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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

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

C Name of organization
ASHLAND COMMUNITY HOSPITAL FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
280 MAPLE STREET

City or town, state or country, and ZIP + 4
ASHLAND, OR 97520

D Employer identification number
93-0691238

E Telephone number
(541) 201-4014

G Gross receipts $ 1,091,892

F Name and address of principal officer
JANET TROY
280 MAPLE STREET
ASHLAND,OR 97520

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW ACHFOUNDATION ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1977 | **M** State of legal domicile OR

Part I Summary

1 Briefly describe the organization's mission or most significant activities
OUR MISSION IS TO SOLICIT, STEWARD AND GRANT FUNDS TO SUPPORT ASHLAND COMMUNITY HOSPITAL AND THE HEALTHCARE NEEDS OF THE COMMUNITY VISION STATEMENTINSPIRING PHILANTHROPY TO IMPROVE THE HEALTH OF OUR COMMUNITY VALUES STATEMENTWE ACHIEVE OUR VISION AND LIVE OUR MISSION BY VALUING *PASSION, FOR ASHLAND COMMUNITY HOSPITAL AND COMMUNITY HEALTH,*GENEROSITY, WITH CHARITABLE GIFTS, TIME, AND EXPERTISE,*INTEGRITY, IN STEWARDSHIP OF ASSETS ENTRUSTED TO OUR CARE,*PARTNERSHIP, WITH ASHLAND COMMUNITY HOSPITAL AND COMMUNITY MEMBERS,*OUTREACH, TO RAISE THE PROFILE OF ASHLAND COMMUNITY HOSPITAL AS AN HONORED INSTITUTION IN THE COMMUNITY, *INDEPENDENCE,FOR ASHLAND COMMUNITY HOSPITAL AND THE FOUNDATION

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	21
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	208,418
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	288,247	356,672
9	Program service revenue (Part VIII, line 2g)	315,261	289,810
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	97,823	94,097
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	221,600	175,845
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	922,931	916,424
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	227,924	433,979
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	497,027	431,901
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	724,951	865,880
19	Revenue less expenses Subtract line 18 from line 12	197,980	50,544
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	5,924,262	5,704,140
21	Total liabilities (Part X, line 26)	2,510,853	2,316,375
22	Net assets or fund balances Subtract line 21 from line 20	3,413,409	3,387,765

Part II Signature Block

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

Sign Here

****** | 2012-06-29
Signature of officer | Date

ALAN STEED TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: CAROLYN M RYDER | Date | Check if self-employed ☐ | Preparer's taxpayer identification number (see instructions) P00033827

Firm's name (or yours if self-employed), address, and ZIP + 4: ISLER MEDFORD LLC, 839 ALDER CREEK DR, MEDFORD, OR 97504 | EIN ▶ 20-4749363 | Phone no ▶ (541) 779-7641

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

OUR MISSION IS TO SOLICIT, STEWARD AND GRANT FUNDS TO SUPPORT ASHLAND COMMUNITY HOSPITAL AND THE HEALTHCARE NEEDS OF THE COMMUNITY

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 425,798 including grants of $) (Revenue $ 106,959)

SEE SCHEDULE O

4b (Code) (Expenses $ 156,553 including grants of $) (Revenue $ 139,096)

TO IMPROVE PATIENT CARE, ASHLAND COMMUNITY HOSPITAL FOUNDATION CONSTRUCTED A TWO-STORY MEDICAL OFFICE BUILDING IN ASHLAND, OREGON IN 1999 THIS ENABLED THE FOUNDATION TO LOCATE A VARIETY OF ASHLAND'S FINEST MEDICAL SPECIALISTS IN ONE LOCATION, CLOSE TO ASHLAND COMMUNITY HOSPITAL THIS PROJECT HAS IMPROVED PATIENT ACCESS TO CARE AND INCREASED PATIENT CONVENIENCE BY HAVING A VARIETY OF SPECIALISTS IN ONE LOCATION

4c (Code) (Expenses $ 164,752 including grants of $) (Revenue $ 48,719)

