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Or call the IRS Identity Theft Hotline at 1-800-908-4490





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Return of Organization Exempt From Income Tax

2000

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

A For the 2000 calendar year, OR tax year period beginning 07/01, 2000, and ending 06/30/2001

B Check if applicable: Change of address, Change of name, Initial return, Final return, Amend return. C Name of organization: MERCY MEDICAL CENTER, INC. D Employer identification number: 93-0386868. E Telephone number: (541) 677-2457. F Check if application pending.

G Organization type: 501(c)(3). H(a) Is this a group return for affiliates? H(b) Are all affiliates included? H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Enter 4-digit group exemption no. (GEN) 0928. L Check this box if the organization is not required to attach Schedule B.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

Table with 21 rows and 3 columns: Description, Amount, and Total. Includes sections for Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21). Total revenue is 86,372,264 and total expenses is 81,026,424.

For Paperwork Reduction Act Notice, see page 1 of the separate instructions.

ENVELOPE MAY 15 2002 POSTMARK DATE

ENVELOPE MAY 15 2002 POSTMARK DATE

JUL 19 2002

SCANNED

6157

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B) (C) and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See Specific Instructions on page 20)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include: 22 Grants and allocations, 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25 Compensation of officers, directors, etc, 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion etc, 43 Other expenses (itemize) a STMT 4, b, c, d, e, 44 Total functional expenses (add lines 22 through 43)

Reporting of Joint Costs. Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? [ ] Yes [X] No
If "Yes," enter (i) the aggregate amount of these joint costs \$ , (ii) the amount allocated to Program services \$ , (iii) the amount allocated to Management and general \$ , and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 23.)

What is the organization's primary exempt purpose? SEE STMT A
All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)
a SEE STATEMENT A (Grants and allocations \$ ) 67,866,117.
b (Grants and allocations \$ )
c (Grants and allocations \$ )
d (Grants and allocations \$ )
e Other program services (attach schedule) (Grants and allocations \$ )
f Total of Program Service Expenses (should equal line 44, column (B), Program services) 67,866,117.

**Part IV Balance Sheets** (See Specific Instructions on page 23 )

Note. Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
45	Cash - non-interest-bearing	2,274.	45	2,864.
46	Savings and temporary cash investments	NONE	46	4,679,561.
47a	Accounts receivable	47a 29,858,678.		
b	Less allowance for doubtful accounts	47b 5,030,605.	47c	24,828,073.
48a	Pledges receivable	48a		
b	Less allowance for doubtful accounts	48b	48c	
49	Grants receivable		49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule) <b>SEE STATEMENT 5</b>	51a NONE		
b	Less allowance for doubtful accounts	51b	51c	NONE
52	Inventories for sale or use	1,210,573.	52	1,353,504.
53	Prepaid expenses and deferred charges	256,478.	53	309,513.
54	Investments - securities (attach schedule) <b>STMT. 6</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	112,659.	54	2,704,644.
55a	Investments - land, buildings, and equipment basis	55a 14,174,520.		
b	Less accumulated depreciation (attach schedule)	55b 1,396,651.	55c	12,777,869.
56	Investments - other (attach schedule)		56	
57a	Land, buildings, and equipment basis	57a 61,139,688.		
b	Less accumulated depreciation (attach schedule) <b>STMT 6A</b>	57b 33,847,013.	57c	27,292,675.
58	Other assets (describe <b>SEE STATEMENT 7</b> )	387,124.	58	890,241.
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	64,509,691.	59	74,838,944.
60	Accounts payable and accrued expenses	5,910,616.	60	8,079,051.
61	Grants payable		61	
62	Deferred revenue	377,623.	62	NONE
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule) <b>STMT. 8</b>	10,623,088.	64b	26,351,035.
65	Other liabilities (describe <b>SEE STATEMENT 11</b> )	12,827,020.	65	438,624.
66	<b>Total liabilities</b> (add lines 60 through 65)	29,738,347.	66	34,868,710.
<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>				
67	Unrestricted	34,771,344.	67	39,970,234.
68	Temporarily restricted		68	
69	Permanently restricted		69	
<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	<b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	34,771,344.	73	39,970,234.
74	<b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)	64,509,691.	74	74,838,944.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.



Part VI Other Information (See Specific Instructions on page 26)

Yes No

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity... 77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes... 78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has it filed a tax return on Form 990-T for this year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement... 80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? b If "Yes," enter the name of the organization SEE STATEMENT B and check whether it is [X] exempt OR [X] nonexempt... 81a Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81 81a NONE b Did the organization file Form 1120-POL for this year? 81b X 82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82a X b If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions for reporting in Part III). 82b 83a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a X b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b X 84a Did the organization solicit any contributions or gifts that were not tax deductible? 84a N/A b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b N/A 85 501(c)(4), (5), or (6) organizations, a Were substantially all dues nondeductible by members? 85a N/A b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b N/A If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year c Dues, assessments, and similar amounts from members 85c N/A d Section 162(e) lobbying and political expenditures 85d N/A e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A g Does the organization elect to pay the section 6033(e) tax on the amount in 85f? 85g N/A h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85h N/A 86 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 86a N/A b Gross receipts, included on line 12, for public use of club facilities 86b N/A 87 501(c)(12) orgs Enter a Gross income from members or shareholders 87a N/A b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b N/A 88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX 88 X 89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 NONE, section 4912 NONE, section 4955 NONE b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction 89b X c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 N/A d Enter Amount of tax on line 89c, above, reimbursed by the organization N/A 90a List the states with which a copy of this return is filed OREGON b Number of employees employed in the pay period that includes March 12, 2000 (See inst) 90b 984 91 The books are in care of JANET BAKER Telephone no 541-677-2457 Located at 2700 STEWART PARKWAY, ROSEBURG, OR ZIP code 97470 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 NONE

**Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 30)**

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a <b>PATIENT SRVC. REV.</b>					<b>45,826,719.</b>
b <b>LABORATORY TESTING</b>	<b>541380</b>	<b>125,769.</b>			
c					
d					
e					
f Medicare/Medicaid payments . . . . .					<b>40,658,210.</b>
g Fees and contracts from government agencies					
94 Membership dues and assessments . . .					
95 Interest on savings and temporary cash investments . . .					
96 Dividends and interest from securities			<b>14</b>	<b>1,717.</b>	
97 Net rental income or (loss) from real estate					
a debt-financed property . . . . .					
b not debt-financed property . . . . .			<b>16</b>	<b>-197,450.</b>	
98 Net rental income or (loss) from personal property . . .	<b>532291</b>	<b>8,750.</b>			
99 Other investment income . . . . .					
100 Gain or (loss) from sales of assets other than inventory			<b>18</b>	<b>-65,241.</b>	
101 Net income or (loss) from special events . . . . .					
102 Gross profit or (loss) from sales of inventory . . . . .					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E)) . . . . .		<b>134,519.</b>		<b>-260,974.</b>	<b>86,484,929.</b>
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					<b>86,358,474.</b>

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 31)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 31)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 31)**

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
  - (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No
- Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

**Please Sign Here**

Under penalties of perjury I declare that I have examined this return including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. (Important: See General Instruction W, on page 14)

Signature of officer: Janet L. Baker Date: 5-15-02 Type or print name and title: Janet L. Baker V/P/CEO

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**Paid Preparer's Use Only**

Preparer's signature: Joseph D. Pedley CPA Date: 5/14/02 Check if self-employed:  Preparer's SSN or PTIN: 505-82-8255

Firm's name (or yours if self-employed) and address, and ZIP code: CATHOLIC HEALTH INITIATIVES  
1999 BROADWAY SUITE 2600  
DENVER, CO 80202 EIN: 303-298-9100



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

**Organization Exempt Under Section 501(c)(3)**

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust  
Supplementary Information - (See separate instructions.)

