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Form 990

## Return of Organization Exempt From Income Tax

2011

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

Open to Public Inspection

## A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable	C Name of organization MERCY HEALTHCARE FOUNDATION	D Employer identification number 45-0435338
<input type="checkbox"/> Address change	Doing Business As	E Telephone number (701) 845-6400
<input type="checkbox"/> Name change	Number and street (or P O box if mail is not delivered to street address) 570 CHAUTAUQUA BLVD	F Gross receipts \$ 41,430
<input type="checkbox"/> Initial return	Room/suite	
<input type="checkbox"/> Terminated		
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending	City or town, state or country, and ZIP + 4 VALLEY CITY, ND 58072	
F Name and address of principal officer KEITH HEUSER 570 CHAUTAUQUA BLVD VALLEY CITY, ND 58072		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

J Website: ► WWW MERCYHOSPITALVALLEYCITY.ORG

K Form of organization  Corporation  Trust  Association  Other ► L Year of formation 1994 M State of legal domicile ND

## Part I Summary

1 Briefly describe the organization's mission or most significant activities THE FOUNDATION IS DEDICATED TO THE SUPPORT OF PROGRAMS AND PROJECTS THAT WILL EXPAND AND ENHANCE HEALTHCARE, EDUCATION, AND OTHER HEALTH-RELATED SERVICES THROUGHOUT THE AREA		
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	8
4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4	7
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	50
7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a	1
b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b	0
8 Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g) . . . . .	73,390	23,727
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	0	0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	69,637	1,483
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	5,169	5,993
	148,196	31,203
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	57,060	2,567
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) . . . . .	7,429	5,461
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	64,489	8,028
19 Revenue less expenses Subtract line 18 from line 12 . . . . .	83,707	23,175
20 Total assets (Part X, line 16) . . . . .	Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26) . . . . .	558,404	581,182
22 Net assets or fund balances Subtract line 21 from line 20 . . . . .	0	0
	558,404	581,182

## 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	Signature of officer BETHANY SMITH CONTROLLER Type or print name and title	2013-05-10 Date
Paid Preparer's Use Only	Preparer's signature Pamela Krohn	Date
	Check if self-employed ►	Preparer's taxpayer identification number (see instructions) P01210500
	Firm's name (or yours if self-employed), address, and ZIP + 4 CATHOLIC HEALTH INITIATIVES 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112	EIN ► 47-0617373
		Phone no ► (303) 298-9100

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**

THE MERCY HEALTHCARE FOUNDATION IS A NON-PROFIT ORGANIZATION CONCEIVED WITH THE SOLE PURPOSE OF HELPING OUR COMMUNITY THROUGH OUR COMMUNITY HOSPITAL. WE ARE DEDICATED TO THE SUPPORT OF PROGRAMS AND PROJECTS THAT WILL EXPAND AND ENHANCE HEALTHCARE, EDUCATION, AND OTHER HEALTH-RELATED SERVICES THROUGHOUT THE AREA. BY PROVIDING SUPPORT TO MERCY HOSPITAL WITH SUPPLEMENTAL FUNDING FOR CAPITAL AND PROGRAM NEEDS ESSENTIAL TO THE HOSPITAL'S GROWTH AND DEVELOPMENT, WE ARE STRIVING TO BUILD AND MAINTAIN A HIGH QUALITY OF LIFE IN OUR COMMUNITY BY PROVIDING THE FINEST HEALTHCARE POSSIBLE, AT THE MOST AFFORDABLE COST POSSIBLE. THIS WILL BE DONE BY 1 RECEIVING, HOLDING, INVESTING, AND DISPENSING THE ASSETS DONATED AND RAISED FOR HEALTH CARE AND CHARITABLE ACTIVITIES 2 PROVIDING A RETURN ON INVESTMENT THAT ENSURES GROWTH TO THE FUNDS

**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 \$ 2,567 including grants of \$ 2,567 ) (Revenue \$ 0 )  
SEE SCHEDULE O

**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** \$ 2,567

**Part IV Checklist of Required Schedules**

**1** Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.

**2** Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?

**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

**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

**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

**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

**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

**8** Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

**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

**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

**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

**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

**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

**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

**e** Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

**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

**12a** Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII

**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

**13** Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

**14a** Did the organization maintain an office, employees, or agents outside of the United States?

**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

**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

**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

**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

**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

**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

**20a** Did the organization operate one or more hospitals? If "Yes," complete Schedule H

**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

	<b>Yes</b>	<b>No</b>
<b>1</b>	Yes	
<b>2</b>		No
<b>3</b>		No
<b>4</b>		No
<b>5</b>		
<b>6</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		No
<b>10</b>		No
<b>11a</b>		No
<b>11b</b>	Yes	
<b>11c</b>		No
<b>11d</b>		No
<b>11e</b>		No
<b>11f</b>	Yes	
<b>12a</b>		No
<b>12b</b>	Yes	
<b>13</b>		No
<b>14a</b>		No
<b>14b</b>		No
<b>15</b>		No
<b>16</b>		No
<b>17</b>		No
<b>18</b>	Yes	
<b>19</b>		No
<b>20a</b>		No
<b>20b</b>		

**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		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer 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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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)	28a		No
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c		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	29		No
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30		No
31	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31		No
32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32		No
33	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33		No
34	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	34	Yes	
35a	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	35a		No
b	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	<b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> 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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	0
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a	No
<b>b</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		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
<b>6a</b>	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>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7a	No
<b>a</b>	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?	7b	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7e	No
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>	9b	
<b>a</b>	Did the organization make any taxable distributions under section 4966?	10a	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	10b	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	11a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter	12a	
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12b	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	13a	
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> 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	13b	
<b>b</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	13c	
<b>c</b>	Enter the aggregate amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
<b>b</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

1a Enter the number of voting members of the governing body at the end of the tax year . . . . .

1b Enter the number of voting members included in line 1a, above, who are independent . . . . .

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? . . . . .

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? . . . . .

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .

5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .

6 Did the organization have members or stockholders? . . . . .

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? . . . . .

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body? . . . . .

b Each committee with authority to act on behalf of the governing body? . . . . .

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 . . . . .

	Yes	No
1a		8
1b		7
2		No
3		No
4	Yes	
5		No
6	Yes	
7a	Yes	
7b	Yes	
8a	Yes	
8b	Yes	
9		No

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

10a Did the organization have local chapters, branches, or affiliates? . . . . .

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? . . . . .

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

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 . . . . .

b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .

13 Did the organization have a written whistleblower policy? . . . . .

14 Did the organization have a written document retention and destruction policy? . . . . .

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 . . . . .

b Other officers or key employees of the organization . . . . .

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? . . . . .

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? . . . . .

	Yes	No
10a		No
10b		
11a	Yes	
12a	Yes	
12b	Yes	
12c		No
13	Yes	
14		No
15a		No
15b		No
16a		No
16b		

### Section C. Disclosure

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

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

BETHANY SMITH  
570 CHAUTAUQUA BLVD  
VALLEY CITY, ND 58072  
(701) 845-6583

**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
		Or director	Individual trustee	Institutional Trustee	Officer	Key employee			
(1) KEITH HEUSER MERCY HOSP ADMINISTRATOR	1 00	X		X			0	253,087	51,225
(2) VAL MORTZ PRESIDENT	1 00	X		X			0	0	0
(3) DAWN MATHIAS BOARD MEMBER	1 00	X					0	0	0
(4) JOSH KASOWSKI BOARD MEMBER	1 00	X					0	0	0
(5) KARLA OLSON VICE CHAIR	1 00	X					0	0	0
(6) MARK OBERLANDER BOARD MEMBER	1 00	X					0	0	0
(7) PAIGE BJORNSON BOARD MEMBER	1 00	X					0	0	0
(8) STEPHANIE NESS VICE CHAIR	1 00	X					0	0	0
(9) TRUDY COLLINS BOARD MEMBER	1 00	X					0	0	0
(10) AMY NOESKE SECRETARY	32 00			X			0	82,511	7,018
(11) BETHANY SMITH TREASURER/CONTROLLER	1 00			X			0	55,948	3,549
(12) ROBYN OTWELL FOUNDATION DIRECTOR	24 00			X			0	25,487	1,268
(13) RUTH LARSON SECRETARY						X	0	38,061	0

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

**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 <b>former</b> 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. Report compensation for the calendar year ending with or within the organization's tax year.

**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	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	7,625			
	<b>d</b> Related organizations . . . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	16,102			
	<b>g</b> Noncash contributions included in lines 1a-1f \$					
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .		23,727			
Program Service Revenue		Business Code				
	<b>2a</b>					
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue		0	0	0	0
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .		0			
Other Revenue	<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . .					
			1,076	1	1,075	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0			
	<b>5</b> Royalties . . . . .		0			
	<b>6a</b> Gross rents	(I) Real	(II) Personal			
	<b>b</b> Less rental expenses					
	<b>c</b> Rental income or (loss)	0	0			
	<b>d</b> Net rental income or (loss) . . . . .			0		
<b>7a</b> Gross amount from sales of assets other than inventory	(I) Securities	(II) Other				
	407					
<b>b</b> Less cost or other basis and sales expenses						
<b>c</b> Gain or (loss)	407	0				
<b>d</b> Net gain or (loss) . . . . .			407		407	
<b>8a</b> Gross income from fundraising events (not including \$ 7,625 of contributions reported on line 1c) See Part IV, line 18 . . . . .						
<b>a</b>	16,220					
<b>b</b> Less direct expenses . . . . .	<b>b</b>	10,227				
<b>c</b> Net income or (loss) from fundraising events . . . . .			5,993		5,993	
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .						
<b>a</b>						
<b>b</b> Less direct expenses . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . .			0			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .						
<b>a</b>						
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory . . . . .			0			
Miscellaneous Revenue	Business Code					
<b>11a</b>						
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue . . . . .		0	0	0	0	
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .		0				
<b>12</b> <b>Total revenue.</b> See Instructions . . . . .		31,203	0	1	7,475	