TO ENSURE ADEQUATE OFFICE SPACE FOR PHYSICIANS, THE FOUNDATION ACQUIRED A MEDICAL OFFICE BUILDING TO MEET THE INTERNAL MEDICINE DEMANDS OF OUR AGING COMMUNITY MEDICAL OFFICE SPACE IN THE BUILDING IS RENTED TO ASHLAND COMMUNITY HOSPITAL'S CENTER FOR FAMILY MEDICINE THIS ACQUISITION HAS HELPED ENSURE QUALITY CARE FOR ASHLAND FAMILIES

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 747,103

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 instructions)?	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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	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, Part 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, Part 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*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	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? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	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? *If "Yes," complete Schedule J*	**23**		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	7		
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	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
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 or securities 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			No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			No
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a			
b	Enter the aggregate 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 aggregate amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	21		
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		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	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete 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 the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did 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	15b		No
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 ▶ OR

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 made 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 made 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 ▶

REID HANNA & COMPANY LLP
1101 SISKIYOU BLVD
ASHLAND, OR 97520
(541) 482-3711

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, or 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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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) PAT ACKLIN DIRECTOR	2 00	X						0	0	0
(2) JOHN ALEXANDER DIRECTOR	2 00	X						0	0	0
(3) BRIAN ALMQUIST DIRECTOR	2 00	X						0	0	0
(4) CHARLES BUTLER DIRECTOR	2 00	X						0	0	0
(5) ED COLSON DIRECTOR	2 00	X						0	0	0
(6) BRANDT CULLEN DIRECTOR	2 00	X						0	0	0
(7) GLENN CUNNINGHAM DIRECTOR	2 00	X						0	0	0
(8) JACK DAVIS DIRECTOR	2 00	X						0	0	0
(9) JONATHON ELDRIDGE DIRECTOR	2 00	X						0	0	0
(10) THOMAS B KENNEDY DIRECTOR	2 00	X						0	0	0
(11) MARJORIE LININGER DIRECTOR	2 00	X						0	0	0
(12) ELIZABETH A MURPHY DIRECTOR	2 00	X						0	0	0
(13) DENNIS M POWERS DIRECTOR	2 00	X						0	0	0
(14) PAUL ROSTYKUS DIRECTOR	2 00	X						0	0	0
(15) BART RUPERT DIRECTOR	2 00	X						0	0	0
(16) SANDRA SLATTERY DIRECTOR	2 00	X						0	0	0
(17) GARRISON TURNER DIRECTOR	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) ALAN STEED TREASURER	2 00			X				0	0	0
(19) TOM GRIMLAND PRESIDENT	2 00			X				0	0	0
(20) JULIE AUSTAD PAST-PRESIDENT	2 00			X				0	0	0
(21) RICHARD BERNARD SECRETARY	2 00			X				0	0	0
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								0	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of 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? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 356,672				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	356,672			
Program Service Revenue		Business Code				
	2a	RENT OF MED FACILITIES 531390	289,810	289,810		
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	289,810			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	56,392			56,392
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents 206,129				
	b	Less rental expenses 30,452				
	c	Rental income or (loss) 175,677				
	d	Net rental income or (loss) . . . . . ▶	175,677		175,677	
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 4,964 / 175,000				
	b	Less cost or other basis and sales expenses 142,259				
	c	Gain or (loss) 4,964 / 32,741				
	d	Net gain or (loss) . . . . . ▶	37,705	4,964	32,741	
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a 2,925				
	b	Less direct expenses . . . b 2,757				
	c	Net income or (loss) from fundraising events . . ▶	168			168
	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 . . . ▶	916,424	294,774	208,418	56,560