**2000**

Department of the Treasury  
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

**MERCY MEDICAL CENTER, INC.**

**93-0386868**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<b>STEPHEN ROOS</b> 2700 STEWART PARKWAY	<b>PATHOLOGIST</b>  40 HOURS	<b>188,892.</b>	<b>11,255.</b>	<b>NONE</b>
<b>TIMOTHY GLADDING</b> 2700 STEWART PARKWAY	<b>PATHOLOGIST</b>  40 HOURS	<b>176,558.</b>	<b>12,845.</b>	<b>NONE</b>
<b>SUSAN PICKREL</b> 2700 STEWART PARKWAY	<b>PSYCHIATRIST</b>  40 HOURS	<b>147,114.</b>	<b>10,789.</b>	<b>NONE</b>
<b>SCOTT MENDELSON</b> 2700 STEWART PARKWAY	<b>PSYCHIATRIST</b>  40 HOURS	<b>143,672.</b>	<b>11,439.</b>	<b>NONE</b>
<b>CURT CARPENTER</b> 2700 STEWART PARKWAY	<b>DIR OF PHARMACY</b>  40 HOURS	<b>98,864.</b>	<b>7,652.</b>	<b>NONE</b>
Total number of other employees paid over \$50,000 . . . . . ▶	<b>126</b>			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 1 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>RONALD RENNICK, MD PC</b> 601 COUNTY CLUB RD., #1005, EUGENE, OR	<b>EMERGENCY ROOM</b>	<b>3,775,418.</b>
<b>OREGON MEDICAL LAB</b> PO BOX 972 EUGENE, OR 97440	<b>MEDICAL SERVICES</b>	<b>402,353.</b>
<b>PATIENT ACCOUNTING SERVICE</b> 20819 72ND AVE STE 300, KENT, WA 98032	<b>PROFESSIONAL SRVES</b>	<b>376,414.</b>
<b>VA MEDICAL CENTER</b> 913 NW GARDEN VALLEY BLVD., ROSEBURG, OR	<b>MEDICAL SERVICES</b>	<b>149,584.</b>
<b>GAMBRO HEALTHCARE</b> DEPT AT 49995 ATLANTA, GA 30329	<b>MEDICAL SERVICES</b>	<b>137,785.</b>
Total number of others receiving over \$50,000 for professional services . . . . . ▶	<b>7</b>	

For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ Schedule A (Form 990 or 990-EZ) 2000

Part III Statements About Activities

Table with 3 columns: Question, Yes, No. Contains questions 1 through 4a regarding lobbying activities, grants, and annuity plans. Includes a table for supported organizations at the bottom.

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box.)

- 5 [ ] A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
6 [ ] A school Section 170(b)(1)(A)(ii) (Also complete Part V, page 5)
7 [X] A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
8 [ ] A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
9 [ ] A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state
10 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)
11a [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)
11b [ ] A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)
12 [ ] 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 charitable, etc., 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) (Also complete the Support Schedule in Part IV-A.)
13 [ ] An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above. Contains empty rows for data entry.

- 14 [ ] An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting NOT APPLICABLE

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Table with columns: Calendar year (or fiscal year beginning in), (a) 1999, (b) 1998, (c) 1997, (d) 1996, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described in lines 10 or 11; 27 Organizations described on line 12.

Part V Private School Questionnaire (See page 5 of the instructions)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

NOT APPLICABLE

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 7 of the instructions)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

**NOT APPLICABLE**

- Check here  a if the organization belongs to an affiliated group
- Check here  b if you checked "a" above and "limited control" provisions apply

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . .	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying) . . .	37	
38	Total lobbying expenditures (add lines 36 and 37) . . . . .	38	
39	Other exempt purpose expenditures . . . . .	39	
40	Total exempt purpose expenditures (add lines 38 and 39) . . . . .	40	
41	Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is -		
	Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . .	41	
	Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 . . . . . \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41) . . . . .	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36 . . . . .	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 . . . . .	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
See the instructions for lines 45 through 50 on page 9 of the instructions)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45	Lobbying nontaxable amount . . . . .				
46	Lobbying ceiling amount (150% of line 45(e)) . . . . .				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount . . . . .				
49	Grassroots ceiling amount (150% of line 48(e)) . . . . .				
50	Grassroots lobbying expenditures . . . . .				

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers . . . . .		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h) . . . . .		X	
c Media advertisements . . . . .		X	
d Mailings to members, legislators, or the public . . . . . SEE STATEMENT 1.7	X		200.
e Publications, or published or broadcast statements . . . . .		X	
f Grants to other organizations for lobbying purposes . . . . .		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .		X	
i Total lobbying expenditures (add lines c through h) . . . . .			200.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



**Schedule B**  
**(Form 990 or 990-EZ)**

**Schedule of Contributors**

OMB No 1545-0047

**2000**

Department of the Treasury  
Internal Revenue Service

Supplementary Information for line 1d of Form 990 or  
line 1 of Form 990-EZ (see instructions)

Name of organization

Employer identification number

**MERCY MEDICAL CENTER, INC.**

**93-0386868**

Organization type (check only one) - Section  501(c)(3) (enter number) 527 or 4947(a)(1) nonexempt charitable trust

**A Section 501(c)(7), (8), or (10) organizations -**

Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year (But see General rule below)

Enter here the total gifts received during the year for a religious, charitable, etc., purpose \$

**Note: This form is generally not open to public inspection except for section 527 organizations.**

**General Instructions**

**Purpose of Form**

Schedule B (Form 990 or 990-EZ) is used by organizations required to file Form 990, Return of Organization Exempt From Income Tax, or Form 990-EZ, Short Form Return of Organization Exempt From Income Tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ)

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization

**Who Must File Schedule B (Form 990 or 990-EZ)**

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 990-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ

**Caution:** Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule, of Schedule A (Form 990 or 990-EZ)

**Public Inspection**

Schedule B (Form 990 or 990-EZ) is

- Open to public inspection for a section 527 political organization
- Generally not open to public inspection for the other organizations that must file this form

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state, unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ

See the instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ)

**Contributors Required To Be Listed on Part I**

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations

**General Rule.** Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who, during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year

**Section 501(c)(3) organizations.** For an organization described in section 501(c)(3) that meets the 33 1/3% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A))-

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a))

**Example:** A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the greater of \$5,000 or \$14,000 (2% of \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000

**Section 501(c)(7), (8), or (10) organizations.** For noncharitable contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the General Rule discussed above

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3)) -

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000, aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that received any charitable contributions and listed any charitable contributors on Part I must also complete Part III.

If a section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list any charitable contributors on Part I, check the box on line A at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III.

### Specific Instructions

**Note** You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part.

**Part I.** In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year, and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually).

**Part II.** In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

**Part III.** Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of Part III, total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. Complete this information only on the first Part III page.

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.



Name of organization

Employer identification number

**MERCY MEDICAL CENTER, INC.**

**93-0386868**

**Part I Contributors**

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
1		13,790.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
			Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
			Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
			Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
			Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
			Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

FORM 990, PART I - LIST OF CONTRIBUTORS  
=====

(NOT OPEN TO PUBLIC INSPECTION)

DIRECT  
PUBLIC  
SUPPORT  
-----

NAME AND ADDRESS  
-----

DATE  
----

13,790.

