

EIDE BAILLY LLP  
877 W. MAIN ST., STE. 800  
BOISE, ID 83702

GRITMAN MEDICAL CENTER  
700 S. MAIN STREET  
MOSCOW, ID 83843

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# Gritman Medical Center

## 2009 Income Tax Return

### **STATEMENT THAT THIS IS A TAX RETURN NOT A FINANCIAL STATEMENT**

The accompanying federal income tax return does **NOT** constitute a financial statement. We have not audited, reviewed or compiled the accompanying income tax return and, accordingly, do not express an opinion or any other form of assurance on it.

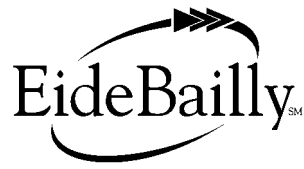
An income tax return is not intended to constitute financial statements prepared in accordance with generally accepted accounting principles. Accordingly, it does not necessarily include all financial information or disclosures required by generally accepted accounting principles. If the omitted financial information or disclosures were included with the tax return, they might influence the users' conclusions about the taxpayer's financial position, results of operations and cash flows. Accordingly, this income tax return is not designed to be used in lieu of financial statements.

### **RECORD RETENTION**

Our policy is to dispose of our copies of tax returns and workpapers, and other tax information that is more than eight years old.

Your responsibility for retention of your own tax records varies, depending upon the type of tax return or other information involved. We suggest that you keep your tax information and supporting documents for a minimum of eight years. We also recommend that you keep all records that pertain to a carryover amount, such as net operating loss carryovers and charitable contribution carryovers as well as capital loss carryovers, until eight years after the carryover has been consumed.

Also, we suggest that you maintain, indefinitely, copies of income tax returns, records supporting your tax basis in your personal, investment, and business assets, and documentation pertaining to gifts that you make. Your copies of the returns are enclosed for your files. We suggest that you retain these copies indefinitely.



CPAs & BUSINESS ADVISORS

November 15, 2010

Gritman Medical Center  
700 S. Main Street  
Moscow, ID 83843

Dear Kara:

Enclosed is the 2009 Exempt Organization return, as follows...

2009 FORM 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

In addition, we have included a public disclosure copy of the Form 990. An exempt organization is required to have a copy of its current year Form 990 and two prior year returns available for public inspection. If the return includes a Schedule of Contributors (Schedule B), we have removed the names and addresses of contributors from this return as this information is not open to public inspection. You should sign this copy of the return and keep it available at your primary office location.

We have prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

Please review the return for completeness and accuracy.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Sincerely,

Bill Smith

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2009

<b>Prepared for</b>	Gritman Medical Center 700 S. Main Street Moscow, ID 83843
<b>Prepared by</b>	Eide Bailly LLP 877 W. Main St., Ste. 800 Boise, ID 83702
<b>Amount due or refund</b>	Not applicable
<b>Make check payable to</b>	Not applicable
<b>Mail tax return and check (if applicable) to</b>	Not applicable
<b>Return must be mailed on or before</b>	Not applicable
<b>Special Instructions</b>	This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by November 15, 2010.

# Return of Organization Exempt From Income Tax

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

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

### A For the 2009 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C</b> Name of organization <b>GRITMAN MEDICAL CENTER</b>		<b>D</b> Employer identification number <b>82-0146328</b>	
		Doing Business As		<b>E</b> Telephone number <b>208-882-4511</b>	
		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>48,391,535.</b>	
		<b>700 S. MAIN STREET</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City or town, state or country, and ZIP + 4 <b>MOSCOW, ID 83843</b>		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>F</b> Name and address of principal officer: <b>KARA BESST</b> <b>SAME AS C ABOVE</b>		<b>H(c)</b> Group exemption number ▶			
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
<b>J</b> Website: ▶ <b>WWW.GRITMAN.ORG</b>					
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1939</b> <b>M</b> State of legal domicile: <b>ID</b>		

### Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>GENERAL ACUTE CARE HOSPITAL</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>10</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>10</b>
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	<b>589</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>580</b>
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>63,537.</b>	<b>85,353.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>41,467,754.</b>	<b>44,590,028.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>181,866.</b>	<b>94,154.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>-91,731.</b>	<b>-76,419.</b>
		<b>41,621,426.</b>	<b>44,693,116.</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>1,029,086.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>21,729,168.</b>	<b>21,992,418.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>39,270.</b>	
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>19,095,937.</b>	<b>20,476,558.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>40,864,375.</b>	<b>43,498,062.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>757,051.</b>	<b>1,195,054.</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<b>61,013,729.</b>	<b>65,768,963.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>27,341,466.</b>	<b>28,777,027.</b>
	<b>33,672,263.</b>	<b>36,991,936.</b>	

### 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.

<b>Sign Here</b>	Signature of officer	Date		
	<b>KARA BESST, CFO</b> Type or print name and title			
<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ <b>BILL SMITH</b>	Date <b>11/15/10</b>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <b>EIDE BAILLY LLP</b> <b>877 W. MAIN ST., STE. 800</b> <b>BOISE, ID 83702</b>	EIN ▶	Phone no. ▶ <b>208-344-7150</b>	

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: PEOPLE FOCUSED, COMMUNITY DRIVEN ORGANIZATION PROVIDING EXCELLENT AND COMPASSIONATE HEALTHCARE FOR THE PEOPLE OF OUR COMMUNITY.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No [X] No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code: ) (Expenses \$ 36,555,797. including grants of \$ ) (Revenue \$ 44,590,028. ) GRITMAN MEDICAL CENTER AND ITS AFFILIATES ARE COMMITTED TO A POLICY OF NONDISCRIMINATION AND EQUAL OPPORTUNITY FOR ALL QUALIFIED APPLICANTS AND STAFF, WITHOUT REGARD TO RACE, COLOR, CREED, NATIONAL ORIGIN, AGE, MARITAL STATUS, SEX, SEXUAL ORIENTATION, POLITICAL IDEOLOGY, RELIGION, ANCESTRY, THE PRESENCE OF ANY SENSORY, MENTAL OR PHYSICAL DISABILITY AND DIAGNOSIS. ALTHOUGH REIMBURSEMENT FOR SERVICES RENDERED IS CRITICAL TO THE OPERATION AND STABILITY OF GRITMAN MEDICAL CENTER, IT IS RECOGNIZED THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE ESSENTIAL MEDICAL SERVICES. FURTHERMORE, OUR MISSION IS TO SERVE THE COMMUNITY AND PROVIDE HEALTH CARE SERVICES AND EDUCATION, THEREBY KEEPING WITH THE HOSPITAL'S COMMITMENT TO SERVE ALL THE MEMBERS OF THE COMMUNITY.

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 \$ 36,555,797.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? .....	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> .....	X	
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> .....		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
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? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> .....	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i> .....	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i> .....		X
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 United States? <i>If "Yes," complete Schedule F, Part II</i> .....		X
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 United States? <i>If "Yes," complete Schedule F, Part III</i> .....		X
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? <i>If "Yes," complete Schedule G, Part I</i> .....		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....	X	

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....	X	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		X
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		X
<b>25a 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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....	X	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	X	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O.

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a	95	
<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?	X	
	1c		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a	589	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
	2b		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
	3a		
<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, securities account, or other financial account)?		X
	4a		
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4b		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	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?		X
	6a		
<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 Organizations that may receive deductible contributions under section 170(c).</b>			
<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?		X
	7a		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	7e		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
<b>8 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?		
	8		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
	9a		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
<b>10 Section 501(c)(7) organizations.</b>	Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11 Section 501(c)(12) organizations.</b>	Enter:		
<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 Section 4947(a)(1) non-exempt charitable trusts.</b>	Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body		
1a			10
b	Enter the number of voting members that are independent		
1b			10
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?		X
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?	X	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10b			
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b		X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
12c		X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
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	X	
15a		X	
b	Other officers or key employees of the organization	X	
15b		X	
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?	X	
16a		X	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		X
16b			X

**Section C. Disclosure**

17	List the states with which a copy of this Form 990 is required to be filed	NONE
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization:	
	KARA BESST - 208-883-2221	
	700 S. MAIN ST., MOSCOW, ID 83843	