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

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 United States See Part IV, line 21	433,979	433,979		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States 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				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	26,070		26,070	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17*				
f	Investment management fees	11,971		11,971	
g	Other	9,410		9,410	
12	Advertising and promotion	2,652		2,652	
13	Office expenses	37		37	
14	Information technology	13,677		13,677	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	131,839	131,839		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	81,876	81,876		
23	Insurance				
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	OTHER RENTAL EXPENSE	99,409	99,409		
b	OTHER OPERATING EXPENSE	54,960		54,960	
c					
d					
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	865,880	747,103	118,777	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		6,770	1	14,420
	2	Savings and temporary cash investments		354,860	2	274,527
	3	Pledges and grants receivable, net		14,136	3	26,934
	4	Accounts receivable, net			4	
	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)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		170,000	7	170,000
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		30,976	9	16,335
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 4,811,222			
	b	Less accumulated depreciation	10b 1,136,883	3,882,867	10c	3,674,339
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		1,452,567	12	1,501,060
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		12,086	15	26,525
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		5,924,262	16	5,704,140
Liabilities	17	Accounts payable and accrued expenses		1,713	17	3,669
	18	Grants payable		25,000	18	3,265
	19	Deferred revenue			19	10,298
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		2,157,960	23	1,985,730
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		326,180	25	313,413
	26	**Total liabilities.** Add lines 17 through 25		2,510,853	26	2,316,375
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		2,303,738	27	2,248,373
	28	Temporarily restricted net assets		433,971	28	444,008
	29	Permanently restricted net assets		675,700	29	695,384
		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		3,413,409	33	3,387,765
	34	Total liabilities and net assets/fund balances		5,924,262	34	5,704,140

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	916,424
2	Total expenses (must equal Part IX, column (A), line 25)	2	865,880
3	Revenue less expenses Subtract line 2 from line 1	3	50,544
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	3,413,409
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-76,188
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	3,387,765

Part XII Financial Statements and Reporting

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

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ASHLAND COMMUNITY HOSPITAL FOUNDATION

Employer identification number
93-0691238

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 **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

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

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

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

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

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

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

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

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

Part II **Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	384,682	479,713	254,930	288,247	356,672	1,764,244
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	384,682	479,713	254,930	288,247	356,672	1,764,244
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						1,764,244

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	384,682	479,713	254,930	288,247	356,672	1,764,244
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	606,689	627,603	577,919	675,727	552,331	3,040,269
9 Net income from unrelated business activities, whether or not the business is regularly carried on	-59,975	-55,509	-79,305	-1,701	7,056	-189,434
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						4,615,079

12 Gross receipts from related activities, etc (See instructions)	12	63,338

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 2011 (line 6 column (f) divided by line 11 column (f))	14	38 230 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	37 820 %

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:
Software Version:
EIN: 93-0691238
Name: ASHLAND COMMUNITY HOSPITAL FOUNDATION

Form 990, Special Condition Description:

Special Condition Description

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ASHLAND COMMUNITY HOSPITAL FOUNDATION

Employer identification number
93-0691238

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	1	
2	Aggregate contributions to (during year)	41,951	
3	Aggregate grants from (during year)	10,667	
4	Aggregate value at end of year	326,662	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	675,700	632,530	630,230	504,930	
b Contributions	44,426	43,300	2,300	125,300	
c Investment earnings or losses	2,609	18,200			
d Grants or scholarships	10,667	18,330			
e Other expenditures for facilities and programs	12,025				
f Administrative expenses	4,659				
g End of year balance	695,384	675,700	632,530	630,230	

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

- a Board designated or quasi-endowment ▶ 8 990 %
- b Permanent endowment ▶ 91 010 %
- c Term endowment ▶

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	1,503,172			1,503,172
b Buildings	3,280,492		1,110,704	2,169,788
c Leasehold improvements				
d Equipment	27,558		26,179	1,379
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				3,674,339

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) MUTUAL FUNDS	1,322,149	F
(B) UNITRUST ASSETS	178,911	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	1,501,060	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
ANNUITY OBLIGATION	138,163
DEPOSITS	5,250
INTERFUND LOAN PAYABLE	170,000
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	313,413

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	916,424
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	865,880
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	50,544
4	Net unrealized gains (losses) on investments	4	-76,647
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	459
9	Total adjustments (net) Add lines 4 - 8	9	-76,188
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-25,644

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

1	Total revenue, gains, and other support per audited financial statements			1	1,063,019
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-76,647		
b	Donated services and use of facilities	2b	189,574		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	459		
e	Add lines **2a** through **2d**			2e	113,386
3	Subtract line **2e** from line **1**			3	949,633
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	-33,209		
c	Add lines **4a** and **4b**			4c	-33,209
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	916,424