**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 

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	317	317		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	2,250	2,250		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7 Other salaries and wages	0			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	0			
9 Other employee benefits . . . . .	0			
10 Payroll taxes . . . . .	0			
11 Fees for services (non-employees)				
a Management . . . . .	0			
b Legal . . . . .	0			
c Accounting . . . . .	0			
d Lobbying . . . . .	0			
e Professional fundraising See Part IV, line 17 . . . . .	0			
f Investment management fees . . . . .	0			
g Other . . . . .	0			
12 Advertising and promotion . . . . .	1,435		1,435	
13 Office expenses . . . . .	2,035		2,035	
14 Information technology . . . . .	0			
15 Royalties . . . . .	0			
16 Occupancy . . . . .	0			
17 Travel . . . . .	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19 Conferences, conventions, and meetings . . . . .	1,500		1,500	
20 Interest . . . . .	0			
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	0			
23 Insurance . . . . .	0			
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 DUES & SUBSCRIPTIONS	164		164	
b				
c				
d				
e				
f All other expenses	327	0	327	0
25 Total functional expenses. Add lines 1 through 24f	8,028	2,567	5,461	0
26 Joint costs. Check here <input checked="" type="checkbox"/> 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	0			

**Part X Balance Sheet**

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
Assets	1 Cash—non-interest-bearing . . . . .	1	
	2 Savings and temporary cash investments . . . . .	244,195	235,945
	3 Pledges and grants receivable, net . . . . .	3	
	4 Accounts receivable, net . . . . .	4	200
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		
	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 . . . . .		
	7 Notes and loans receivable, net . . . . .	7	
	8 Inventories for sale or use . . . . .	8	
	9 Prepaid expenses and deferred charges . . . . .	9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	0	
	b Less accumulated depreciation . . . . .	10b	0
	11 Investments—publicly traded securities . . . . .	311,681	29,876
	12 Investments—other securities See Part IV, line 11 . . . . .	0	313,378
	13 Investments—program-related See Part IV, line 11 . . . . .	0	0
	14 Intangible assets . . . . .	14	
	15 Other assets See Part IV, line 11 . . . . .	2,528	1,783
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	558,404	581,182
Liabilities	17 Accounts payable and accrued expenses . . . . .	17	
	18 Grants payable . . . . .	18	
	19 Deferred revenue . . . . .	19	
	20 Tax-exempt bond liabilities . . . . .	20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D . . . . .	21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		
	23 Secured mortgages and notes payable to unrelated third parties . . . . .	23	
	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 . . . . .	0	0
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	0	0
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
	27 Unrestricted net assets . . . . .	414,671	419,844
	28 Temporarily restricted net assets . . . . .	68,249	87,991
	29 Permanently restricted net assets . . . . .	75,484	73,347
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>		
	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 . . . . .	558,404	581,182
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	558,404	581,182

**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	31,203
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,028
3	Revenue less expenses Subtract line 2 from line 1	3	23,175
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	558,404
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-397
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	581,182

**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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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
2b	Were the organization's financial statements audited by an independent accountant? . . .	2b	Yes
2c	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
2d	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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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
3b	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	

2011

Open to Public  
Inspection**SCHEDULE A**  
(Form 990 or 990EZ)**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.

Department of the Treasury  
Internal Revenue Service  
Name of the organization  
MERCY HEALTHCARE FOUNDATIONEmployer identification number  
45-0435338**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

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

f  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)

g  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

h  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?

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) MERCY HOSPITAL OF VALLEY CITY	450226553	3	Yes		Yes		Yes		0
<b>Total</b>									0

**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")						
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 <b>Total.</b> 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 <b>Public Support.</b> Subtract line 5 from line 4						

**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						
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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 <b>Total support</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 <b>First Five Years</b> 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 <b>stop here</b>						►

**Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15
16a <b>33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	►
b <b>33 1/3% support test—2010.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	►
17a <b>10%-facts-and-circumstances test—2011.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization	►
b <b>10%-facts-and-circumstances test—2010.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization	►
18 <b>Private Foundation</b> 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 <b>Total.</b> 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 <b>Public Support</b> (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 <b>Total support</b> (Add lines 9, 10c, 11 and 12 )						
14 <b>First Five Years</b> 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 <b>stop here</b>						

**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 <b>33 1/3% support tests—2011.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	
b <b>33 1/3% support tests—2010.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	
20 <b>Private Foundation</b> 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**

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**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements****2011****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

► 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.

**Name of the organization**  
MERCY HEALTHCARE FOUNDATION**Employer identification number**

45-0435338

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically importantly land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
2a	
2b	
2c	
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)

<b>a</b> <input type="checkbox"/> Public exhibition	<b>d</b> <input type="checkbox"/> Loan or exchange programs
<b>b</b> <input type="checkbox"/> Scholarly research	<b>e</b> <input type="checkbox"/> Other
<b>c</b> <input type="checkbox"/> Preservation for future generations	

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

	<b>Amount</b>
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**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.

	<b>(a) Current Year</b>	<b>(b) Prior Year</b>	<b>(c) Two Years Back</b>	<b>(d) Three Years Back</b>	<b>(e) Four Years Back</b>
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Investment earnings or losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

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

**a** Board designated or quasi-endowment ►

**b** Permanent endowment ►

**c** Term endowment ►

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

<b>(i)</b> unrelated organizations . . . . .	<b>Yes</b>	<b>No</b>
--	------------	-----------

<b>(ii)</b> related organizations . . . . .	<b>Yes</b>	<b>No</b>
---	------------	-----------

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

<b>3a(i)</b>	<b>Yes</b>	<b>No</b>
<b>3a(ii)</b>		
<b>3b</b>		

**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.

	<b>Description of property</b>	<b>(a) Cost or other basis (investment)</b>	<b>(b) Cost or other basis (other)</b>	<b>(c) Accumulated depreciation</b>	<b>(d) Book value</b>
<b>1a</b> Land . . . . .					0
<b>b</b> Buildings . . . . .					0
<b>c</b> Leasehold improvements . . . . .					0
<b>d</b> Equipment . . . . .					0
<b>e</b> Other . . . . .					0
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .					0

**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	0	
(2) Closely-held equity interests	0	
(3) Other		
(A) CHI OIP - FIXED INCOME	31,029	F
(B) CHI OIP - EQUITY SECURITIES	29,515	F
(C) CHI OIP - MONEY MARKET	252,834	F

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

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

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

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

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

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, 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
FIN 48 (ASC 740) footnote	Schedule D, Part X, Line 2	MERCY HEALTHCARE FOUNDATION'S FINANCIAL INFORMATION IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF CATHOLIC HEALTH INITIATIVES (CHI), A RELATED ORGANIZATION. CHI'S FIN 48 (ASC 740) FOOTNOTE FOR THE YEAR ENDED JUNE 30, 2012 READS AS FOLLOWS: "CHI IS A TAX-EXEMPT COLORADO CORPORATION AND HAS BEEN GRANTED AN EXEMPTION FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. CHI OWNS CERTAIN TAXABLE SUBSIDIARIES AND ENGAGES IN CERTAIN ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSE AND THEREFORE SUBJECT TO INCOME TAX MANAGEMENT REVIEWS ITS TAX POSITIONS ANNUALLY AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS."

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

2011

**Open to Public  
Inspection**

**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.

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

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

Department of the Treasury  
Internal Revenue Service

**Employer identification number**

45-0435338

**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

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.

		(a) Event #1 <b>FESTIVAL OF TREES</b> (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts . . .	23,845			23,845
	2 Less Charitable contributions . . .	7,625			7,625
	3 Gross income (line 1 minus line 2) . . .	16,220	0	0	16,220
Direct Expenses	4 Cash prizes . . .				0
	5 Non-cash prizes . . .				0
	6 Rent/facility costs . . .				0
	7 Food and beverages . . .	3,220			3,220
	8 Entertainment . . .				0
	9 Other direct expenses . . .	7,007			7,007
	10 Direct expense summary Add lines 4 through 9 in column (d) . . . . .				( 10,227 )
	11 Net income summary Combine lines 3 and 10 in column (d) . . . . .				5,993

**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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue . . . . .				
Direct Expenses	2 Cash prizes . . . . .				
	3 Non-cash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes ..... <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... <input type="checkbox"/> No	
	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

<b>13a</b>	
<b>13b</b>	

**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 questions on Schedule G (see instructions.)

Identifier

ReturnReference

Explanation

**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

**2011****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

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**

MERCY HEALTHCARE FOUNDATION

**Employer identification number**

45-0435338

**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

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> 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

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> 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?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**c** Participate in, or receive payment from, an equity-based compensation arrangement?

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?

**b** Any related organization?

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?

**b** Any related organization?

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

**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

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

<b>1b</b>		
<b>2</b>		
<b>4a</b>		No
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual.