MISCELLANEOUS LESS THAN \$5,000

-----  
13,790.  
=====

TOTAL CONTRIBUTION AMOUNTS

Mercy Medical Center - Roseburg  
 EIN. 93-0386868  
 TAX YEAR ENDED. 06/30/2001

SECURITIES

Realized Gain/Loss from CHI Operating Investment Program LTD (68,716)

DESCRIPTION OF ASSET	TYPE OF PROPERTY	DATE ACQUIRED	DATE SOLD	PROCEEDS FROM SALE	ORIGINAL COST	ACCUMULATED DEPRECIATION	NET BOOK VALUE	GAIN (LOSS)
Computers and Monitors	Major Moveable Equipment	Var	12/31/00		69,491	68,670	821	(821)
Chevy Nova	Major Moveable Equipment	01/01/79	11/21/00		4,832	4,832	0	0
Chevy Luv Pickup	Major Moveable Equipment	09/15/87	11/21/00		1,412	1,412	0	0
Tractor w/Trailer	Major Moveable Equipment	01/01/77	09/20/00		2,840	2,840	0	0
Front End Loader	Major Moveable Equipment	07/17/85	09/20/00		2,200	2,200	0	0
Misc Assets-Minor Equip	Equipment	Var	07/05/00	1,215			0	1,215
Misc Assets-Minor Equip	Equipment	Var	09/21/00	808			0	808
Misc Assets-Minor Equip	Equipment	Var	05/07/01	1,597			0	1,597
Misc Assets-Minor Equip	Equipment	Var	05/30/01	601			0	601
Misc Assets-Minor Equip	Equipment	Var	06/20/01	75			0	75
<b>Totals</b>				<b>4,296</b>	<b>80,775</b>	<b>79,954</b>	<b>821</b>	<b>3,475</b>

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

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DESCRIPTION

AMOUNT

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RELEASE FROM RESTRICTIONS

303,836.

TOTAL

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303,836.  
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FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

<u>DESCRIPTION</u>	<u>AMOUNT</u>
UNREALIZED GAINS AND LOSSES	14,046.
CAPITAL RESOURCE POOL CONTRIBUTION	394,500.
MISSION FUNDING	42,240.
	<u>-----</u>
TOTAL	<u>450,786.</u>

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
BAD DEBTS	5,658,327.	5,658,327.	
CONSULTING FEES	3,000,303.	1,585,455.	1,414,848.
INSURANCE EXPENSE	427,746.	346,474.	81,272.
PHYSICIAN FEES	4,338,761.	4,338,517.	244.
PURCHASED SERVICES	1,717,645.	1,218,188.	499,457.
ADVERTISING/RECRUITMENT	205,003.	32,942.	172,061.
COLLECTION EXPENSE	138,789.		138,789.
PROFESSIONAL FEES	298,225.	276,474.	21,751.
DUES & SUBSCRIPTIONS	220,224.	143,667.	76,557.
TAXES & LICENSES	24,080.		24,080.
UTILITIES	646,722.	510,118.	136,604.
PROPERTY TAXES	117,291.	3,047.	114,244.
INFO SYSTEMS MANAGEMENT FEES	2,276,306.		2,276,306.
STAFF RECRUITMENT	175,526.	5,000.	170,526.
REGIONAL/NATL	1,651,979.		1,651,979.
OTHER ADMINISTRATIVE EXPENSES	145,338.	145,338.	
DONATIONS	179,048.	21,337.	157,711.
TOTALS	21221313.	14284884.	6,936,429.

FORM 990, PART IV - OTHER NOTES AND LOANS RECEIVABLE

BORROWER: WILLIAM C. HAYTON, MD  
 ORIGINAL AMOUNT: 650,000.  
 INTEREST RATE: 0.080000  
 DATE OF NOTE: 10/09/1995  
 MATURITY DATE: 10/01/2010  
 REPAYMENT TERMS: MONTHLY INTEREST AND PRINCIPAL PAYMENTS  
 SECURITY PROVIDED: MEDICAL OFFICE BUILDING  
 PURPOSE OF LOAN: PURCHASE MEDICAL OFFICE BUILDING  
 DESCRIPTION AND FMV OF CONSIDERATION: NONE

BEGINNING BALANCE DUE ..... 468,842.

TOTAL BEGINNING OTHER NOTES AND LOANS RECEIVABLE 468,842.

FORM 990, PART IV - INVESTMENTS - SECURITIES

DESCRIPTION	ENDING BOOK VALUE
CHI PROGRAM - FIXED	907,986.
CHI PROGRAM - EQUITY	892,632.
CHI PROGRAM - M MARKET	904,026.
TOTALS	<u>2,704,644.</u>



Mercy Medical Center - Roseburg  
 EIN: 93-0386868  
 TAX YEAR ENDED: 06/30/2001

Detail of Property, Plant, & Equipment

<u>Description</u>	<u>Fixed Assets</u>		<u>Accumulated Depreciation</u>		<u>Book Value</u>	
	Balance @ 6/30/2001	Balance @ 6/30/2001	Balance @ 6/30/2001	Balance @ 6/30/2001	Balance @ 6/30/2001	Balance @ 6/30/2001
LAND	1,384,355	0			1,384,355	
LAND IMPROVEMENTS	2,222,826	924,089			1,298,737	
BUILDINGS	17,297,668	4,190,780			13,106,888	
BUILDINGS IMPROVEMENTS	0	0			0	
LEASEHOLD IMPROVEMENTS	1,325,075	566,326			758,749	
FIXED EQUIPMENT	6,750,873	5,194,168			1,556,705	
MAJOR MOVEABLE EQUIPMENT	31,733,920	22,971,650			8,762,270	
FURNITURE & FIXTURES	0	0			0	
AUTOMOTIVE	0	0			0	
CONSTRUCTION IN PROGRESS	424,971	0			424,971	
<b>Total Balance @ 6/30/2001</b>	<b>61,139,688</b>	<b>33,847,013</b>			<b>27,292,675</b>	

Detail of Property, Plant, & Equipment - Rental Property

<u>Description</u>	<u>Fixed Assets</u>		<u>Accumulated Depreciation</u>		<u>Book Value</u>	
	Balance @ 6/30/2001	Balance @ 6/30/2001	Balance @ 6/30/2001	Balance @ 6/30/2001	Balance @ 6/30/2001	Balance @ 6/30/2001
LAND	0	0			0	
LAND IMPROVEMENTS	0	0			0	
BUILDINGS	14,174,520	1,396,651			12,777,869	
BUILDINGS IMPROVEMENTS	0	0			0	
LEASEHOLD IMPROVEMENTS	0	0			0	
FIXED EQUIPMENT	0	0			0	
MAJOR MOVEABLE EQUIPMENT	0	0			0	
FURNITURE & FIXTURES	0	0			0	
AUTOMOTIVE	0	0			0	
CONSTRUCTION IN PROGRESS	0	0			0	
<b>Total Balance @ 6/30/2001</b>	<b>14,174,520</b>	<b>1,396,651</b>			<b>12,777,869</b>	

Depreciation is calculated on a straight line basis over the useful life of the asset

FORM 990, PART IV - OTHER ASSETS

DESCRIPTION -----	ENDING BOOK VALUE -----
MISCELLANEOUS ASSETS	930.
INVESTMENT IN JOINT VENTURES	588,311.
INVESTMENT IN DIRECT AFFILIATE	301,000.
	-----
TOTALS	<u>890,241.</u>

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

LENDER: CATHOLIC HEALTH INITIATIVES, INC.  
 ORIGINAL AMOUNT: 5,206,076.  
 INTEREST RATE: 0.048700  
 DATE OF NOTE: 11/25/1997  
 MATURITY DATE: 12/01/2012  
 REPAYMENT TERMS: MONTHLY PAYMENT STARTING 1/1/98 UNTIL PAID IN FULL  
 SECURITY PROVIDED: CASH & CASH EQUIVALENTS  
 PURPOSE OF LOAN: BOND REPURCHASE  
 DESCRIPTION AND FMV: NONE  
 OF CONSIDERATION:

BEGINNING BALANCE DUE ..... 4,599,895.  
 ENDING BALANCE DUE ..... 4,334,138.  
 -----

LENDER: CATHOLIC HEALTH INITIATIVES, INC.  
 ORIGINAL AMOUNT: 4,800,000.  
 INTEREST RATE: 0.048700  
 DATE OF NOTE: 09/01/1998  
 MATURITY DATE: 12/01/2022  
 REPAYMENT TERMS: MONTHLY PAYMENT STARTING 12/1/98 TIL PAID IN FULL  
 SECURITY PROVIDED: CASH & CASH EQUIVALENTS  
 PURPOSE OF LOAN: CAPITAL ADDITIONS  
 DESCRIPTION AND FMV: NONE  
 OF CONSIDERATION:

BEGINNING BALANCE DUE ..... 4,596,726.  
 ENDING BALANCE DUE ..... 4,481,613.  
 -----

LENDER: CATHOLIC HEALTH INITIATIVES, INC.  
 ORIGINAL AMOUNT: 1,046,400.  
 INTEREST RATE: 0.048700  
 DATE OF NOTE: 07/02/1999  
 MATURITY DATE: 07/02/2010  
 REPAYMENT TERMS: MONTHLY PAYMENT STARTING 9/1/99 UNTIL PAID IN FULL  
 SECURITY PROVIDED: CASH & CASH EQUIVALENTS  
 PURPOSE OF LOAN: CAPITAL ADDITIONS  
 DESCRIPTION AND FMV: NONE  
 OF CONSIDERATION:

BEGINNING BALANCE DUE ..... 978,877.  
 ENDING BALANCE DUE ..... 895,806.  
 -----

LENDER: CITY OF ROSEBURG  
 ORIGINAL AMOUNT: 285,053.  
 INTEREST RATE: 0.070000  
 DATE OF NOTE: 07/01/1998  
 MATURITY DATE: 07/01/2018  
 REPAYMENT TERMS: SEMI-ANNUAL PAYMENTS  
 PURPOSE OF LOAN: STREET IMPROVEMENTS

BEGINNING BALANCE DUE ..... 213,990.  
 ENDING BALANCE DUE ..... 199,724.  
 -----

LENDER: ABBOTT - MERCY MEDICAL CENTER  
 ORIGINAL AMOUNT: 261,201.  
 DATE OF NOTE: 10/01/1999  
 MATURITY DATE: 09/01/2007  
 REPAYMENT TERMS: MONTHLY INSTALLMENTS OF \$2,750  
 PURPOSE OF LOAN: IV PUMPS

BEGINNING BALANCE DUE ..... 233,600.  
 ENDING BALANCE DUE ..... 200,960.  
 -----

LENDER: CATHOLIC HEALTH INITIATIVES  
 ORIGINAL AMOUNT: 15,588,000.  
 INTEREST RATE: 0.048700  
 DATE OF NOTE: 03/01/2001  
 MATURITY DATE: 12/01/2020  
 REPAYMENT TERMS: MONTHLY  
 SECURITY PROVIDED: PROMISSORY NOTE  
 PURPOSE OF LOAN: CAPITAL ADDITIONS  
 DESCRIPTION AND FMV OF CONSIDERATION: NONE

BEGINNING BALANCE DUE ..... NONE  
 ENDING BALANCE DUE ..... 15,494,250.  
 -----

LENDER: CATHOLIC HEALTH INITIATIVES  
ORIGINAL AMOUNT: 1,369,419.  
INTEREST RATE: 0.048700  
DATE OF NOTE: 03/01/2001  
MATURITY DATE: 12/01/2020  
REPAYMENT TERMS: MONTHLY  
SECURITY PROVIDED: PROMISSORY NOTE  
PURPOSE OF LOAN: CAPITAL ADDITIONS  
DESCRIPTION AND FMV: NONE  
OF CONSIDERATION:

BEGINNING BALANCE DUE .....	NONE
ENDING BALANCE DUE .....	744,544.

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TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	10,623,088.
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TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	26,351,035.
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FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION	ENDING BOOK VALUE
DUE TO THIRD PARTY PAYORS	438,624.
TOTALS	438,624.

## FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
VICTOR J. FRESOLONE 2700 STEWART PARKWAY ROSEBURG, OR 97470	CEO 1 HOUR	NONE	NONE	NONE
JANET BAKER 2700 STEWART PARKWAY ROSEBURG, OR 97470	V.P. FINANCE/CFO 40 HOUR	155,059.	11,892.	NONE
DEBBIE BOSWELL 2700 STEWART PARKWAY ROSEBURG, OR 97470	V.P. OPERATIONS 40 HOUR	117,357.	13,580.	NONE
SR. ELEANOR GILMORE 2700 STEWART PARKWAY ROSEBURG, OR 97470	DIRECTOR 1 HOUR	NONE	NONE	NONE
DON GOECKNER 2700 STEWART PARKWAY ROSEBURG, OR 97470	CHAIRMAN 1 HOUR	NONE	NONE	NONE
MELVYN YEO, MD 2700 STEWART PARKWAY ROSEBURG, OR 97470	DIRECTOR 1 HOUR	NONE	NONE	NONE
BUD JOHNSON 2700 STEWART PARKWAY ROSEBURG, OR 97470	DIRECTOR 1 HOUR	NONE	NONE	NONE
ALAN OSBORN, MD 2700 STEWART PARKWAY ROSEBURG, OR 97470	DIRECTOR 1 HOUR	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
RON PRESTON 2700 STEWART PARKWAY ROSEBURG, OR 97470	VICE CHAIRMAN 1 HOUR	NONE	NONE	NONE
CYNTHIA KREMSEY, MD 2700 STEWART PARKWAY ROSEBURG, OR 97470	DIRECTOR 1 HOUR	NONE	NONE	NONE
FRED BLACK, MD 2700 STEWART PARKWAY ROSEBURG, OR 97470	DIRECTOR 1 HOUR	NONE	NONE	NONE
CHRISTIAN STOWELL, MD 2700 STEWART PARKWAY ROSEBURG, OR 97470	DIRECTOR 1 HOUR	NONE	NONE	NONE
JACKY HAGAN 2700 STEWART PARKWAY ROSEBURG, OR 97470	DIRECTOR 1 HOUR	NONE	NONE	NONE
HENRY SNOW 2700 STEWART PARKWAY ROSEBURG, OR 97470	DIRECTOR 1 HOUR	NONE	NONE	NONE
CHERYL RAMBERG FORD 2700 STEWART PARKWAY ROSEBURG, OR 97470	DIRECTOR 1 HOUR	NONE	NONE	NONE
BOB RAGAN 2700 STEWART PARKWAY ROSEBURG, OR 97470	DIRECTOR 1 HOUR	NONE	NONE	NONE



FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
FRAN MARTINEZ 2700 STEWART PARKWAY ROSEBURG, OR 97470	V.P. NURSING SERVICE 40 HOUR	92,431.	14,061.	NONE
JANET BUCHANAN 2700 STEWART PARKWAY ROSEBURG, OR 97470	V.P. MISSION & MINIS 40 HOUR	87,072.	6,833.	NONE
DAVID J GOODE 2700 STEWART PARKWAY ROSEBURG, OR 97470	DIRECTOR 2 HOUR	NONE	NONE	NONE
GRAND TOTALS		451,919.	46,366.	NONE

FORM 990, PART V - COMPENSATION PROVIDED BY RELATED ORGANIZATION

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
CATHOLIC HEALTH INITIATIVES 47-0617373				
VICTOR J. FRESOLONE 2700 STEWART PARKWAY ROSEBURG, OR 97470	CEO 1 HOUR	173,796.	109,009.	15,230.
CATHOLIC HEALTH INITIATIVES 47-0617373				
DAVID J GOODE 2700 STEWART PARKWAY ROSEBURG, OR 97470	DIRECTOR 2 HOUR	275,566.	73,211.	16,419.
GRAND TOTALS		449,362.	182,220.	31,649.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2C

ALAN OSBORN, A DIRECTOR OF MERCY MEDICAL CENTER, INC., IS PART OWNER OF ROSEBURG RADIOLOGY AND A LIMITED PARTNER IN HARVARD MEDICAL PARK. ALL TRANSACTIONS MADE BETWEEN THESE ENTITIES AND MERCY MEDICAL CENTER WERE AT ARMS-LENGTH AND AT FAIR MARKET VALUE.