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

1	Total expenses and losses per audited financial statements			1	1,088,663
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	189,574		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	33,209		
e	Add lines **2a** through **2d**			2e	222,783
3	Subtract line **2e** from line **1**			3	865,880
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	865,880

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
Description of Intended Use of Endowment Funds	Part V, Line 4	INCOME FROM EVANS SCHOLARSHIP ENDOWMENT FUND IS TO AWARD SCHOLARSHIPS TO STUDENTS WHO ARE PURSUING NURSING DEGREES FROM OREGON HEALTH SCIENCES UNIVERSITY AT SOUTHERN OREGON UNIVERSITY OR ROGUE COMMUNITY COLLEGE INCOME FROM THE NIXON ENDOWMENT FUND IS GIFTED ANNUALLY TO THE FOUNDATION'S LIGHTS FOR LIFE CAMPAIGN
Description of Uncertain Tax Positions Under FIN 48	Part X	THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT ON NET INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES GENERATED FROM THE RENTAL OF CERTAIN DEBT-FINANCED PROPERTY AT DECEMBER 31, 2011, THE ACTIVITY REPORTED NET OPERATING LOSSES THAT WAS APPLIED AGAINST THE GAIN REPORTED ON FORM 4797 FROM SALE OF PROPERTY THE UNUSED NET OPERATING LOSS CARRYFORWARDS MAY BE APPLIED AGAINST FUTURE TAXABLE INCOME THE DEFERRED TAX ASSET HAS NOT BEEN RECORDED IN THE FINANCIAL STATEMENTS DUE TO THE UNDETERMINABLE TIMING OF EVENTS OF WHICH THE FOUNDATION WOULD BE ABLE TO UTILIZE THE CARRYFORWARDS THE FOUNDATION'S FEDERAL EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURNS (FORM 990-T) FOR 2008, 2009, AND 2010 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR 3 YEARS AFTER THEY WERE FILED MANAGEMENT BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN
Part XI, Line 8 - Other Adjustments		CHANGE IN MARKET VALUE OF TRUST ASSETS 459
Part XII, Line 2d - Other Adjustments		CHANGE IN SPLIT INTEREST AGREEMENT 459
Part XII, Line 4b - Other Adjustments		SPECIAL EVENT EXPENSE -2,757 RENTAL EXPENSES -30,452
Part XIII, Line 2d - Other Adjustments		RENTAL EXPENSES 30,452 SPECIAL EVENT EXPENSES 2,757

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ASHLAND COMMUNITY HOSPITAL FOUNDATION

Employer identification number
93-0691238

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . ▶ ☐

(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
(1) ASHLAND COMMUNITY HOSPITALPO BOX 98 ASHLAND,OR 97520			383,237	7,461	FMV	GIFTS, GIFT CERTIFICATES, BOOKS, BABY PRODUCTS	FUNDING PROVIDED TO ASSIST WITH THE FOLLOWING PROGRAMS HOSPICE AND PALLIATIVE CARE SERVICES, BIRTHING CENTER, STRETCHERS & CARDIAC MONITORS FOR THE EMERGENCY DEPARTMENT AND I C U , ELECTRONIC WORKFLOW MANAGEMENT SOLUTIONS, EMPLOYEE ASSISTANCE & EDUCATION, PLANETREE INITIATIVES AND HOME HEALTH, PATIENT ASSISTANCE, PHYSICAL THERAPY, WOMEN'S HEALTH, AND GREATEST NEEDS OF ACH
(2) LA CLINICA DEL VALLE FAMILY HEALTH CENTER 3617 S PACIFIC HWY MEDFORD,OR 97501	94-3096772		10,000		FMV		CONTRIBUTE TO CAPITAL CAMPAIGN TO FUND THE NEW CENTRAL POINT HEALTH CENTER EXPANSION
(3) PHOENIX-TALENT SCHOOL DISTRICT 4401 W 4TH STREET PHOENIX,OR 97535			30,075		FMV		FUNDING PROVIDED FOR THE SCHOOL NURSE PROGRAM FOR THE ELEMENTARY SCHOOLS IN THE PHOENIX-TALENT SCHOOL DISTRICT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 3