**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
Arrangement used to establish the top management official's compensation	Schedule J, Part I, Line 3	COMPENSATION FOR THE TOP MANAGEMENT OFFICIAL WAS ESTABLISHED AND PAID BY CATHOLIC HEALTH INITIATIVES (CHI), A RELATED ORGANIZATION CHI USED THE FOLLOWING TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION (1) COMPENSATION COMMITTEE, (2) INDEPENDENT COMPENSATION CONSULTANT, (3) WRITTEN EMPLOYMENT CONTRACTS, (4) COMPENSATION SURVEY OR STUDY, (5) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
POST-TERMINATION PAYMENTS	SCHEDULE J, PART I, LINE 4A	POST-TERMINATION PAYMENTS ARE ADDRESSED IN EXECUTIVE EMPLOYMENT AGREEMENTS FOR CATHOLIC HEALTH INITIATIVES ("CHI") AND RELATED ORGANIZATIONS' EMPLOYEES AT THE LEVEL OF VICE PRESIDENT AND ABOVE, INCLUDING THE MBO CEOS THESE EMPLOYMENT AGREEMENTS REQUIRE THAT IN ORDER FOR THE EXECUTIVE TO RECEIVE POST-TERMINATION PAYMENTS, THESE INDIVIDUALS MUST EXECUTE A GENERAL RELEASE AND SETTLEMENT AGREEMENT. POST-TERMINATION PAYMENT ARRANGEMENTS ARE PERIODICALLY REVIEWED FOR OVERALL REASONABLENESS IN LIGHT OF THE EXECUTIVE'S OVERALL COMPENSATION PACKAGE. THERE WERE NO REPORTABLE INDIVIDUALS THAT RECEIVED SEVERANCE PAYMENTS DURING CALENDAR YEAR 2011
Supplemental nonqualified retirement plan	Schedule J, Part I, Line 4b	DURING THE 2011 CALENDAR YEAR, CATHOLIC HEALTH INITIATIVES ("CHI"), A RELATED ORGANIZATION, MAINTAINED A SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION PLAN FOR MBO CEOS AND OTHER CHI EMPLOYEES AT THE LEVEL OF SENIOR VICE PRESIDENT AND ABOVE. THE FOLLOWING REPORTABLE INDIVIDUALS WERE ELIGIBLE TO PARTICIPATE IN THAT PLAN. KEITH HEUSER DURING 2011, THE FOLLOWING CONTRIBUTIONS WERE MADE BY CHI TO THE DEFERRED COMPENSATION PLAN. KEITH HEUSER - \$14,939

**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.

**2011****Open to Public  
Inspection**

Name of the organization

MERCY HEALTHCARE FOUNDATION

**Employer identification number**

45-0435338

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4	ORGANIZATION'S MISSION, VISION, AND TAX-EXEMPT PURPOSE MERCY HEALTHCARE FOUNDATION WAS INCORPORATED AS A 501(C)(3), TAX-EXEMPT, CHARITABLE FOUNDATION IN 1994 AND IS DEDICATED TO THE SUPPORT OF PROGRAMS AND PROJECTS THAT WILL EXPAND AND ENHANCE HEALTH CARE, EDUCATION, AND OTHER HEALTH-RELATED SERVICES THROUGHOUT THE AREA. WE ARE STRIVING TO BUILD AND MAINTAIN A HIGH QUALITY OF LIFE IN THE COMMUNITY THROUGH THE FINEST HEALTH CARE POSSIBLE, AT THE MOST AFFORDABLE COST POSSIBLE. THE GOAL, SIMPLY STATED, IS TO PROVIDE WAYS TO * SERVE THE AREA'S HEALTH CARE NEEDS NOW AND IN THE FUTURE, AND * PROVIDE SECURITY TO OUR CITIZENS THROUGH THE AVAILABILITY OF MODERN HEALTH CARE, AND * PROCURE AND RETAIN HIGH LEVEL MEDICAL EXPERTISE, AND * FIND A PATH FOR THE EXPANSION OF HOSPITAL SERVICES, AND * MAINTAIN MERCY HOSPITAL'S MISSION OF RESPONDING TO THE NEEDS OF ALL PEOPLE BY PROVIDING QUALITY HEALTH CARE FOR THE WHOLE PERSON AND SPIRIT, MIND, AND BODY. QUALITATIVE DESCRIPTION OF COMMUNITY BENEFIT MERCY HEALTHCARE FOUNDATION'S BOARD OF DIRECTORS RAISE FUNDS THROUGH SPECIAL EVENTS, ANNUAL GIVING, MEMORIALS, AND CAPITAL CAMPAIGNS TO HELP FUND CHILDREN'S HEALTHCARE NEEDS, PHYSICIAN RECRUITMENT, NURSE SCHOLARSHIPS AND OTHER ACTIVITIES TO BENEFIT MERCY HOSPITAL OF VALLEY CITY. IN FISCAL YEAR 2012, MERCY HEALTHCARE FOUNDATION RAISED APPROXIMATELY \$31,000 FOR THESE PURPOSES. IN FISCAL YEAR 2012 THE FOUNDATION DISBURSED APPROXIMATELY \$2,500 IN GRANTS TO HELP SUPPORT ITS MISSION

Identifier	Return Reference	Explanation
Significant changes to organizational documents	Form 990, Part VI, Section A, Line 4	THE ORGANIZATION ADOPTED AMENDED BYLAWS, EFFECTIVE AS OF JULY 1, 2011. IN SUMMARY, THE ORGANIZATION'S BOARD OF DIRECTORS DEEMED IT IN THE BEST INTERESTS OF THE ORGANIZATION TO ADOPT THE CATHOLIC HEALTH INITIATIVES GOVERNANCE STRUCTURE AND RESOLVED THAT THE BYLAWS WOULD REFLECT THE CHANGES BROUGHT ABOUT IN THE CHANGE OF GOVERNANCE STRUCTURE

Identifier	Return Reference	Explanation
Classes of members or stockholders	Form 990, Part VI, Section A, Line 6	ACCORDING TO THE BY LAWS OF MERCY HEALTHCARE FOUNDATION, THE ENTITY'S SOLE MEMBER OF THE CORPORATION IS MERCY HOSPITAL OF VALLEY CITY, A NORTH DAKOTA NON-PROFIT CORPORATION

Identifier	Return Reference	Explanation
Members or stockholders electing members of governing body	Form 990, Part VI, Section A, Line 7a	ACCORDING TO THE ORGANIZATION'S BYLAWS, DIRECTORS SHALL BE APPOINTED OR REFUSED BY THE CORPORATE MEMBER. THE CORPORATE MEMBER MAY APPOINT ONE OR MORE INDIVIDUALS TO THE BOARD OF DIRECTORS, AND MAY AT ANY TIME REMOVE, WITH OR WITHOUT CAUSE, ANY MEMBER OF THE BOARD OF DIRECTORS. ACCORDING TO THE ORGANIZATION'S BYLAWS, DIRECTORS OF THE CORPORATION SHALL BE APPOINTED BY THE CORPORATE MEMBER NO LATER THAN JUNE 30 OF EACH YEAR. THE NAMES AND QUALIFICATIONS OF EACH INDIVIDUAL ACCEPTED BY THE BOARD OF DIRECTORS SHALL BE SUBMITTED TO THE CORPORATE MEMBER, WHO SHALL APPOINT OR REFUSE EACH NOMINEE IN ACCORDANCE WITH THE CORPORATE MEMBER'S BYLAWS AND WITH ENDORSEMENT OF THE SENIOR VICE PRESIDENT OF OPERATIONS. THE CORPORATE MEMBER MAY UNILATERALLY APPOINT ONE OR MORE INDIVIDUALS TO THE BOARD OF DIRECTORS SHOULD THE BOARD FAIL TO FURNISH THE CORPORATE MEMBER WITH A LIST OF INDIVIDUALS QUALIFIED TO SERVE ON THE BOARD OF DIRECTORS OF THE CORPORATION.

Identifier	Return Reference	Explanation
Decisions requiring approval by members or stockholders	Form 990, Part VI, Section A, Line 7b	<p>THE ORGANIZATION'S CORPORATE MEMBER IS MERCY HOSPITAL OF VALLEY CITY PURSUANT TO SECTION 541 OF THE ORGANIZATION'S BYLAWS, BOTH MERCY HOSPITAL OF VALLEY CITY AND CATHOLIC HEALTH INITIATIVES ("CHI") (MERCY HOSPITAL OF VALLEY CITY'S SOLE CORPORATE MEMBER) HAVE RESERVED POWERS AS OUTLINED IN THE CHI GOVERNANCE MATRIX PURSUANT TO THE GOVERNANCE MATRIX THE FOLLOWING RIGHTS ARE HELD BY THE MERCY HOSPITAL OF VALLEY CITY BOARD *</p> <ul style="list-style-type: none"> <li>• APPROVE MEMBERS OF THE MERCY HEALTHCARE FOUNDATION BOARD</li> <li>• AMENDMENT OF THE CORPORATE DOCUMENTS OF MERCY HEALTHCARE FOUNDATION</li> <li>• APPROVE REMOVAL OF A MEMBER OF THE GOVERNING BODY OF MERCY HEALTHCARE FOUNDATION</li> <li>• ADOPTION OF LONG RANGE AND STRATEGIC PLANS FOR MERCY HEALTHCARE FOUNDATION</li> </ul> <p>THE FOLLOWING RIGHTS ARE RESERVED TO THE CHI BOARD DIRECTLY OR THROUGH POWERS DELEGATED TO THE CHI CHIEF EXECUTIVE OFFICER *</p> <ul style="list-style-type: none"> <li>• SUBSTANTIAL CHANGE IN THE MISSION OR PHILOSOPHY OF MERCY HEALTHCARE FOUNDATION</li> <li>• REMOVAL OF A MEMBER OF THE GOVERNING BODY OF MERCY HEALTHCARE FOUNDATION</li> <li>• APPROVAL OF ISSUANCE OF DEBT BY MERCY HEALTHCARE FOUNDATION</li> <li>• APPROVAL OF PARTICIPATION OF MERCY HEALTHCARE FOUNDATION IN A JOINT VENTURE</li> <li>• APPROVAL OF FORMATION OF A NEW CORPORATION BY MERCY HEALTHCARE FOUNDATION</li> <li>• APPROVAL OF A MERGER INVOLVING MERCY HEALTHCARE FOUNDATION</li> <li>• APPROVAL OF THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF MERCY HEALTHCARE FOUNDATION *</li> <li>• TO REQUIRE THE TRANSFER OF ASSETS BY MERCY HEALTHCARE FOUNDATION TO CHI TO ACCOMPLISH CHI'S GOALS AND OBJECTIVES, AND TO SATISFY CHI DEBTS PURSUANT TO SECTION 552 OF THE ORGANIZATION'S BYLAWS, MERCY HOSPITAL OF VALLEY CITY OR CHI MAY, IN EXERCISE OF THEIR APPROVAL POWERS, GRANT OR WITHHOLD APPROVAL IN WHOLE OR IN PART, OR MAY, IN ITS COMPLETE DISCRETION, AFTER CONSULTATION WITH THE BOARD AND ITS PRESIDENT AND THE CHIEF EXECUTIVE OFFICER OF THE ORGANIZATION, RECOMMEND SUCH OTHER OR DIFFERENT ACTIONS AS IT DEEMS APPROPRIATE"</li> </ul>