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

**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. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BJ SWANSON BOARD CHAIR	5.00	X					0.	0.	0.	
JANIE NIRK VICE-CHAIR	3.00	X					0.	0.	0.	
GREG MANN TRUSTEE	2.00	X					0.	0.	0.	
ROBIN WOODS SECRETARY/TREASURER	3.00	X					0.	0.	0.	
CHARLES JACOBSON, MD TRUSTEE	2.00	X					0.	0.	0.	
JOHN NORTON TRUSTEE	2.00	X					0.	0.	0.	
TERRY ARMSTRONG BOARD REPRESENTATIVE	2.00	X					0.	0.	0.	
GREG KIMBERLING TRUSTEE	2.00	X					0.	0.	0.	
DICK HEIMSCH TRUSTEE	2.00	X					0.	0.	0.	
WAYNE RUBY, MD TRUSTEE	2.00	X					0.	0.	0.	
JEFF MARTIN CEO	40.00			X			261,047.	0.	75,271.	
KARA BESST CFO	40.00			X			117,643.	0.	10,318.	
DEENA RAUCH CNO	40.00			X			112,424.	0.	7,208.	
WILLIAM NASH DIRECTOR PHARMACY	40.00				X		109,137.	0.	9,129.	
LORRAINE GRANFIELD CRNA	40.00				X		122,887.	0.	3,966.	
STEVEN REITZ CRNA	40.00				X		237,372.	0.	11,873.	
MARIA BARKER CRNA	40.00				X		236,952.	0.	6,968.	



<b>Part VIII</b>		<b>Statement of Revenue</b>		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>						
	<b>b</b> Membership dues	<b>1b</b>						
	<b>c</b> Fundraising events	<b>1c</b>						
	<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>	85,353.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		8,400.					
	<b>h Total.</b> Add lines 1a-1f			85,353.				
	<b>Program Service Revenue</b>	<b>2 a</b> NET PATIENT SERVICE RE	Business Code	621110	43922238.	43922238.		
<b>b</b> OTHER REVENUE			621110	667,790.	667,790.			
<b>c</b>								
<b>d</b>								
<b>e</b>								
<b>f</b> All other program service revenue								
<b>g Total.</b> Add lines 2a-2f				44590028.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			489,358.			489,358.	
	<b>4</b> Income from investment of tax-exempt bond proceeds							
	<b>5</b> Royalties							
	<b>6 a</b> Gross Rents	(i) Real		187,790.				
		(ii) Personal						
		<b>b</b> Less: rental expenses		264,209.				
	<b>c</b> Rental income or (loss)		-76,419.					
	<b>d</b> Net rental income or (loss)			-76,419.			-76,419.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities						
		(ii) Other		3039006.				
		<b>b</b> Less: cost or other basis and sales expenses		3434210.				
		<b>c</b> Gain or (loss)		-395204.				
	<b>d</b> Net gain or (loss)			-395,204.			-395,204.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>						
<b>b</b> Less: direct expenses	<b>b</b>							
<b>c</b> Net income or (loss) from fundraising events								
<b>9 a</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							
<b>10 a</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							
<b>Miscellaneous Revenue</b>		<b>Business Code</b>						
<b>11 a</b>								
<b>b</b>								
<b>c</b>								
<b>d</b> All other revenue								
<b>e Total.</b> Add lines 11a-11d								
<b>12 Total revenue.</b> See instructions.				44693116.	44590028.	0.	17,735.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....	1,029,086.	1,029,086.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	585,651.		585,651.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	17,254,302.	16,247,355.	1,006,947.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....				
9 Other employee benefits .....	4,152,465.	4,104,890.	47,575.	
10 Payroll taxes .....				
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	72,598.		72,598.	
c Accounting .....	99,571.		99,571.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other .....	2,263,435.	2,181,164.	82,271.	
12 Advertising and promotion .....	412,425.		412,425.	
13 Office expenses .....	5,172,177.	5,094,276.	77,901.	
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	1,267,176.	1,267,176.		
17 Travel .....	107,029.		107,029.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....				
20 Interest .....	1,150,817.	111,603.	1,039,214.	
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	2,700,120.		2,700,120.	
23 Insurance .....	826,985.	826,985.		
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>PROVISION FOR UNCOLLECT</b>	2,395,738.	2,395,738.		
b <b>OTHER FEES</b>	1,915,028.	1,507,897.	407,131.	
c <b>REPAIRS AND MAINTENANCE</b>	1,400,093.	1,387,252.	12,841.	
d <b>MISCELLANEOUS OTHER EXP</b>	632,953.	402,375.	230,578.	
e <b>DONATIONS</b>	54,831.		54,831.	
f All other expenses .....	5,582.		5,582.	
25 <b>Total functional expenses.</b> Add lines 1 through 24f	43,498,062.	36,555,797.	6,942,265.	0.
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	356,783.	<b>1</b>	1,818,376.	
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>		
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>		
	<b>4</b> Accounts receivable, net .....	6,520,103.	<b>4</b>	7,150,315.	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> 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 .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....	1,299,049.	<b>8</b>	1,293,498.	
	<b>9</b> Prepaid expenses and deferred charges .....	452,960.	<b>9</b>	440,650.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 68,612,282.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 31,827,422.	35,048,830.	<b>10c</b>	36,784,860.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	17,336,004.	<b>15</b>	18,281,264.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	61,013,729.	<b>16</b>	65,768,963.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	4,226,864.	<b>17</b>	5,474,947.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	23,114,602.	<b>23</b>	23,302,080.	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....		<b>25</b>		
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	27,341,466.	<b>26</b>	28,777,027.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	33,651,367.	<b>27</b>	36,972,794.	
	<b>28</b> Temporarily restricted net assets .....	20,896.	<b>28</b>	19,142.	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
	<b>33</b> Total net assets or fund balances .....	33,672,263.	<b>33</b>	36,991,936.	
<b>34</b> Total liabilities and net assets/fund balances .....	61,013,729.	<b>34</b>	65,768,963.		