RON PRESTON, A DIRECTOR OF MERCY MEDICAL CENTER, INC., IS THE CEO OF COUGLAS COUNTY IPA. ALL TRANSACTIONS BETWEEN THIS ENTITY AND MERCY MEDICAL CENTER, INC. WAS AT ARMS-LENGTH AND AT FAIR MARKET VALUE.

HENRY SNOW, A DIRECTOR OF MERCY MEDICAL CENTER, INC., WAS THE VICE PRESIDENT OF HUMAN RESOURCES FOR ROSEBURG FOREST PRODUCTS. ALL TRANSACTIONS BETWEEN THIS ENTITY AND MERCY MEDICAL CENTER WERE AT ARMS LENGTH AND AT FAIR MARKET VALUE.

CHRISTIONA STOWELL, A DIRECTOR OF MERCY MEDICAL CENTER, INC., IS AN EMPLOYEE OF EVERGREEN FAMILY MEDICINE. ALL TRANSACTIONS BETWEEN THIS ENTITY AND MERCY MEDICAL CENTER, INC. WAS AT ARMS-LENGTH AND AT FAIR MARKET VALUE.

MELVYN YEO, A DIRECTOR OF MERCY MEDICAL CENTER, INC., IS PART OWNER OF THE STEWART PARKWAY MEDICAL GROUP. ALL TRANSACTIONS BETWEEN THIS ENTITY AND MERCY MEDICAL CENTER, INC. WAS AT ARMS-LENGTH AND AT FAIR MARKET VALUE.

BUD JOHNSON, A DIRECTOR OF MERCY MEDICAL CENTER, INC. WAS ALSO A DIRECTOR OF THE GOSSARD/PYRM HEALTH TRUST. ALL TRANSACTIONS BETWEEN THIS ENTITY AND MERCY MEDICAL CENTER, INC. WAS AT ARMS-LENGTH AND AT FAIR MARKET VALUE.

CYNTHIA KREMSER, A DIRECTOR OF MERCY MEDICAL CENTER, INC. OWNES SHARES IN DOUGLAS COUNTY IPA AND HARVARD MEDICAL PARK. ALL TRANSACTIONS BETWEEN THESE ENTITIES AND MERCY MEDICAL CENTER, INC. WERE AT ARMS-LENGTH AND AT FAIR MARKET VALUE.

SCHEDULE A, PART VI-B - MAILINGS TO MEMBERS

THE MEDICAL CENTER RECEIVES REQUESTS BY LETTER AND E-MAIL FOR PARTICIPATION IN FEDERAL, STATE AND LOCAL HEALTHCARE ISSUES. THE MEDICAL CENTER RESPONDS TO GOVERNMENT OFFICIALS IN-KIND BY LETTER AND E-MAIL TO TRY AND INFLUENCE FEDERAL, STATE AND LOCAL HEALTHCARE LEGISLATION.

**Form 990 Part III**  
**Statement of Program Services and Accomplishments**  
**For the Year Ended 6/30/01 – Page 1**

**I. Introduction**

Mercy Medical Center was founded in 1909 and is located in Roseburg, Oregon, (pop. 20,000), Mercy Medical Center is a 126-bed facility with a level III Trauma designation serving most of Douglas County (pop 100,000) As the first hospital to serve the community, Mercy Medical Center embraced the mission of the founding Catholic congregation, and has since joined with other congregations to form Catholic Health Initiatives The mission of Mercy Medical Center is to develop a healthy community and provide care to all in need

Community service has always been at the core of Mercy Medical Center. Each year, services and programs are expanded to promote healthier communities To enhance the health status of the population, Mercy Medical Center focuses on holistic care including spiritual, emotional, and physical well-being

During fiscal year 2001, Mercy Medical Center provided quantifiable benefits to the poor and broader community of \$11,263,789 as described below The major components of these community benefits are as follows

	Community Benefit
<b><u>Benefits for the Poor</u></b>	
Cost of Charity Care	\$721,540
Unreimbursed Cost of Medicaid	\$5,421,116
Cash and In-Kind Donations	\$553,389
Other Benefits for the Poor	<u>\$43,191</u>
Total Benefits to the Poor	\$6,739,236
<b><u>Benefits to the Broader Community</u></b>	
Unreimbursed Cost of Medicare	\$3,880,895
Non-billed Services to the Community	\$126,658
Education and Research	\$21,000
Other Community Benefits	<u>\$496,000</u>
Total Benefits for the Broader Community	\$4,524,553
 Total Quantifiable Community Benefits	 \$11,263,789

**II. Uncompensated Care**

As described above, Mercy Medical Center provides a significant level of free care each year and in FY 2001 that care amounted to \$721,540. Mercy Medical Center also incurred \$9,302,011 in unreimbursed costs for services provided to Medicare and

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**Statement of Program Services and Accomplishments**  
**For the Year Ended 6/30/01 – Page 2**

Medicaid patients, which represent approximately 67 percent of the patients served by Mercy Medical Center. Frequently, the cost of providing services to Medicare and Medicaid patients exceeds the payment Mercy Medical Center receives from the government/state.

**III. Community Outreach for the Poor**

**Food Donations to Mission**

Mercy Medical Center helps to alleviate hunger in the community by donating excess food prepared by the hospital kitchen to the Roseburg Rescue Mission. In FY 01, these donations had an estimated community benefit of \$10,964.

**Mercy House**

Mercy House is level-III licensed foster-care home established to assist those coping with terminal illness and the process of death, grief and bereavement. In a prolonged illness, the patient, as well as caregivers, have many physical, emotional, social, and spiritual needs. Mercy House is a not-for-profit 5-bed facility available to anyone, regardless of ability to pay. Mercy Medical Center provided \$117,704 in funding for this facility, which provided care to 58 previously underserved patients in FY01.

**Open Door Health Clinic**

When access to primary care was identified as a health care need in the community, Mercy Medical Center worked with Open Door Clinic to expand primary care options. To meet the health care needs of this community, Mercy Medical Center provided \$46,000 in funding to the Open Door Clinic.

**IV. Community Outreach for the Broader Community**

**Parish Nurse Program**

Mercy Medical Center collaborated with St. Joseph's Catholic Church to initiate a parish nurse program that offers nurses training on how to serve as a vital link between area churches and health care providers. They help to add a spiritual dimension to the physical and emotional healing process. Mercy Medical Center provides office space, a computer and telephone access to the Parish Nurse Program valued at \$3,330 for the year.

**Douglas County Aids Council**

Douglas County Aids Council is an AIDS education, prevention, and support service program. Mercy Medical Center provided \$8,400 in funding to this program in FY01.

**Billboard**

Mercy Medical Center sponsors two prominently located community billboards, which are used by various local community service agencies. These Public Service

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**For the Year Ended 6/30/01 – Page 3**

Announcement billboards promote awareness of health issues such as domestic violence, aids prevention, illiteracy, teen pregnancy, etc. Mercy Medical Center funded \$16,315 for this program in FY01.