Identifier	Return Reference	Explanation
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11b	THE RETURN WILL BE E-MAILED TO THE BOARD. AFTER DISTRIBUTION TO THE BOARD, THE CHI TAX DEPARTMENT FILES THE RETURN WITH THE APPROPRIATE FEDERAL AGENCIES, MAKING ANY NON-SUBSTANTIVE CHANGES NECESSARY TO EFFECT E-FILING, ANY SUCH CHANGES ARE NOT RE-SUBMITTED TO THE BOARD

Identifier	Return Reference	Explanation
PROCESS FOR DETERMINING COMPENSATION FOR TOP MANAGEMENT OFFICIAL	FORM 990, PART VI, LINE 15A	THE ORGANIZATION'S CEO'S COMPENSATION IS PAID BY CHI. CHI HAS A DEFINED COMPENSATION PHILOSOPHY. BOTH THE EXECUTIVE AND NON-EXECUTIVE COMPENSATION STRUCTURES AND RANGES ARE REVIEWED ANNUALLY IN COMPARISON TO MARKET DATA. CHI USES THE HAY GROUP AS THE INDEPENDENT THIRD PARTY TO ASSESS EXECUTIVE COMPENSATION PROGRAMS AND TO ENSURE THE REASONABLENESS OF ACTUAL SALARIES AND TOTAL COMPENSATION PACKAGES. COMPENSATION OF THE SENIOR MOST EXECUTIVES IS REVIEWED ANNUALLY. THE HAY GROUP REVIEWS BOTH CASH AND TOTAL COMPENSATION FOR OVERALL REASONABLENESS, FOR ADHERENCE TO CHI'S COMPENSATION PHILOSOPHY, AND FOR COMPARABILITY TO THE NOT-FOR-PROFIT HEALTHCARE MARKET. THIS INDEPENDENT REVIEW IS DELIVERED BY HAY GROUP TO THE HR COMMITTEE OF THE CHI BOARD OF STEWARDSHIP TRUSTEES ANNUALLY AT THEIR SEPTEMBER MEETING AND MINUTES ARE SHARED WITH THE FULL BOARD AT THE DECEMBER MEETING. THE LAST REVIEW WAS SEPTEMBER 2012. IN ADDITION, IN DECEMBER 2009, HAY GROUP COMPLETED A COMPREHENSIVE REVIEW OF ALL POSITIONS AT THE LEVEL OF VICE PRESIDENT AND ABOVE TO DETERMINE AND VALIDATE APPROPRIATE COMPENSATION LEVELS. THESE LEVELS HAVE BEEN REVIEWED ANNUALLY SINCE AND REVISED BASED ON MARKET DATA, WHERE APPLICABLE.

Identifier	Return Reference	Explanation
PROCESS FOR DETERMINING COMPENSATION OFFICERS AND KEY EMPLOYEES	FORM 990, PART VI, LINE 15B	DURING THE TAX YEAR ENDED 6/30/12, NO OFFICERS, DIRECTORS OR TRUSTEES RECEIVED COMPENSATION FROM THE ORGANIZATION. ANY EXECUTIVE COMPENSATION PAID TO OFFICERS, DIRECTORS OR TRUSTEES BY RELATED ORGANIZATIONS WAS SET BY THE RELATED ORGANIZATION'S COMPENSATION COMMITTEE UTILIZING BOTH AN INDEPENDENT CONSULTANT AND COMPARABILITY STUDIES TO DETERMINE COMPENSATION. THEREFORE, THESE QUESTIONS ARE MORE APPROPRIATELY ANSWERED AS N/A BUT HAVE BEEN ANSWERED "NO" IN ACCORDANCE WITH FORM 990 INSTRUCTIONS

Identifier	Return Reference	Explanation
Governing documents, conflict of interest policy and financial statements available to the public	Form 990, Part VI, Section C, Line 19	THE ORGANIZATION'S FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE INCLUDED IN CATHOLIC HEALTH INITIATIVES' CONSOLIDATED AUDITED FINANCIAL STATEMENTS THAT ARE AVAILABLE AT <a href="http://WWW.CATHOLICHEALTHINIT.ORG">WWW.CATHOLICHEALTHINIT.ORG</a> OR AT <a href="http://WWW.DACBOND.ORG">WWW.DACBOND.ORG</a>

Identifier	Return Reference	Explanation
ESTIMATE OF HOURS DEVOTED TO RELATED ORGANIZATIONS	FORM 990, PART VII, SECTION A	COMPENSATION REPORTED ON FORM 990, PART VII AS PAID BY RELATED ORGANIZATIONS WAS PAID TO THESE INDIVIDUALS FOR THE FULFILLMENT OF THEIR DUTIES AS FULL-TIME, 60 HOUR-PER-WEEK EMPLOYEES

Identifier	Return Reference	Explanation
Other changes in net assets or fund balances	Form 990, Part XI, Line 5	NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS - -397,

# **SCHEDULE R (Form 990)**

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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**Name of the organization**  
MERCY HEALTHCARE FOUNDATIO

**Employer identification number**

45-0435338

**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.)

**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.)

**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
See Additional Data Table							

**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 related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)
- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)
- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses
- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related organization(s)

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>		No
<b>1o</b>		No
<b>1p</b>		No
<b>1q</b>		No
<b>1r</b>		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
<b>(1)</b>				
<b>(2)</b>				
<b>(3)</b>				
<b>(4)</b>				
<b>(5)</b>				
<b>(6)</b>				

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

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

**Part VII Supplemental Information**

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

Identifier	Return Reference	Explanation
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**Software ID:** 11000230  
**Software Version:** v2011.1.0  
**EIN:** 45-0435338  
**Name:** MERCY HEALTHCARE FOUNDATION

## 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 501(c) (3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization
ALEGENT HEALTH - BERGAN MERCY HEALTH SYS 7500 MERCY ROAD OMAHA, NE 68124 47-0484764	HEALTHCARE	NE	501(C) (3)	3	CHI	Yes
ALEGENT HEALTH - MERCY HOSPITAL CORNING IOWA PO BOX 368 CORNING, IA 50841 42-0782518	HEALTHCARE	IA	501(C) (3)	3	AHBMHS	Yes
ALVERNA APARTMENTS 300 SE 8TH AVENUE LITTLE FALLS, MN 56345 41-1351177	LTERM CARE	MN	501(C) (3)	9	CHI	Yes
APPLETREE COURT 601 OAK STREET BRECKENRIDGE, MN 56520 41-1850500	SENIOR HOMES	MN	501(C) (3)	9	SFH	Yes
BISHOP DRUMM RETIREMENT CENTER 1111 6TH AVENUE DES MOINES, IA 50314 42-0725196	LTERM CARE	IA	501(C) (3)	9	CHI-IA CORP	Yes
BORNEMANN HEALTHCARE CORPORATION 2500 BERNVILLE RD PO BOX 316 READING, PA 19603 23-2187242	HEALTHCARE	PA	501(C) (3)	11 - Type I	CHI	Yes
CARRINGTON HEALTH CENTER 800 NORTH 4TH STREET CARRINGTON, ND 58421 45-0227311	HEALTHCARE	ND	501(C) (3)	3	CHI	Yes
CATHOLIC HEALTH INITIATIVES 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 47-0617373	HEALTHCARE	CO	501(C) (3)	9	NA	Yes
CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION 6385 CORPORATE DRIVE COLORADO SPRINGS, CO 80919 84-0902211	FUNDRAISING	CO	501(C) (3)	7	CHIC	Yes
CATHOLIC HEALTH INITIATIVES INSTITUTE FOR RESEARCH AND INNOVATION 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 27-1050565	HEALTHCARE	CO	501(C) (3)	11 - Type I	CHI	Yes
CATHOLIC HEALTH INITIATIVES NATIONAL FOUNDATION 6385 CORPORATE DRIVE COLORADO SPRINGS, CO 80919 27-0930004	FUNDRAISING	CO	501(C) (3)	9	CHI	Yes
CATHOLIC HEALTH INITIATIVES-COLORADO 188 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 84-0405257	HEALTHCARE	CO	501(C) (3)	3	CHI	Yes
CENTENNIAL MEDICAL GROUP INC 2700 STEWART PARKWAY ROSEBURG, OR 97470 26-3946191	PHYSICIANS	OR	501(C) (3)	9	MMC	Yes
CENTRAL KANSAS MEDICAL CENTER 3515 BROADWAY GREAT BEND, KS 67530 48-0543724	SURGERY CNTR	KS	501(C) (3)	3	CHI	Yes
CHI HEALTH CONNECT AT HOME - FARGO 4816 AMBER VALLEY PARKWAY FARGO, ND 58104 27-1966847	HEALTHCARE	ND	501(C) (3)	3	CHI	Yes
CHI KENTUCKY INC 3900 OLYMPIC BLVD SUITE 400 ERLANGER, KY 41018 20-2741651	HEALTHCARE	KY	501(C) (3)	11 - Type I	CHI	Yes
CHI NATIONAL HOME CARE 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 45-1261716	HEALTHCARE	CO	501(C) (3)	11 - Type I	CHINS	Yes
CHI NATIONAL SERVICES 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 45-2532084	HEALTHCARE	CO	501(C) (3)	9	CHI	Yes
CHI NEBRASKA 6940 O STREET SUITE 200 LINCOLN, NE 68510 36-3233121	HEALTHCARE	NE	501(C) (3)	11 - Type I	CHI	Yes
CONTINUING CARE HOSPITAL 150 NORTH EAGLE CREEK DRIVE LEXINGTON, KY 40509 61-1400619	LTACH	KY	501(C) (3)	3	SJHS	Yes