3 Enter total number of other organizations listed in the line 1 table . . . . ▶

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 AWARDED	12	10,667		FMV	

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

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ASHLAND COMMUNITY HOSPITAL FOUNDATION

Employer identification number
93-0691238

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (OTHER SERVICES/GIFTS)	X	13	22,849	COMPARABLE SALES
26	Other ▶ (ACH ADMIN/OFFICE SPACE)	X	1	166,725	FMV
27	Other ▶ ( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . 29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ASHLAND COMMUNITY HOSPITAL FOUNDATION

Employer identification number
93-0691238

Identifier	Return Reference	Explanation
Organization Mission Statement	Form 990, Part I, Line 1	ASHLAND COMMUNITY HOSPITAL FOUNDATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL AND SCIENTIFIC PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986 (AND SIMILAR PROVISIONS OF ANY FUTURE UNITED STATES INTERNAL REVENUE LAW) THE FOUNDATION SHALL HAVE THE FOLLOWING POWERS (1) TO ASSIST, ENCOURAGE, PROMOTE AND ADVANCE THE QUALITY OF CARE, TREATMENT AND REHABILITATION OF THE SICK, AFFLICTED, INFIRM AND INJURED PATIENTS OF ASHLAND COMMUNITY HOSPITAL, ASHLAND, OREGON (2) TO FURTHER THE CHARITABLE, SCIENTIFIC, EDUCATIONAL AND SERVICE ACTIVITIES OF ASHLAND COMMUNITY HOSPITAL (3) TO SUPPORT ASHLAND COMMUNITY HOSPITAL, ITS OBJECTIVES AND PROJECTS BY APPROPRIATE REPRESENTATIONS TO THE PUBLIC WITH RESPECT TO THE HOSPITAL'S NEEDS, MISSION AND REQUIREMENTS AND TO SOLICIT FUNDS FOR ITS USE IN PROVIDING THE MEDICAL AND HOSPITAL FACILITIES NEEDED IN THE GENERAL COMMUNITY SERVED BY ASHLAND COMMUNITY HOSPITAL (4) TO ACCEPT DONATIONS, GRANTS, BEQUESTS AND DEVISES FROM ANY SOURCES, AND TO ACCEPT PROPERTY OF ALL KINDS APPROPRIATE TO FOUNDATION PURPOSES (5) TO FACILITATE, ASSIST, ENCOURAGE, SUPPORT, PROMOTE AND ADVANCE THE PHYSICAL, MENTAL AND EMOTIONAL HEALTH OF PERSONS WITHIN THE GEOGRAPHIC AREA SERVED BY ASHLAND COMMUNITY HOSPITAL THROUGH ANY LAWFUL ACTIVITIES, WHICH ARE AUTHORIZED UNDER THE LAWS APPLICABLE TO OREGON NONPROFIT CORPORATIONS WHICH ARE NOT PROHIBITED UNDER ARTICLE III OF THE ARTICLES OF INCORPORATION (6) TO DO AND PERFORM SUCH OTHER ACTS AS MAY BE NECESSARY OR APPROPRIATE FOR CARRYING OUT THE FOREGOING PURPOSES OF THE CORPORATION AND IN CONNECTION THEREWITH TO ENGAGE IN ANY LAWFUL ACTIVITY AUTHORIZED BY THE OREGON NONPROFIT CORPORATION LAW AND NOT PROHIBITED BY THE ARTICLES OF INCORPORATION OR SECTION 2 OF THIS ARTICLE.