**Stretch Your Life**

Mercy Medical Center's ongoing commitment to the health and wellness of the senior population is evidenced by the sponsorship of its "Stretch Your Life" program for over 20 years. This low-cost senior exercise program is offered six times per week and serves approximately 100 seniors at each session. This service cost Mercy Medical Center \$8,576 in FY01.

**Childbirth Education**

Mercy Medical Center's Family Birthplace provides classes that meet every week throughout the year, and include Baby and You, Gift of Motherhood, Childbirth class, Motherwell, and Sibling classes. The annual cost in FY '01 for these classes was \$108,326.

**United Way Day of Caring**

Each year, the United Way hosts a "Day of Caring" event. United Way agencies submit requests for volunteers to paint, plant, or clean at their facility. Each agency is assigned volunteers who help meet the needs of the different agencies. Examples of past Day of Caring projects include sprucing up a United Way funded day care center, helping with a Kids on the Block festival, painting interior and exterior facilities, cleaning, and gardening. Mercy Medical Center's employees have participated in several Day of Caring projects.

**Disease Prevention and Awareness**

Mercy Medical Center collaborates with local partners to raise awareness and help fund prevention of diseases such as cancer, diabetes, cystic fibrosis, muscular dystrophy and AIDS. In FY01, Mercy Medical Center donated \$15,665 to local organizations sponsoring walks, runs, and other events to meet these needs.

**Youth at Risk**

In 1999, Mercy Medical Center was awarded the Department of Justice's Drug-Free Community grant. This multi-year grant was initially used to fund local youth development activities aimed at reducing alcohol and other drug use among youth. Mercy Medical Center provided support through administration of this Federal grant.

**Bereavement Ministry**

Mercy Medical Center offers weekly bereavement services to provide support to families experiencing grief. Support groups are facilitated throughout the community. Additionally, a six-week educational class is offered 4 times per year and provides educational components of the grieving process and its many stages. These groups meet at Mercy Medical Center and are provided at no cost to the residents of Douglas County.

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**Statement of Program Services and Accomplishments**  
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Mercy' Bereavement Chaplain provides ongoing service to the community through community seminars, educational offerings to various agencies, and counseling and support in times of community/agency crises

**Health Fairs and Screenings**

Mercy Medical Center provides cholesterol screenings, glucose screening, blood pressure checks, and flu shots to the community In FY01 these free screenings reached 118 people at a cost of \$4,003 In addition, Mercy also was involved in providing over 1,500 estimated senior flu shots this past year

**Support Groups**

Mercy Medical Center provides a location for the following support groups to meet, and advertises meeting locations and times in several different publications

New Attitudes

Narcotics Anonymous (women's)

United Parents of Douglas County

Reach to Recovery

Al-Anon-Monday

Narcotics Anonymous (men's)

Ostomy Assn

Rsbg Little League

Umpqua Amateur Astronomers

Al-Anon-Tuesday

Community Resource Program

American Cancer Society

Open Door Clinic

United Way

DC Breast/cervical cancer screening program

STARS

Senior/Disabled Consumer Relations "Medicare and You"

Douglas County Medical Society

MS social issues

Make a Wish

**Board Activities**

Mercy Medical Center employees are encouraged to be involved in community leadership Employees serve in a variety of leadership capacities in the community including serving on the following boards

United Way

Council on Aging

Future 1<sup>st</sup> Citizen



**Form 990 Part III**  
**Statement of Program Services and Accomplishments**  
**For the Year Ended 6/30/01 – Page 5**

Junior Achievement  
Project Leadership  
COBB Street Board  
AIDS Council  
Winston Area Community Partnership  
Children's Resource Committee  
Diabetic Advisory Committee  
Open Door Clinic  
American Cancer Society

**Agencies Supported**

Mercy Medical Center provided cash donations in the amount of \$157,711 in FY01 to the following agencies:

4H Leaders Association	Oregon Medical Association Alliance
American Cancer Society	Oregon Trail Council
American Diabetes Association	Peacehealth
Area Health Education Center	Phoenix School
Avon Breast Cancer	Portland Coast Relay Project
CASA of Douglas County	Project Graduation
Cobb Street Children's Learning Center	Project Literacy
Community Cancer Center	Riddle High School
Cystic Fibrosis Foundation	Riverbend Live
Douglas County Aids Council	Roseburg Area Chamber
Douglas County Duck Race	Roseburg High School
Douglas County Health Department	Roseburg Little League
Douglas County Right to Life	Roseburg Rotary
Douglas County Shrine Circus	S M A R T
Douglas County United Way	South Umpqua High School
Glide High School	Special Olympics Oregon
Hucrest Elementary School	St. Joseph Catholic School
Junior Achievement of Douglas County	Sutherlin High School
Kiwanis March of Dimes	The News Review
Melrose Elementary School	UCC Foundation
Muscular Dystrophy Association	Umpqua Community College
Music on the Half Shell	Umpqua Fishery Enhancement Derby
National MS Society	Umpqua Valley Arts Association
North Douglas High School	Western Youth Development
Oakland High School	Wildlife Safari
Oakland Police Department	Winchester Elementary School

**Form 990 Part III**  
**Statement of Program Services and Accomplishments**  
**For the Year Ended 6/30/01 – Page 6**

**Contributions**

Mercy Medical Center receives some community support from donations that helps fund research and education, capital expansion and renovation, indigent care, new equipment and operating costs. The value of this community support is returned to the community through lower costs in patient programs and community services described throughout this document.

ENTITY NAME	CITY	STATE	EXEMPT NONEXEMPT
St. Joseph Healthcare System	Albuquerque	NM	Exempt
St. Joseph Healthcare Foundation	Albuquerque	NM	Exempt
St. Joseph healthcare System Auxiliary	Albuquerque	NM	Exempt
Albuquerque Healthcare for the Homeless	Albuquerque	NM	Exempt
S E T For Health New Mexico	Albuquerque	NM	Exempt
St. Joseph Amulatory Services Corp	Albuquerque	NM	Nonexempt
St. Joseph Development Corp	Albuquerque	NM	Nonexempt
St. Joseph Healthcare PSO, Inc	Albuquerque	NM	Nonexempt
Healthcare New Mexico	Albuquerque	NM	Nonexempt
Life Center	Albuquerque	NM	Nonexempt
Franciscan Healthcare Corporation	Aston	PA	Exempt
St Elizabeth Health Services, Inc.	Baker City	OR	Exempt
St Elizabeth Health Care Foundation	Baker City	OR	Exempt
Flaget Healthcare Inc	Bardstown	KY	Exempt
Lakewood Health Center	Baudette	MN	Exempt
St. Francis Medical Center	Breckenridge	MN	Exempt
St. Francis Home	Breckenridge	MN	Exempt
Appletree Court	Breckenridge	MN	Exempt
Carrington Health Center	Carrington	ND	Exempt
OccuNet	Chattanooga	TN	Nonexempt
Caduceus Medical Associates Inc	Chattanooga	TN	Nonexempt
Memorial Health Partners, Inc.	Chattanooga	TN	Exempt
Mountain Management Services Inc	Chattanooga	TN	Nonexempt
Memorial North Park Hospital	Chattanooga	TN	Exempt
Memorial Home Health Agency	Chattanooga	TN	Exempt
Memorial Health Care System, Inc.	Chattanooga	TN	Exempt
Memorial Health Care System Foundaton(new)	Chattanooga	TN	Exempt
Good Samaritan Hospital	Cincinnati	OH	Exempt
Good Samantan Hospital Foundation of Cincinnati	Cincinnati	OH	Exempt
Universal Health Corp	Cincinnati	OH	Exempt
Community Limited Care Dialysis Center	Cincinnati	OH	Exempt
Catholic Health Initiatives Colorado Foundation	Colorado Spring	CO	Exempt
Total Healthcare	Colorado Spring	CO	Exempt
Total Healthcare Pueblo	Colorado Spring	CO	Nonexempt
SHR Management Resources, Inc	Dayton	OH	Nonexempt
The Marfa-Joseph Living Care Center	Dayton	OH	Exempt
Good Samantan Hospital & Health Center	Dayton	OH	Exempt
Samantan Health Foundation	Dayton	OH	Exempt
Samantan Health Partners	Dayton	OH	Exempt
Catholic Health Initiatives	Denver	CO	Exempt
First Initiatives Insurance Co Ltd	Denver	CO	Nonexempt
CHI Operating Investment Program LP	Denver	CO	Nonexempt
HMSO, Inc	Denver	CO	Nonexempt
Comcare Services, Inc.	Denver	CO	Nonexempt
Hospice Of Peace	Denver	CO	Exempt
Provenant Home Health & Elder Care Services	Denver	CO	Exempt
Mercy Medical Center - Centerville	Des Moines	IA	Exempt
Mercy Professional Practice Associates Inc	Des Moines	IA	Exempt
Mercy Park Apartments	Des Moines	IA	Nonexempt
CHI - Iowa, Corp	Des Moines	IA	Exempt
Mercy Foundation of Des Moines, IA	Des Moines	IA	Exempt
Mercy Clinics Inc	Des Moines	IA	Exempt
Joseph A. Schuster Annuity Trust #1	Des Moines	IA	Nonexempt
House of Mercy	Des Moines	IA	Exempt
Charles T Cownie Annuity Trust #1	Des Moines	IA	Nonexempt
Bishop Drumm Retirement Center	Des Moines	IA	Exempt
Mercy College of Health Sciences	Des Moines	IA	Exempt
Behavioral Healthcare Network of Iowa	Des Moines	IA	Exempt
Mercy Hospital Of Devils Lake	Devils Lake	ND	Exempt
St. Joseph's Hospital & Health Center	Dickinson	ND	Exempt
St. Joseph Lifecare Foundatin	Dickinson	ND	Exempt
Mercy Medical Center	Durango	CO	Exempt
AIMS, Inc	Englewood	CO	Nonexempt
Catholic Health Initiatives - Colorado	Englewood	CO	Exempt
Samantan Family Care, Inc	Englewood	OH	Exempt