## 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 501(c) (3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization
COVENANT HOME CARE 1223 POTTSVILLE PIKE SHOEMAKERSVILLE, PA 19555 23-2018429	HOME HEALTH	PA	501(C) (3)	11 - Type II	NA	Yes
ENUMCLAW REGIONAL HOSPITAL ASSOCIATION 1450 BATTERSBY AVENUE ENUMCLAW, WA 98022 91-0715805	HEALTHCARE	WA	501(C) (3)	3	FHS	Yes
FLAGET HEALTHCARE DBA FLAGET MEMORIAL HOSPITAL 4305 NEW SHEPHERDSVILLE ROAD BARDSTOWN, KY 40004 61-1345363	HEALTHCARE	KY	501(C) (3)	3	KOH	Yes
FLAGET MEMORIAL HOSPITAL FOUNDATION INC 4305 NEW SHEPHERDSVILLE ROAD BARDSTOWN, KY 40004 56-2351341	FUNDRAISING	KY	501(C) (3)	11 - Type I	FH	Yes
FRANCISCAN FOUNDATION 1717 SOUTH J STREET TACOMA, WA 98405 91-1145592	FUNDRAISING	WA	501(C) (3)	9	FHS	Yes
FRANCISCAN HEALTH SYSTEM FKA FRANCISCAN HEALTH SYSTEM WEST 1717 SOUTH J STREET TACOMA, WA 98405 91-0564491	HEALTHCARE	WA	501(C) (3)	3	CHI	Yes
FRANCISCAN MEDICAL GROUP 1708 SOUTH YAKIMA AVENUE TACOMA, WA 98405 91-1939739	HEALTHCARE	WA	501(C) (3)	9	FHS	Yes
FRANCISCAN VILLA OF SOUTH MILWAUKEE INC 3601 SOUTH CHICAGO AVENUE SOUTH MILWAUKEE, WI 53172 39-1093829	HEALTHCARE	WI	501(C) (3)	9	CHI	Yes
GETTYSBURG MEDICAL CENTER 606 EAST GARFIELD AVENUE GETTYSBURG, SD 57442 46-0234354	HEALTHCARE	SD	501(C) (3)	3	SMHC	Yes
GLOBAL HEALTH INITIATIVES 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 20-1536108	MINISTRIES	CO	501(C) (3)	11 - Type I	CHI	Yes
GOOD SAMARITAN COLLEGE OF NURSING & HEALTH SCIENCE 375 DIXMYTH AVE CINCINNATI, OH 45220 31-1778403	EDUCATION	OH	501(C) (3)	2	GSH	Yes
GOOD SAMARITAN FOUNDATION OF CINCINNATI INC 619 OAK STREET ACCOUNTING-3 W CINCINNATI, OH 45206 31-1206047	FUNDRAISING	OH	501(C) (3)	11 - Type I	GSH	Yes
GOOD SAMARITAN HOSPITAL PO BOX 1990 KEARNEY, NE 68848 47-0379755	HEALTHCARE	NE	501(C) (3)	3	CHI NEBRASKA	Yes
GOOD SAMARITAN HOSPITAL FOUNDATION 111 W 31ST STREET KEARNEY, NE 68847 47-0659443	FUNDRAISING	NE	501(C) (3)	7	GSH	Yes
HEALTH SET 4200 WEST CONEJOS PLACE 436 DENVER, CO 80204 84-1102943	LOW INC CARE	CO	501(C) (3)	7	CHIC	Yes
HEALTHCARE AND WELLNESS FOUNDATION 2400 ST FRANCIS DRIVE BRECKENRIDGE, MN 56520 76-0761782	FUNDRAISING	MN	501(C) (3)	11 - Type I	SFMC	Yes
HOSPITAL ASSOCIATION FOR ST JOSEPH HOSPITAL 7601 OSLER DRIVE TOWSON, MD 21204 52-6050777	HEALTHCARE	MD	501(C) (3)	9	SJMC	Yes
HOUSE OF MERCY 1111 6TH AVENUE DES MOINES, IA 50314 42-1323808	SHELTER	IA	501(C) (3)	7	CHI-IA CORP	Yes
JEWISH HOSPITAL AND ST MARY'S HEALTHCARE 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1029768	HEALTHCARE	KY	501(C) (3)	3	KOH	Yes
JEWISH PHYSICIAN GROUP INC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40215 61-1352729	HEALTHCARE	KY	501(C) (3)	9	JHSMH	Yes

## 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 501(c) (3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization
KENTUCKYONE HEALTH INC FKA JH PROPERTIES INC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1029769	HEALTHCARE	KY	501(C) (3)	9	CHI	Yes
LAKWOOD HEALTH CENTER 600 MAIN AVENUE SOUTH BAUDETTE, MN 56623 41-0758434	HEALTHCARE	MN	501(C) (3)	3	CHI	Yes
LINUS OAKES INC 2700 STEWART PARKWAY ROSEBURG, OR 97470 93-0821381	SENIOR LIVING	OR	501(C) (3)	9	MMC	Yes
LISBON AREA HEALTH SERVICES 905 MAIN STREET LISBON, ND 58054 82-0558836	HEALTHCARE	ND	501(C) (3)	3	CHI	Yes
MEMORIAL HEALTH CARE SYSTEM FOUNDATION 2525 DE SALES AVENUE CHATTANOOGA, TN 37404 62-1839548	FUNDRAISING	TN	501(C) (3)	7	MHCS	Yes
MEMORIAL HEALTH CARE SYSTEM INC 2525 DE SALES AVENUE CHATTANOOGA, TN 37404 62-0532345	HEALTHCARE	TN	501(C) (3)	3	CHI	Yes
MEMORIAL HEALTH PARTNERS FOUNDATION INC 6028 SHALLOWFORD ROAD CHATTANOOGA, TN 37421 03-0417049	HEALTHCARE	TN	501(C) (3)	9	MHCS	Yes
MERCY AUXILIARY OF CENTRAL IOWA 1111 6TH AVENUE DES MOINES, IA 50314 42-6076069	AUXILIARY	IA	501(C) (3)	11 - Type I	CHI-IA CORP	Yes
MERCY CLINICS INC 1111 6TH AVENUE DES MOINES, IA 50314 42-1193699	PHYSICIAN	IA	501(C) (3)	9	CHI-IA CORP	Yes
MERCY COLLEGE OF HEALTH SCIENCES 1111 6TH AVENUE DES MOINES, IA 50314 42-1511682	EDUCATION	IA	501(C) (3)	2	CHI-IA CORP	Yes
MERCY FOUNDATION OF DES MOINES IA 1111 6TH AVENUE DES MOINES, IA 50314 23-7358794	FUNDRAISING	IA	501(C) (3)	7	CHI-IA CORP	Yes
MERCY FOUNDATION INC 2700 STEWART PARKWAY ROSEBURG, OR 97470 93-6088946	FUNDRAISING	OR	501(C) (3)	7	MMC	Yes
MERCY HEALTH CARE FOUNDATION PO BOX 368 CORNING, IA 50841 42-1461064	FUNDRAISING	NE	501(C) (3)	11 - Type I	AHMH	Yes
MERCY HEALTHCARE FOUNDATION 570 CHAUTAUQUA BOULEVARD VALLEY CITY, ND 58072 45-0226553	FUNDRAISING	ND	501(C) (3)	11 - Type I	MHVC	Yes
MERCY HOSPITAL FOUNDATION COUNCIL BLUFFS 800 MERCY DRIVE COUNCIL BLUFFS, IA 51503 42-1178204	FUNDRAISING	IA	501(C) (3)	11 - Type I	AHBMHS	Yes
MERCY HOSPITAL OF DEVILS LAKE 1031 SEVENTH STREET NE DEVILS LAKE, ND 58301 45-0227012	HEALTHCARE	ND	501(C) (3)	3	CHI	Yes
MERCY HOSPITAL OF VALLEY CITY 570 CHAUTAUQUA BOULEVARD VALLEY CITY, ND 58072 45-0226553	HEALTHCARE	ND	501(C) (3)	3	CHI	Yes
MERCY MEDICAL CENTER 2700 STEWART PARKWAY ROSEBURG, OR 97470 93-0386868	HEALTHCARE	OR	501(C) (3)	3	CHI	Yes
MERCY MEDICAL CENTER 1301 15TH AVENUE WEST WILLISTON, ND 58801 45-0231183	HEALTHCARE	ND	501(C) (3)	3	CHI	Yes
CATHOLIC HEALTH INITIATIVES- IOWA CORP DBA MERCY MEDICAL CENTER-DES MOINES 1111 6TH AVENUE DES MOINES, IA 50314 42-0680448	HEALTHCARE	IA	501(C) (3)	3	CHI	Yes