Identifier	Return Reference	Explanation
Program Service Statement	Form 990, Part III, Line 4a	PROGRAM SERVICE ACCOMPLISHMENTS A THE FOUNDATION CONTRIBUTED TO THE HOSPITAL'S HOSPICE AND PALLIATIVE CARE SERVICES, WHICH PROVIDES END-OF-LIFE CARE THAT INCLUDES THE PHYSICAL, SPIRITUAL AND PSYCHOLOGICAL NEEDS OF PATIENTS AND FAMILIES ALSO PROVIDED FUNDING FOR HOSPICE PATIENT SPECIAL NEEDS FUNDED BY A GRANT FROM THE SOUTHERN OREGON FRIENDS OF HOSPICE $19,399 B THROUGH THE GENEROSITY OF DR WILLIAM AND MRS RUTH EVANS, ASHLAND COMMUNITY HOSPITAL FOUNDATION PROVIDES SCHOLARSHIPS EACH YEAR TO FUTURE ROGUE VALLEY NURSES SCHOLARSHIPS ARE AWARDED TO STUDENTS ENROLLED IN THE NURSING PROGRAM OF OREGON HEALTH SCIENCE UNIVERSITY AT SOUTHERN OREGON UNIVERSITY AND ROGUE COMMNITY COLLEGE FOR THE 2011 CALENDAR YEAR, THE FOUNDATION PROVIDED SCHOLARSHIPS TO 12 STUDENTS $10,667 C THE FOUNDATION PROVIDED FUNDS TO PURCHASE NEW CARDIAC MONITORS FOR THE EMERGENCY DEPARTMENT AND I C U THROUGH THE ANNUAL PATRONS CAMPAIGN, LIGHTS FOR LIFE CAMPAIGN, BEQUEST FROM THE ELMER C BIEGEL FAMILY FOUNDATION, AND DONOR-DESIGNATED GIFTS $194,636 D THE FOUNDATION PROVIDED FUNDING FOR THE SCHOOL NURSE PROGRAM FOR THE ELEMENTARY SCHOOLS IN THE ASHLAND AND PHOENIX-TALENT SCHOOL DISTRICTS THE FUNDING WAS MADE POSSIBLE THROUGH THE REED AND CAROLEE WALKER FUND OF THE OREGON COMMUNITY FOUNDATION AND DONOR DESIGNATED FUNDS $30,075 E THE FOUNDATION SUPPORTED THE PATIENT-CENTERED CARE INITIATIVES OF PLANETREE, INCLUDING THE CHAPLAIN PROGRAM AND RENOVATION OF THE COMFORT ZONES AND PATIENT ROOMS $1,060 F ASSISTED PATIENTS UNABLE TO PAY FOR THEIR TREATMENTS THROUGH CONTRIBUTIONS AND ENDOWMENT EARNINGS $1,628 G THE FOUNDATION PROVIDED FUNDING THROUGH THE ANNUAL PATRONS CAMPAIGN TO PURCHASE NEW STRETCHERS FOR THE EMERGENCY DEPARTMENT AS PART OF THE DEPARTMENT RENOVATION AND FACELIFT $4,600 H THROUGH THE FOUNDATION'S ANNUAL EMPLOYEE CAMPAIGN, PROVIDED FUNANCIAL SUPPORT TO EMPLOYEES DURING TIME OF CRISIS THROUGH EMPLOYEE PAYROLL DEDUCTIONS AND OUTRIGHT GIFTS $16,626 I THE FOUNDATION PROVIDED FUNDING FOR THE GREATEST NEEDS OF ACH $24,690 J THE FOUNDATION PROVIDED FUNDING TO IMPLEMENT AN ELECTRONIC APPLICATION THAT WILL PROVIDE COMPREHENSIVE ELECTRONIC SELF-REPORTING, EVENT TRACKING, MONITORING, AND WORKFLOW MANAGEMENT SOLUTIONS THE FUNDING WAS MADE POSSIBLE THROUGH