ENTITY NAME	CITY	STATE	EXEMPT NONEXEMPT
Villa Nazareth, Inc.	Fargo	ND	Exempt
St Catherine Hospital	Garden City	KS	Exempt
Central Nebraska Rehabilitation Services	Grand Island	NE	Nonexempt
Saint Francis Medical Center	Grand Island	NE	Exempt
Saint Francis Foundation	Grand Island	NE	Exempt
Central Kansas Medical Center	Great Bend	KS	Exempt
Central Kansas Medical Center Foundation	Great Bend	KS	Exempt
Central Kansas Health Services Association	Great Bend	KS	Nonexempt
Samantan Health Partners Insurance Ltd	Hamilton	Bermuda	Exempt
Health First Inc	Joplin	MO	Nonexempt
Mercy Health Services Inc & Subsidiaries	Joplin	MO	Nonexempt
Mercy Lifecare Systems	Joplin	MO	Exempt
Mercy Regional Health Foundation	Joplin	MO	Exempt
St John's Regional Medical Center	Joplin	MO	Exempt
Maude Norton Memorial Hospital	Joplin	MO	Exempt
Mercy Clinics (new - exempt status pending)	Joplin	MO	Exempt
NEVO, Inc.	Joplin	MO	Nonexempt
Nevada Medical Center, Inc.	Joplin	MO	Nonexempt
Mercy Agency Services-Nevada, Inc.	Joplin	MO	Nonexempt
Keamey Ambulatory Surgery Center, LLC	Keamey	NE	Nonexempt
Good Samantan Health System Inc	Keamey	NE	Exempt
Good Samantan Hospital	Keamey	NE	Exempt
Good Samantan Hospital Foundation	Keamey	NE	Exempt
Central Nebraska Home Care Services	Keamey	NE	Nonexempt
Health Systems Enterprises, Inc	Keamey	NE	Nonexempt
Good Samantan Outreach Services	Keamey	NE	Nonexempt
Frontier Services, LLC	Keamey	NE	Nonexempt
Pioneer Health Plan, Inc	Keamey	NE	Nonexempt
Priane View Garden Townhomes	Keamey	NE	Exempt
St Joseph Health Ministries (Fya Neumann Services, Inc )	Lancaster	PA	Exempt
Cardiac Cost Management LLC	Lancaster	PA	Nonexempt
Global Heart Network, LLC	Lancaster	PA	Nonexempt
St Joseph Health Ministries Foundation	Lancaster	PA	Exempt
Bachmann Realty Corp	Lancaster	PA	Exempt
Bachmann Investment, Inc	Lancaster	PA	Nonexempt
Bachmann Services, Inc.	Lancaster	PA	Nonexempt
Langhorne Services, Inc.	Langhorne	PA	Nonexempt
St Mary Medical Center Foundation	Langhorne	PA	Exempt
St. Mary Medical Center	Langhorne	PA	Exempt
Langhorne MRI, Inc	Langhorne	PA	Exempt
Langhorne Cancer Center	Langhorne	PA	Exempt
Langhorne Physician Services	Langhorne	PA	Exempt
St. Mary Regional Cancer Center	Langhorne	PA	Exempt
St Joseph Office Park Condos	Lexington	KY	Nonexempt
St Joseph Healthcare Inc. (fya St. Joseph East)	Lexington	KY	Exempt
Bluegrass Regional Imaging Center	Lexington	KY	Nonexempt
St Joseph Foundation	Lexington	KY	Exempt
Nebraska Surgery Center	Lincoln	NE	Nonexempt
St Elizabeth Regional Medical Center	Lincoln	NE	Exempt
St Elizabeth Community Health Center Foundation	Lincoln	NE	Exempt
St Elizabeth Health Services	Lincoln	NE	Exempt
St Elizabeth Physician Resource Network	Lincoln	NE	Exempt
St Elizabeth Health Systems	Lincoln	NE	Exempt
Health Care Management, Inc.	Lincoln	NE	Nonexempt
LincCare	Lincoln	NE	Nonexempt
St. Gabriel's Hospital	Little Falls	MN	Exempt
Albany Area Hospital	Little Falls	MN	Exempt
St. Otto's Care Center	Little Falls	MN	Exempt
St. Camillus Place	Little Falls	MN	Exempt
Alvema Apartments	Little Falls	MN	Exempt
Nova System Health Network, LLC	Little Rock	AR	Nonexempt
Visiting Nurse Company LLC	Little Rock	AR	Nonexempt
St. Vincent Totalhealth Corporation	Little Rock	AR	Exempt
St. Vincent Medical Group	Little Rock	AR	Exempt
St Vincent Managed Care Corp & Subsidiaries	Little Rock	AR	Nonexempt
St Vincent Infirmary Medical Center	Little Rock	AR	Exempt