**Part XI Financial Statements and Reporting**

**1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....

**b** Were the organization's financial statements audited by an independent accountant? .....

**c** If "Yes" to line 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.

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis  Consolidated basis  Both consolidated and separate 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? .....

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. ....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form **990** (2009)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2009**

Open to Public Inspection

Name of the organization **GRITMAN MEDICAL CENTER** Employer identification number **82-0146328**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....		
(ii) A family member of a person described in (i) above? .....		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....		
- h Provide the following information about the supported organization(s).

(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	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2009.</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 .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2008.</b> If the organization did not check a 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 .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2009.</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 .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2008.</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 .....		<input type="checkbox"/>
<b>18 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 .....		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>		%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 .....	<b>16</b>		%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2009</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>		%
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17 .....	<b>18</b>		%

**19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2009**

Name of the organization

GRITMAN MEDICAL CENTER

Employer identification number

82-0146328

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

<b>Name of organization</b>  GRITMAN MEDICAL CENTER	<b>Employer identification number</b>  82-0146328
---	---

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	RON & JANIE NIRK <hr/> 1010 BRINCKEN RD <hr/> POTLATCH , ID 83855 <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	DOROTHY ROSS ESTATE <hr/> 6530 PLANTATION LN <hr/> BOISE , ID 83703 <hr/>	\$ 8,571.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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

**If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then**

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

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

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

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then**

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

Name of organization <b>GRITMAN MEDICAL CENTER</b>	Employer identification number <b>82-0146328</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ..... ▶ \$ \_\_\_\_\_

3 Volunteer hours ..... \_\_\_\_\_

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_

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

4a Was a correction made? .....  Yes  No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

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

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

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

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2009 LHA

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

- A Check  if the filing organization belongs to an affiliated group.  
 B Check  if the filing organization checked box A and "limited control" provisions apply.

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

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? If "Yes," describe in Part IV .....	X		2,558.
<b>j</b> Total. Add lines 1c through 1i .....			2,558.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

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

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

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

**Part IV Supplemental Information**

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

**PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:**

**EXPENSES PAID TO STRATEGIC HEALTHCARE.**

**Schedule D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

GRITMAN MEDICAL CENTER

Employer identification number

82-0146328

**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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> 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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 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 Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06 .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

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

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

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

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

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

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

	Amount
c Beginning balance	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<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.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	221,304.				
b Contributions	0.				
c Net investment earnings, gains, and losses	38,959.				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	260,263.				

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

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  100.00 %
- c Term endowment  \_\_\_\_\_ %

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,415,289.		5,415,289.
b Buildings		15,458,502.	6,403,829.	9,054,673.
c Leasehold improvements		22,032,553.	5,368,628.	16,663,925.
d Equipment		25,705,938.	20,054,965.	5,650,973.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				<b>36,784,860.</b>



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited 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 through 8	9	
10	Excess or (deficit) for the year per audited 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 must 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 must 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, line 2; 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.