THE SMALL RURAL HOSPITAL IMPROVEMENT GRANT PROGRAM $8,305 K THE FOUNDATION PROVIDED A NUMBER OF SMALL GRANTS TO SUPPORT ASHLAND COMMUNITY HOSPITAL INCLUDING FUNDING FOR DIAGNOSTIC IMAGING INCLUDING WOMEN'S HEALTH AND MAMMOGRAMS, THE LABORATORY, SAME DAY SURGERY, SURGERY, PHYSICAL THERAPY, AND THE WOUND CENTER $1,528 L THE FOUNDATION PROVIDED A GRANT TO FUND ACH FOUNDATION STAFFING $3,265 M PROVIDED FUNDING FOR PLANS TO RENOVATE THE ASHLAND COMMUNITY HOSPITAL BIRTH CENTER $7,500 N THE FOUNDATION PARTICIPATED IN THE CAPITAL CAMPAIGN TO FUND THE NEW LA CLINICA CENTRAL POINT HEALTH CENTER SUPPORTING THE LA CLINICA EXPANSION FULFILLS AN URGENT NEED IN OUR COMMUNITY TO PROVIDE AFFORDABLE AND QUALITY HEALTHCARE TO UNINSURED AND OTHER UNDERSERVED POPULATIONS $10,000 (FOURTH AND FINAL INSTALLMENT OF $40,000 PLEDGE) O THROUGH THE CONTINUING EFFORTS OF ASHLAND COMMUNITY HOSPITAL FOUNDATION, THE COMMUNITY OF TALENT, OREGON CONTINUES TO RECEIVE QUALITY HEALTHCARE IN 1994, THE FOUNDATION CONSTRUCTED A MEDICAL OFFICE BUILDING AND PHARMACY IN THAT COMMUNITY MEDICAL OFFICE SPACE IN THE BUILDING IS RENTED TO ASHLAND COMMUNITY HOSPITAL'S CENTER FOR FAMILY MEDICINE BOTH OF THESE PROJECTS HELPED GUARANTEE HEALTH SERVICES TO THE COMMUNITY $59,180 P TO PROVIDE ADEQUATE FAMILY PRACTICE CARE IN THE COMMUNITY, IN 1999 ASHLAND COMMUNITY HOSPITAL FOUNDATION CONVERTED A SINGLE-FAMILY RESIDENCE INTO A THREE-PERSON MEDICAL OFFICE BUILDING LOCATED DIRECTLY ACROSS THE STREET FROM THE HOSPITAL $31,710 Q TO IMPROVE PATIENT CARE, ASHLAND COMMUNITY HOSPITAL FOUNDATION CONSTRUCTED A TWO-STORY MEDICAL OFFICE BUILDING IN ASHLAND, OREGON IN 1999 THIS ENABLED THE FOUNDATION TO LOCATE A VARIETY OF ASHLAND'S FINEST MEDICAL SPECIALISTS IN ONE LOCATION, CLOSE TO ASHLAND COMMUNITY HOSPITAL THIS PROJECT HAS IMPROVED PATIENT ACCESS TO CARE AND INCREASED PATIENT CONVENIENCE BY HAVING A VARIETY OF SPECIALISTS IN ONE LOCATION $156,553 R TO ENSURE ADEQUATE OFFICE SPACE FOR PHYSICIANS, THE FOUNDATION ACQUIRED A MEDICAL OFFICE BUILDING TO MEET THE INTERNAL MEDICINE DEMANDS OF OUR AGING COMMUNITY MEDICAL OFFICE SPACE IN THE BUILDING IS RENTED TO ASHLAND COMMUNITY HOSPITAL'S CENTER FOR FAMILY MEDICINE THIS ACQUISITION HAS HELPED ENSURE QUALITY CARE FOR ASHLAND FAMILIES $164,752 S PARKING LOT AT 530 CATALINA $929 TOTAL PROGRAM SERVICE EXPENSES $747,103