ENTITY NAME	CITY	STATE	EXEMPT NONEXEMPT
St Vincent Homecare	Little Rock	AR	Exempt
St Vincent Health Services Inc	Little Rock	AR	Nonexempt
Independent Service Finances Inc	Little Rock	AR	Nonexempt
Arkansas Heart Institute	Little Rock	AR	Nonexempt
St. Anthony's Hospital Association	Little Rock	AR	Exempt
St. Vincent Foundation	Little Rock	AR	Exempt
St Vincent Management Services Organization	Little Rock	AR	Nonexempt
MetroCentre, LLC	Little Rock	AR	Nonexempt
Marymount Medical Center	London	KY	Exempt
Cantas Health Services Inc	Louisville	KY	Exempt
Cantas Physicians Group	Louisville	KY	Exempt
B C Holding (DBA. Cantas Fitness Center)	Louisville	KY	Nonexempt
Cantas Home Health	Louisville	KY	Exempt
Our Lady of the Way Hospital, Inc.	Martin	KY	Exempt
Good Samantan Health Center Of Merrill WI, Inc.	Merrill	WI	Exempt
Good Samantan Health Center Foundation Of Merrill WI, Inc.	Merrill	WI	Exempt
Mednow	Nampa	ID	Nonexempt
Mercy Medical Center	Nampa	ID	Exempt
Mercy Medical Center Employee Health Care Plan	Nampa	ID	Exempt
Mercy Medical Auxiliary	Nampa	ID	Exempt
St Mary's Hospital	NE City	NE	Exempt
Nebraska City Community Healthcare Foundation	NE City	NE	Exempt
St Catherine's Residence, Inc	North Bend	OR	Exempt
Evergreen Court For Retirement Living	North Bend	OR	Exempt
Oakes Community Hospital	Oakes	ND	Exempt
Alegent Health - Bergan Mercy Health System	Omaha	NE	Exempt
The Mercy Center	Omaha	NE	Exempt
Bergan Mercy Foundation	Omaha	NE	Exempt
Mercy Medical Office Building	Omaha	NE	Exempt
Mercy Hospital Foundation Council Bluffs	Omaha	NE	Exempt
Mercy Hospital , Coming IA	Omaha	NE	Exempt
Mercy Health Care Foundation	Omaha	NE	Exempt
Pathway Hospice LLC (new)	Ontario	OR	Nonexempt
Auxiliary of Holy Rosary Hospital	Ontario	OR	Exempt
The Dominican Sisters Of Ontario, Inc (DBA.Holy Rosary Medical Center)	Ontario	OR	Exempt
Holy Rosary Hospital Medical Benefit Trust	Ontario	OR	Exempt
St. Joseph's Area Health Services	Park Rapids	MN	Exempt
St. Ansgar's Hospital (DBA.St. Ansgar's Health Center)	Park River	ND	Exempt
St Anthony Development Company	Pendelton	OR	Nonexempt
St Anthony Hospital	Pendelton	OR	Exempt
St Anthony Hospital Foundation	Pendelton	OR	Exempt
St. Agnes Corp	Philadelphia	PA	Nonexempt
Northeast Physician Services, Inc	Philadelphia	PA	Nonexempt
Franciscan Family Care PA	Philadelphia	PA	Nonexempt
Franciscan Family Care LLC	Philadelphia	PA	Nonexempt
Nazareth Health Care Foundation	Philadelphia	PA	Exempt
St. Agnes Medical Center Foundation	Philadelphia	PA	Exempt
St. Agnes Medical Center	Philadelphia	PA	Exempt
Nazareth Hospital	Philadelphia	PA	Exempt
Franciscan Services Inc & Subsidiaries	Philadelphia	PA	Nonexempt
St. Mary's Healthcare Center	Pierre	SD	Exempt
Gettysburg Medical Center	Pierre	SD	Exempt
Mt. St. Joseph, Inc.	Portland	OR	Exempt
St. Mary Corwin Auxiliary	Pueblo	CO	Exempt
St Joseph Regional Health Network	Reading	PA	Exempt
St Joseph Medical Center Foundation	Reading	PA	Exempt
Bornemann Healthcare Corp	Reading	PA	Exempt
SJH Services Corp	Reading	PA	Nonexempt
Community General Hospital	Reading	PA	Exempt
Community General Hospital Foundation	Reading	PA	Exempt
CGH Realty Co, Inc	Reading	PA	Exempt
Ambulatory Surgery Center Of Roseburg, LLC	Roseburg	OR	Nonexempt
Canyonville Health Clinic, Inc.	Roseburg	OR	Nonexempt
Mercy Service Corporation	Roseburg	OR	Nonexempt
Therapeutic Services Inc	Roseburg	OR	Nonexempt
Mercy Healthcare Inc	Roseburg	OR	Exempt

ENTITY NAME	CITY	STATE	EXEMPT NONEXEMPT
Mercy Rehabilitation & Care Center, Inc.	Roseburg	OR	Exempt
Mercy Medical Center Inc	Roseburg	OR	Exempt
Mercy Foundation	Roseburg	OR	Exempt
Linus Oakes	Roseburg	OR	Exempt
Our Lady OF Fatima Villa	Saratoga	CA	Exempt
Franciscan Villa Of South Milwaukee	South Milwaukee	WI	Exempt
Healthcare Management Services Org , Inc.	Tacoma	WA	Nonexempt
Physician Health System Network	Tacoma	WA	Exempt
Franciscan Health System - West	Tacoma	WA	Exempt
Franciscan Medical Group	Tacoma	WA	Exempt
Franciscan Foundation Washington	Tacoma	WA	Exempt
St Joseph Medical Center	Towson	MD	Exempt
St Joseph Medical Center Foundation	Towson	MD	Exempt
Towson Physician Services	Towson	MD	Exempt
Towson Management Inc	Towson	MD	Nonexempt
Franciscan Family Care	Trenton	NJ	Nonexempt
SpectraCare, Inc.	Trenton	NJ	Nonexempt
Mercy Hospital	Valley City	ND	Exempt
Mercy Healthcare Foundation	Valley City	ND	Exempt
Mercy Medical Foundation	Williston	ND	Exempt
Medquest Incorporated	Williston	ND	Nonexempt
Mercy Hospital	Williston	ND	Exempt
Franciscan Family Care PC	Wilmington	DE	Nonexempt

## Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
  - If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)
- Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

Note: Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only   
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print	Name of Exempt Organization <b>MERCY MEDICAL CENTER, INC</b>	Employer identification number <b>93: 0386868</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P O box, see instructions. <b>2700 STEWART PARKWAY</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ROSEBURG, OR 97470</b>	

Check type of return to be filed (file a separate application for each return).

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 0928. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until FEB 15, 2002, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year 20... or  
 ▶  tax year beginning JUL 1, 2000, and ending JUN 30, 2001

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ 0

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ \_\_\_\_\_

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions. \$ 0

### Signature and Verification

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

Signature ▶ *Samuel Coffey* Title ▶ TAX ANALYST Date ▶ 11-14-01

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box  **Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.**
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

**Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.**

Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>MERCY MEDICAL CENTER, INC</b>	Employer identification number <b>93 : 0386868</b>
	Number, street, and room or suite no. If a P O box, see instructions. <b>2700 STEWART PARKWAY</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ROSEBURG, OR 97470</b>	

Check type of return to be filed (File a separate application for each return)

- Form 990     Form 990-EZ     Form 990-T (sec 401(a) or 408(a) trust)     Form 1041-A     Form 5227     Form 8870
- Form 990-BL     Form 990-PF     Form 990-T (trust other than above)     Form 4720     Form 6069

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

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) **0928**. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an additional 3-month extension of time until **MAY 15TH**, 20**02**  
 2 For calendar year . . . . . or other tax year beginning **JULY 1**, 20**00** and ending **JUNE 30**, 20**01**

6 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period  
 7 State in detail why you need the extension **ADDITIONAL TIME IS NEEDED TO COLLECT ALL THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ **NONE**

8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. \$

c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ **NONE**

**Signature and Verification**

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

Signature *Ronald Koffy* Title **TAX ANALYST** Date **2-12-02**

**Notice to Applicant—To Be Completed by the IRS**

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- Other

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address** — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name <b>CATHOLIC HEALTH INITIATIVES</b>
	Number and street (include suite, room, or apt. no.) Or a P O. box number <b>1999 BROADWAY SUITE 2600</b>
	City or town, province or state, and country (including postal or ZIP code) <b>DENVER, CO 80202</b>

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