## 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 501(c) (3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization
MERCY MEDICAL FOUNDATION 1301 15TH AVENUE WEST WILLISTON, ND 58801 45-0381803	FUNDRAISING	ND	501(C) (3)	11 - Type I	MMC	Yes
MERCY PROFESSIONAL PRACTICE ASSOCIATES INC 1111 6TH AVENUE DES MOINES, IA 50314 42-1470935	PHYSICIAN	IA	501(C) (3)	9	CHI-IA CORP	Yes
MLIFECARES 2727 MCCLELLAND BLVD JOPLIN, MO 64804 43-1305163	PROPERTY MGMT	MO	501(C) (3)	11 - Type I	SJRMIC	Yes
MNMCH INC 220 NORTH PENNSYLVANIA COLUMBUS, KS 66725 48-1216238	HEALTHCARE	KS	501(C) (3)	3	SJRMIC	Yes
MT ST JOSEPH INC 3060 SE STARK STREET PORTLAND, OR 97214 93-0386870	NURSING CARE	OR	501(C) (3)	9	CHI	Yes
NEBRASKA HEART HOSPITAL 7500 SOUTH 91ST STREET LINCOLN, NE 68526 39-2031968	HEALTHCARE	NE	501(C) (3)	3	CHI NEBRASKA	Yes
OAKES COMMUNITY HOSPITAL 314 SOUTH 8TH STREET OAKES, ND 58474 45-0231675	HEALTHCARE	ND	501(C) (3)	3	CHI	Yes
OAKES COMMUNITY HOSPITAL FOUNDATION 1200 N 7TH STREET OAKES, ND 58474 71-0966606	FUNDRAISING	ND	501(C) (3)	11 - Type I	OCH	Yes
PUEBLO STEPUP 1925 EAST ORMAN AVE SUITE G52 PUEBLO, CO 81004 84-1234295	COMMUNITY	CO	501(C) (3)	7	CHIC	Yes
SET OF COLORADO SPRINGS INC 825 E PIKES PEAK AVENUE BLDG 29 COLORADO SPRINGS, CO 80903 84-1183335	LTERM CARE	CO	501(C) (3)	7	CHIC	Yes
SAINT CLARE'S COMMUNITY CARE 25 POCONO ROAD DENVILLE, NJ 07834 22-2876836	HEALTHCARE	NJ	501(C) (3)	11 - Type II	SCHS	Yes
SAINT CLARE'S FOUNDATION INC 25 POCONO ROAD DENVILLE, NJ 07834 22-2502997	FUNDRAISING	NJ	501(C) (3)	7	SCHS	Yes
SAINT CLARE'S HEALTH SERVICES INC 25 POCONO ROAD DENVILLE, NJ 07834 22-3639733	MANAGEMENT	NJ	501(C) (3)	7	CHI	Yes
SAINT CLARE'S HOSPITAL 25 POCONO ROAD DENVILLE, NJ 07834 22-3319886	HEALTHCARE	NJ	501(C) (3)	3	SCHS	Yes
SAINT ELIZABETH FOUNDATION 555 SOUTH 70TH STREET LINCOLN, NE 68510 47-0625523	FUNDRAISING	NE	501(C) (3)	7	SERMC	Yes
SAINT ELIZABETH HEALTH SERVICES 555 SOUTH 70TH STREET LINCOLN, NE 68510 36-3233120	HEALTHCARE	NE	501(C) (3)	3	SERMC	Yes
SAINT ELIZABETH REGIONAL MEDICAL CENTER 555 SOUTH 70TH STREET LINCOLN, NE 68510 47-0379836	HEALTHCARE	NE	501(C) (3)	3	CHI NEBRASKA	Yes
SAINT FRANCIS MEDICAL CENTER 2620 WEST FAIDLEY GRAND ISLAND, NE 68803 47-0376601	HEALTHCARE	NE	501(C) (3)	3	CHI NEBRASKA	Yes
SAINT FRANCIS MEDICAL CENTER FOUNDATION PO BOX 9804 GRAND ISLAND, NE 68802 47-0630267	FUNDRAISING	NE	501(C) (3)	7	SFMC	Yes
SAINT JOSEPH BERA HOSPITAL FOUNDATION INC 305 ESTILL STREET BEREA, KY 40403 26-0152877	FUNDRAISING	KY	501(C) (3)	7	SJHS	Yes

## 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 501(c) (3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization
SAINT JOSEPH HEALTH SYSTEM INC 424 LEWIS HARGETT CIRCLE 160 LEXINGTON, KY 40509 61-1334601	HEALTHCARE	KY	501(C) (3)	3	CHI	Yes
SAINT JOSEPH LONDON FOUNDATION INC 310 EAST NINTH STREET LONDON, KY 40741 26-0438748	FUNDRAISING	KY	501(C) (3)	11 - Type I	SJHS	Yes
SAINT JOSEPH MEDICAL FOUNDATION INC ONE ST JOSEPH DRIVE LEXINGTON, KY 40504 31-1539059	PHY PRACTICES	KY	501(C) (3)	3	SJHS	Yes
SAINT JOSEPH MOUNT STERLING FOUNDATION INC 50 STERLING AVENUE MOUNT STERLING, KY 40353 27-2884584	FUNDRAISING	KY	501(C) (3)	7	SJHS	Yes
SAINT JOSEPH'S HOSPITAL FOUNDATION 30 WEST 7TH STREET DICKINSON, ND 58601 36-3418207	FUNDRAISING	ND	501(C) (3)	11 - Type I	SJHHC	Yes
SAMARITAN BEHAVIORAL HEALTH 601 S EDWIN C MOSES BLVD DAYTON, OH 45408 02-0633634	HEALTHCARE	OH	501(C) (3)	3	SHP	Yes
SAMARITAN HEALTH FOUNDATION 2222 PHILADELPHIA DRIVE DAYTON, OH 45406 23-7296923	FUNDRAISING	OH	501(C) (3)	7	SHP	Yes
SAMARITAN HEALTH PARTNERS 2222 PHILADELPHIA DRIVE DAYTON, OH 45406 31-1107411	HEALTHCARE	OH	501(C) (3)	11 - Type I	CHI	Yes
SJMGROUP 2727 MCCLELLAND BLVD JOPLIN, MO 64804 43-1882377	PHYS PRACTICE	MO	501(C) (3)	9	SJRCMC	Yes
SJRCMC JOPLIN MISSOURI 2727 MCCLELLAND BLVD JOPLIN, MO 64804 44-0545809	HEALTHCARE	MO	501(C) (3)	3	CHI	Yes
ST JOSEPH HEALTH MINISTRIES 1929 LINCOLN HWY E STE 150 LANCASTER, PA 17602 23-2342997	HEALTH	PA	501(C) (3)	11 - Type I	CHI	Yes
ST ANTHONY HOSPITAL 1601 SE COURT AVENUE PENDLETON, OR 97801 93-0391614	HEALTHCARE	OR	501(C) (3)	3	CHI	Yes
ST ANTHONY HOSPITAL FOUNDATION 1601 SE COURT AVENUE PENDLETON, OR 97801 93-0992727	FUNDRAISING	OR	501(C) (3)	11 - Type I	SA HOSPITAL	Yes
ST ANTHONY'S HOSPITAL ASSOCIATION FOUR HOSPITAL DRIVE MORRILTON, AR 72110 71-0245507	HEALTHCARE	AR	501(C) (3)	3	SVIMC	Yes
ST CATHERINE HOSPITAL 401 EAST SPRUCE STREET GARDEN CITY, KS 67846 48-0543721	HEALTHCARE	KS	501(C) (3)	3	CHI	Yes
ST CATHERINE HOSPITAL DEVELOPMENT FOUNDATION 401 EAST SPRUCE STREET GARDEN CITY, KS 67846 20-0598702	FUNDRAISING	KS	501(C) (3)	11 - Type I	SCH	Yes
ST DOMINIC OF ONTARIO OREGON 351 SW 9TH STREET ONTARIO, OR 97914 93-0433692	HEALTHCARE	OR	501(C) (3)	3	CHI	Yes
ST FRANCIS HOME 2400 ST FRANCIS DRIVE BRECKENRIDGE, MN 56520 41-0729978	LTERM CARE	MN	501(C) (3)	9	CHI	Yes
ST FRANCIS LIFE CARE CORPORATION 19 POCONO ROAD DENVILLE, NJ 07834 22-2536017	ELDERLY CARE	NJ	501(C) (3)	9	SCHS	Yes
ST FRANCIS MEDICAL CENTER 2400 ST FRANCIS DRIVE BRECKENRIDGE, MN 56520 41-0695598	HEALTHCARE	MN	501(C) (3)	3	CHI	Yes