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 6	FOUNDATION BOARD MEMBERS SERVE AS VOTING MEMBERS WITH AUTHORITY AND RESPONSIBILITY TO DEVELOP POLICIES, PROCEDURES, AND REGULATIONS NECESSARY TO OPERATE THE FOUNDATION, PARTICIPATE IN FUNDRAISING THROUGH PERSONAL CONTRIBUTIONS, AND PARTICPATE IN THE VARIOUS CAMPAIGNS NECESSARY TO FINANCE THE ONGOING OPERATION OF THE FOUNDATION AND ITS WORK WITH THE HOSPITAL BOARD MEMBERS SERVE A THREE YEAR TERM (UNLESS ELECTED TO FILL AN UNEXPIRED TERM)

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 7a	THE OFFICERS SHALL BE ELECTED BY, AND SHALL SERVE AT THE PLEASURE OF, THE BOARD, AND SHALL HOLD THEIR RESPECTIVE OFFICES UNTIL THEIR RESIGNATION, REMOVAL, OR OTHER DISQUALIFICATION FROM SERVICE, OR UNTIL THEIR RESPECTIVE SUCCESSORS SHALL BE ELECTED. THE PRESIDENT SHALL BE ELECTED FOR A TWO-YEAR TERM OF OFFICE. VICE-PRESIDENT, SECRETARY AND TREASURER SHALL BE ELECTED ANNUALLY

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 7b	FOUNDATION BOARD MEMBERS ARE EXPECTED TO ATTEND MONTHLY BOARD MEETINGS, STANDING COMMITTEES (AS ASSIGNED), AD HOC COMMITTEE MEETINGS (AS APPOINTED) AND SPECIAL EVENTS (AS ANNOUNCED) CONTINUITY OF ATTENDANCE AND PARTICIPATION AS A POLICY MAKER AND PLANNER IS IMPERATIVE FOR SERVING AS A VOTING MEMBER

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 11	THE ACH FOUNDATION HAS A STANDING ASSET MANAGEMENT COMMITTEE THAT MEETS MONTHLY TO REVIEW FINANCIAL STATEMENTS, INCLUDING EXPENSES, INCOME, GRANTS, CASH DISBURSEMENTS, BALANCE SHEET, PROFIT AND LOSS, AND ANY AUDIT LETTERS IN ADDITION, TIME IS ALLOCATED AT EACH MONTHLY BOARD MEETING TO REVIEW FINANCIAL STATEMENTS AND THE ANNUAL AUDIT IS PRESENTED TO THE FULL FOUNDATION BOARD UPON ITS COMPLETION BOTH THE ASSET MANAGEMENT COMMITTEE AND THE BOARD MONITOR THE FINANCIAL RESOURCES TO ENSURE THAT FUNDS ARE APPROPRIATELY ACCOUNTED FOR FINANCIAL STATEMENTS 1 THE ACH FOUNDATION IS NOT REQUIRED BY LAW TO UNDERGO AN AUDIT BY AN INDEPENDENT AUDITOR 2 THE ACH FOUNDATION HAS NOT RECEIVED FEDERAL FUNDS THAT REQUIRES ONE OR MORE AUDITS 3 THE ACH FOUNDATION BOARD HAS AN ESTABLISHED ASSET MANAGEMENT COMMITTEE WHICH MAKES RECOMMENDATIONS ON THE SELECTION OF THE INDEPENDENT AUDITOR TO THE FOUNDATION BOARD IN ADDITION, THEY OVERSEE THE INDEPENDENT AUDITOR 4 THE ACH FOUNDATION CURRENTLY HAS FINANCIAL STATEMENTS COMPILED BY AN INDEPENDENT ACCOUNTANT AND AUDITED ANNUALLY BY A QUALIFIED THIRD-PARTY

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 12c	ALL BOARD MEMBERS ARE EXPECTED TO ACCEPT AND ADHERE TO POLICIES AND HOLD FELLOW BOARD MEMBERS AND STAFF TO THE SAME STANDARDS MONITORING OF SUCH IS ONGOING

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section C, line 18	THE FOUNDATION'S DOCUMENTS AVAILABLE FOR PUBLIC INSPECTION MAY BE REQUESTED FOR VIEWING BY CONTACTING THE FOUNDATION'S OFFICE.

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section C, line 19	THE FOUNDATION'S FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST AND BY VISITING THE WEBSITE WWW ACHFOUNDATION ORG

Identifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized losses on investments -76,647 CHANGE IN MARKET VALUE OF TRUST ASSETS 459 Total to Form 990, Part XI, Line 5 -76,188

Identifier	Return Reference	Explanation
FINANCIAL STATEMENT AND AUDIT OVERSIGHT		THE OVERSIGHT OR SELECTION PROCESS HAS NOT CHANGED DURING THE YEAR