 11A, I	SMP HEALTH CORPORATION		No