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

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ST FRANCIS OF BAKER CITY 3325 POCOHONTAS ROAD BAKER CITY, OR 97814 93-0412495	HEALTHCARE	OR	501(C) (3)	3	CHI	Yes
ST JOHN'S MERCY REGIONAL FOUNDATION 2727 MCCLELLAND BLVD JOPLIN, MO 64804 43-1308084	FUNDRAISING	MO	501(C) (3)	7	SJRMC	Yes
ST JOSEPH COMMUNITY HEALTH 300 CENTRAL AVE SW SUITE 3000 ALBUQUERQUE, NM 87102 71-0897107	COMMUNITY	NM	501(C) (3)	11 - Type I	CHI	Yes
ST JOSEPH HOSPITAL FOUNDATION INC 305 ESTILL STREET LEXINGTON, KY 40504 61-1159649	FUNDRAISING	KY	501(C) (3)	11 - Type I	SJHS	Yes
ST JOSEPH MEDICAL CENTER FOUNDATION 2500 BERNVILLE ROAD PO BOX 316 READING, PA 19603 23-2649362	FUNDRAISING	PA	501(C) (3)	11 - Type I	SJRHN	Yes
ST JOSEPH MEDICAL CENTER FOUNDATION INC 7601 OSLER DRIVE TOWSON, MD 21204 52-1681044	FUNDRAISING	MD	501(C) (3)	7	SJMC	Yes
ST JOSEPH MEDICAL CENTER INC 7601 OSLER DRIVE TOWSON, MD 21204 52-0591461	HEALTHCARE	MD	501(C) (3)	3	CHI	Yes
ST JOSEPH MEDICAL GROUP 2500 BERNVILLE ROAD PO BOX 316 READING, PA 19603 20-8544021	HEALTHCARE	PA	501(C) (3)	9	BHC	Yes
ST JOSEPH PHYSICIAN ENTERPRISES 7601 OSLER DRIVE TOWSON, MD 21204 52-1311775	PHYSICIANS	MD	501(C) (3)	11 - Type I	SJMC	Yes
ST JOSEPH REGIONAL HEALTH NETWORK 2500 BERNVILLE ROAD PO BOX 316 READING, PA 19603 23-1352211	HEALTHCARE	PA	501(C) (3)	3	CHI	Yes
ST JOSEPH'S AREA HEALTH SERVICES 600 PLEASANT AVENUE PARK RAPIDS, MN 56470 41-0695603	HEALTHCARE	MN	501(C) (3)	3	CHI	Yes
ST JOSEPH'S HOSPITAL AND HEALTH CENTER 30 WEST 7TH STREET DICKINSON, ND 58601 45-0226429	HEALTHCARE	ND	501(C) (3)	3	CHI	Yes
MERCY MEDICAL CENTER - CENTERVILLE ONE ST JOSEPHS DRIVE CENTERVILLE, IA 52544 42-0680308	HEALTHCARE	IA	501(C) (3)	3	CHI-IA CORP	Yes
ST MARY'S COMMUNITY HOSPITAL 1314 3RD AVENUE NEBRASKA CITY, NE 68410 47-0443636	HEALTHCARE	NE	501(C) (3)	3	CHI NEBRASKA	Yes
ST MARY'S HEALTHCARE CENTER 801 EAST SIOUX AVENUE PIERRE, SD 57501 46-0230199	HEALTHCARE	SD	501(C) (3)	3	CHI	Yes
ST MARY'S HOSPITAL FOUNDATION 1314 3RD AVENUE NEBRASKA CITY, NE 68410 47-0707604	FUNDRAISING	NE	501(C) (3)	7	SMH	Yes
ST VINCENT FOUNDATION TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 51-0169537	FUNDRAISING	AR	501(C) (3)	11 - Type I	SVIMC	Yes
ST VINCENT INFIRMARY MEDICAL CENTER TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0236917	HEALTHCARE	AR	501(C) (3)	3	CHI	Yes
ST VINCENT MEDICAL GROUP TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0830696	HEALTHCARE	AR	501(C) (3)	9	SVIMC	Yes
THE COMMUNITY LIMITED CARE DIALYSIS CENTER 619 OAK STREET ACCOUNTING-3 W CINCINNATI, OH 45206 23-7419853	DIALYSIS	OH	501(C) (2)	N/A	GSH	Yes

## 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 501(c) (3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization
THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OH  619 OAK STREET ACCOUNTING-3 W CINCINNATI, OH 45206 31-0537486	HEALTHCARE	OH	501(C) (3)	3	CHI	Yes
THE MERCY HOSPITAL OF DEVILS LAKE FDN  1031 SEVENTH STREET NE DEVILS LAKE, ND 58301 35-2367360	FUNDRAISING	ND	501(C) (3)	7	MHDL	Yes
THE PHYSICIAN NETWORK  2000 Q STREET SUITE 500 LINCOLN, NE 68503 47-0780857	PHYS PRACTICE	NE	501(C) (3)	11 - Type I	CHI NEBRASKA	Yes
TOTAL HEALTHCARE  188 INVERNESS DRIVE WEST SUITE 500 ENGLEWOOD, CO 80112 84-0927232	HEALTHCARE	CO	501(C) (3)	3	CHIC	Yes
UNITY FAMILY HEALTHCARE  815 2ND STREET SE LITTLE FALLS, MN 56345 41-0721642	HEALTHCARE	MN	501(C) (3)	3	CHI	Yes
VILLA NAZARETH INC  801 PAGE DRIVE FARGO, ND 58103 45-0226714	LT CARE	ND	501(C) (3)	9	CHI	Yes
VISITING NURSE ASSOCIATION OF SAINT CLARE'S  191 WOODPORT ROAD SPARTA, NJ 07871 22-1768334	HOME HEALTH	NJ	501(C) (3)	9	SCHS	Yes

## Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end- of-year assets (\$)	(h) Disproportionate allocations?		(i) Code V- UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
AUDUBON LAND COMPANY LLC  5390 N ACADEMY BLVD SUITE 300 COLORADO SPRINGS, CO 80918 84-1513085	REAL ESTATE	CO	CHIC	RELATED	34,991	-694,032		No			No	50 1 %
AVANTAS LLC  11128 JOHN GALT BLVD SUITE 400 OMAHA, NE 68137 39-2045003	HEALTHCARE	NE	AHBMHS	RELATED	-2,862,040	-2,537,888		No			No	95 %
BERYWOOD OFFICE PROPERTIES LLC  400 BERYWOOD TRAIL CLEVELAND, TN 37312 62-1875199	PHYS OFFICE	TN	MHCS	RELATED	57,545	1,013,237		No		Yes		63 %
BLUEGRASS REGIONAL IMAGING CENTER  1218 SOUTH BROADWAY SUITE 310 LEXINGTON, KY 40504 61-1386736	DIAGNOSTIC	KY	SJHS	RELATED				No			No	65 %
CENTRAL NEBRASKA HOME CARE SERVICES  PO BOX 1146- 4510 SECOND AVENUE KEARNEY, NE 68848 47-0692112	HEALTHCARE SRVC	NE	NA	RELATED	-92,336	745,068		No		Yes		1 00 %
CENTRAL NEBRASKA REHAB SERVICE  3004 W FAIDLEY AVE GRAND ISLAND, NE 68802 81-0653461	PHYSICAL THERAPY	NE	SFMC	RELATED	1,835,812	2,199,571		No			No	51 %
CHI OPERATING INVESTMENT PROGRAM LP  198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 47-0727942	INVESTMENTS	CO	CHI	UNRELATED	397,241,271	6,272,650,880		No		Yes		1 00 %
HEALTHCARE SUPPORT SERVICES  PO BOX 9804 GRAND ISLAND, NE 68802 72-1546196	LAUNDRY	NE	NA	RELATED	-11,179	3,069,835		No			No	1 00 %
MRI AT ST JOESPH MEDICAL CENTER LLC  7253 AMBASSADOR ROAD BALTIMORE, MD 21244 52-1958002	MEDICAL IMAGING	MD	SJMC	RELATED	423,167	2,174,155		No		Yes		51 %
NORTH RIVER SURGERY CENTER LLC  2209 WILDWOOD AVENUE SHERWOOD, AR 72120 71-0799771	AMBUL SURG CTR	AR	SVIMC	RELATED	81,071	1,077,536		No			No	57 44 %
O'DEA MEDICAL ARTS LIMITED PARTNERSHIP  7601 OSLER DRIVE TOWSON, MD 21204 52-1682964	REAL ESTATE	MD	TOWSON MANAGEMENT INC	RELATED	111,933	5,418,117		No			No	65 122 %
ORTHOCOLORADO LLC  11650 WEST 2ND PLACE LAKEWOOD, CO 80255 37-1577105	ORTHO HOSPITAL	CO	CHIC	RELATED	-3,249,434	-2,760,206		No			No	60 %
PENINSULA RADIATION ONCOLOGY  315 MARTIN LUTHER KING JR WAY 111 TACOMA, WA 98405 71-0799771	HEALTHCARE SRVC	WA	FHS	RELATED	135,014	85,985		No			No	60 %
PENRAD IMAGING  1390 KELLY JOHNSON BLVD COLORADO SPRINGS, CO 80920 84-1072619	MEDICAL IMAGING	CO	CHIC	RELATED	715,094	2,397,488		No			No	70 %
RUXTON SURGICENTER LLC  8322 BELLONA AVENUE SUITE 201 BALTIMORE, MD 21204 52-2095835	SURGERY CENTER	MD	SJMC	RELATED	-69,345	2,802,932		No		Yes		51 %

## Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

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									Yes	No	
SAINT JOSEPH - SCA HOLDINGS LLC  424 LEWIS HARGETT CIRCLE STE 160 LEXINGTON, KY 40503 45-3801157	OP SURGERY	DE	SJHS	RELATED				No		Yes	51 %
SCA PREMIER SURGERY CENTER OF LOUISVILLE LLC  200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 72-1386840	SURGERY CENTER	KY	JH	RELATED	68,676	446,063	No		Yes		51 %
ST FRANCIS LAND COMPANY  5390 N ACADEMY BLVD SUITE 300 COLORADO SPRINGS, CO 80918 26-3134100	REAL ESTATE	CO	CHIC	RELATED	130,967	408,090	No		No		51 %
ST FRANCIS MEDICAL CENTER ASSOCIATES  1717 SOUTH J STREET TACOMA, WA 98405 91-1352698	MED OFFICE	WA	FHS	RELATED	110,986	1,672,098	No		No		54 21 %
ST JOSEPH- PAML LLC  424 LEWIS HARGETT CIRCLE STE 160 LEXINGTON, KY 40503 45-2116736	MGMT SVCS	KY	SJHS	RELATED			No		Yes		62 5 %
SUPERIOR MEDICAL IMAGING LLC  5000 NORTH 26TH STREET LINCOLN, NE 68521 26-2884555	OP DIAGNOSTICS	NE	SERMC	RELATED	254,775	796,941	No	0	No		51 %
SURGERY CENTER OF LEXINGTON LLC  424 LEWIS HARGETT CIRCLE STE 160 LEXINGTON, KY 40503 62-1179539	SURGERY CENTER	DE	SJHS	RELATED	393,519	2,214,599	No		Yes		51 %
SURGERY CENTER OF LOUISVILLE LLC  200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 62-1179537	SURGERY CENTER	KY	JH	RELATED	-3,676	395,845	No		Yes		51 %

**Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
ALTERNATIVE INSURANCE MANAGEMENT SERVICE 3900 OLYMPIC BOULEVARD SUITE 400 ERLANGER, KY 41018 84-1112049	MANAGEMENT SERVICES	CO	CHI	C CORPORATION	0	3,267,441	1 00 %
AMERICAN NURSING CARE 1700 EDISON DRIVE MILFORD, OH 45150 31-1085414	HOME HEALTH	OH	CHS	C CORPORATION	4,648,726	44,654,199	1 00 %
AMERIMED INC 1700 EDISON DRIVE MILFORD, OH 45150 31-1158699	HOME HEALTH	OH	ANC	C CORPORATION	662,062	11,666,874	1 00 %
BC HOLDING COMPANY INC 1850 BLUEGRASS AVE LOUISVILLE, KY 40215 31-1542851	FITNESS CLUB	KY	JH	C CORPORATION	0	0	1 00 %
CADUCEUS MEDICAL ASSOCIATES INC 5600 BRAINERD ROAD SUITE 500 CHATTANOOGA, TN 37411 62-1570736	HEALTHCARE	TN	MHCS	C CORPORATION	0	1,008	1 00 %
CAPTIVE MANAGEMENT INITIATIVES PO BOX 10073 APO GEORGETOWN, GRAND CAYMAN KY1-1001 CJ 98-0663022	CAPTIVE MANAGEMENT	CJ	CHI	C CORPORATION	0	0	1 00 %
CATHOLIC HEALTH INITIATIVES CENTER FOR TRANSLATIONAL RESEARCH 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 27-2269511	RESEARCH	CO	CIRI	TRUST	-2,864,605	2,809,707	1 00 %
CGH REALTY COMPANY INC 215 N 12TH ST READING, PA 19603 23-2326801	REAL ESTATE	PA	SJHM	C CORPORATION			1 00 %
COMCARE SERVICES 4231 W 16TH AVENUE DENVER, CO 80204 84-0904813	INACTIVE	CO	CHIC	C CORPORATION	0	0	1 00 %
CONSOLIDATED HEALTH SERVICES 1700 EDISON DRIVE MILFORD, OH 45150 31-1378212	HOME HEALTH	OH	CHI	C CORPORATION	-1,525,246	65,844,862	1 00 %
DAVID DEYLE CHARITABLE REMAINDER UNITRUST PO BOX 1810 KEARNEY, NE 68848 47-6192395	INVESTMENTS	NE	GSHF	TRUST			1 00 %
DES MOINES MEDICAL CENTER INC 1111 6TH AVENUE DES MOINES, IA 50314 42-0837382	REAL ESTATE	IA	CHI-IA CORP	C CORPORATION	71,497	1,221,667	92 98 %
FIRST INITIATIVES INSURANCE LTD PO BOX 10073 APO GEORGETOWN, GRAND CAYMAN KY1-1001 CJ 98-0203038	INSURANCE	CJ	CHI	C CORPORATION	0	0	1 00 %
FRANCISCAN SERVICES INC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 23-2487967	HEALTHCARE	CO	CHI	C CORPORATION	-5,719	5,837,142	1 00 %
GOOD SAMARITAN OUTREACH SERVICES PO BOX 1990 KEARNEY, NE 68848 47-0659440	MEDICAL CLINIC	NE	CHI NEBRASKA	C CORPORATION	-165,666	355,110	1 00 %
HAROLD WRASE 1995 CHARITABLE UNITRUST 30 WEST 7TH STREET DICKINSON, ND 58601 45-6090420	INVESTMENTS	ND	SJHHC	TRUST	1,240	22,148	1 00 %
HAROLD WRASE 1996 CHARITABLE UNITRUST 30 WEST 7TH STREET DICKINSON, ND 58601 20-6037112	INVESTMENTS	ND	SJHHC	TRUST	1,057	15,462	1 00 %
HAROLD WRASE 1997 CHARITABLE UNITRUST 30 WEST 7TH STREET DICKINSON, ND 58601 20-6037104	INVESTMENTS	ND	SJHHC	TRUST	0	20,520	1 00 %
HAROLD WRASE 1999 CHARITABLE UNITRUST 30 WEST 7TH STREET DICKINSON, ND 58601 20-6037099	INVESTMENTS	ND	SJHHC	TRUST	0	25,036	1 00 %
HEALTH SYSTEMS ENTERPRISES INC PO BOX 1990 KEARNEY, NE 68848 47-0664558	MANAGEMENT	NE	GSH	C CORPORATION	102,136	1,443,049	1 00 %

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HEALTHCARE MGMT SERVICES ORG INC 1149 MARKET ST TACOMA, WA 98402 91-1865474	HEALTH ORG	WA	FHS	C CORPORATION	0	0	100 %
JAMES & HENRIETTA NISTLER UNITRUST 30 WEST 7TH STREET DICKINSON, ND 58601 20-6021899	INVESTMENTS	ND	SJHHC	TRUST	692	39,075	100 %
JEANNE DEYLE CHARITABLE REMAINDER UNITRUST PO BOX 1810 KEARNEY, NE 68848 47-6192398	INVESTMENTS	NE	GSHF	TRUST			100 %
JOSEPH A SCHUSTER ANNUITY TRUST #1 400 UNIVERSITY AVENUE DES MOINES, IA 50314 42-1195122	INVESTMENTS	IA	MFDM	TRUST	7,834	416,349	100 %
LODESCA MILLER CHARITABLE REMAINDER UNITRUST PO BOX 1810 KEARNEY, NE 68848 47-6186933	INVESTMENTS	NE	GSHF	TRUST			100 %
MEDQUEST 1301 15TH AVENUE WEST WILLISTON, ND 58801 45-0392137	SALE OF DME	ND	MMC WILLISTON	C CORPORATION	151,498	962,554	100 %
MERCY PARK APARTMENTS LTD 1111 6TH AVENUE DES MOINES, IA 50314 42-1202422	HOUSING	IA	CHI-IA CORP	C CORPORATION	369,905	1,937,220	100 %
MERCY SERVICES CORP 2700 STEWART PARKWAY ROSEBURG, OR 97470 93-0824308	RETAIL SALES	OR	MMC	C CORPORATION	0	956,003	100 %
MHSERVICES CORPORATION 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 43-1457881	DME	MO	SJRMIC	C CORPORATION	-4,061	0	100 %
MOUNTAIN MANAGEMENT SERVICES INC 5600 BRAINERD ROAD SUITE 500 CHATTANOOGA, TN 37411 62-1570739	MGMT SVC ORG	TN	MHCS	C CORPORATION	-33,152	4,679,435	100 %
NAZARETH ASSURANCE COMPANY PO BOX 10073 APO GEORGETOWN, GRAND CAYMAN KY1-1001 CJ 03-0304831	INSURANCE	CJ	CHI	C CORPORATION	0	0	100 %
PATIENT TRANSPORT SERVICES INC 1700 EDISON DRIVE MILFORD, OH 45150 31-1100798	HOME HEALTH	OH	ANC	C CORPORATION	479,940		100 %
PHYSICIAN HEALTH SYSTEM NETWORK 1149 MARKET ST TACOMA, WA 98402 91-1746721	HEALTH ORG	WA	FHS	C CORPORATION	0	0	100 %
RAY & SHIRLEY DAVID 1999 UNITRUST 30 WEST 7TH STREET DICKINSON, ND 58601 20-6037077	INVESTMENTS	ND	SJHHC	TRUST	0	26,110	100 %
ROBERT & WANDA CHARITABLE REMAINDER UNITRUST PO BOX 1810 KEARNEY, NE 68848 26-6191916	INVESTMENTS	NE	GSHF	TRUST			100 %
SAINT CLARE'S PRIMARY CARE INC 66 FORD ROAD DENVILLE, NJ 07834 22-2441202	BILLING SERVICES	NJ	SCCC	C CORPORATION	-469,962	1,772,016	100 %
SAMARITAN FAMILY CARE INC 40 W FOURTH ST 1700 DAYTON, OH 45402 31-1299450	HEALTHCARE	OH	SHP	C CORPORATION			100 %
SJH SERVICES CORPORATION 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 23-2307408	HEALTHCARE	CO	FSI	C CORPORATION	-192,777	2,973,858	100 %
SJL PHYSICIAN MANAGEMENT SERVICES INC 424 LEWIS HARGETT CR 160 LEXINGTON, KY 40503 27-0164198	MANAGEMENT	KY	SJHS	C CORPORATION	0	0	100 %
ST ANTHONY DEVELOPMENT COMPANY 1415 SOUTHGATE PENDLETON, OR 97801 93-1216943	ATHLETIC CLUB	OR	SAH	C CORPORATION	92,139	3,007,550	100 %

**Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust**

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal Domicile (State or Foreign Country)	<b>(d)</b> Direct Controlling Entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income (\$)	<b>(g)</b> Share of end-of-year assets (\$)	<b>(h)</b> Percentage ownership
ST VINCENT COMMUNITY HEALTH SERVICES INC TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0710785	HEALTHCARE	AR	SVIMC	C CORPORATION	2,804,485	14,049,374	100 %
ST JOSEPH DEVELOPMENT COMPANY INC 1717 SOUTH J STREET TACOMA, WA 98405 91-1480569	RENTAL	WA	FSI	C CORPORATION	63,164	11,845,439	100 %
ST JOSEPH OFFICE PARK ASSOCIATION 1401 HARRODSBURG ROAD BLDG B70 LEXINGTON, KY 40504 61-1079899	MANAGEMENT	KY	SJHS	C CORPORATION		882,139	85 %
TOM DEYLE CHARITABLE REMAINDER UNITRUST PO BOX 1810 KEARNEY, NE 68848 47-6192393	INVESTMENTS	NE	GSHF	TRUST			100 %
TOWSON MANAGEMENT INC 7601 OSLER DRIVE TOWSON, MD 21204 52-1710750	MANAGEMENT SERVICES	MD	FSI	C CORPORATION		266,960	100 %