**PART V, LINE 4: THE ORGANIZATIONS USE OF THE ENDOWMENT FUNDS IS PER**

**THE DONOR SPECIFICATIONS EITHER FOR HEALTHCARE SCHOLARSHIPS OR MEDICAL EQUIPMENT PURCHASES WITHIN THE HOSPITAL.**

**PART X: THE MEDICAL CENTER HAS ADOPTED THE PROVISIONS OF FASB ACCOUNTING STANDARDS CODIFICATION TOPIC ASC 740-10 (PREVIOUSLY FINANCIAL INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES), ON JANUARY 1, 2009. THE IMPLEMENTATION OF THIS STANDARD HAD NO IMPACT ON THE**



**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **GRITMAN MEDICAL CENTER** Employer identification number **82-0146328**

**Part I Charity Care and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Does the organization have a charity care policy? If "No," skip to question 6a .....	<input checked="" type="checkbox"/>	
<b>1b</b> If "Yes," is it a written policy? .....	<input checked="" type="checkbox"/>	
<b>2</b> If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals. <input checked="" type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Applied uniformly to most hospitals <input type="checkbox"/> Generally tailored to individual hospitals		
<b>3</b> Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients. <b>a</b> Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care: ..... <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
<b>b</b> Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care: ..... <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
<b>c</b> If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
<b>4</b> Does the organization's policy provide free or discounted care to the "medically indigent"? .....	<input checked="" type="checkbox"/>	
<b>5a</b> Does the organization budget amounts for free or discounted care provided under its charity care policy? .....	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization's charity care expenses exceed the budgeted amount? .....	<input checked="" type="checkbox"/>	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? .....		<input checked="" type="checkbox"/>
<b>6a</b> Does the organization prepare an annual community benefit report? .....	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," does the organization make it available to the public? .....		<input checked="" type="checkbox"/>

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

<b>7 Charity Care and Certain Other Community Benefits at Cost</b>						
<b>Charity Care and Means-Tested Government Programs</b>	<b>(a)</b> Number of activities or programs (optional)	<b>(b)</b> Persons served (optional)	<b>(c)</b> Total community benefit expense	<b>(d)</b> Direct offsetting revenue	<b>(e)</b> Net community benefit expense	<b>(f)</b> Percent of total expense
<b>a</b> Charity care at cost (from Worksheets 1 and 2) .....			664,436.	0.	664,436.	1.53%
<b>b</b> Unreimbursed Medicaid (from Worksheet 3, column a) .....			3493373.	3174359.	319,014.	.73%
<b>c</b> Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b) .....						
<b>d Total</b> Charity Care and Means-Tested Government Programs ...			4157809.	3174359.	983,450.	2.26%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....	34	21,297	303,158.	8,449.	294,709.	.68%
<b>f</b> Health professions education (from Worksheet 5) .....	13	320	528,315.	0.	528,315.	1.21%
<b>g</b> Subsidized health services (from Worksheet 6) .....	4	101	441,366.	0.	441,366.	1.01%
<b>h</b> Research (from Worksheet 7) .....						
<b>i</b> Cash and in-kind contributions to community groups (from Worksheet 8) .....	9	715	89,946.	0.	89,946.	.21%
<b>j Total.</b> Other Benefits .....	60	22,433	1362785.	8,449.	1354336.	3.11%
<b>k Total.</b> Add lines 7d and 7j .....	60	22,433	5520594.	3182808.	2337786.	5.37%

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support	2	130	17,494.	0.	17,494.	.04%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total	2	130	17,494.		17,494.	.04%

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

**Section A. Bad Debt Expense**

	Yes	No
1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? .....	X	
2 Enter the amount of the organization's bad debt expense (at cost) .....		
3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy .....		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.		

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) .....	5	11,153,363.
6 Enter Medicare allowable costs of care relating to payments on line 5 .....	6	10,755,671.
7 Subtract line 6 from line 5. This is the surplus or (shortfall) .....	7	397,692.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

9a Does the organization have a written debt collection policy? .....	9a	X	
b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI .....	9b	X	

**Part IV Management Companies and Joint Ventures**

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 PALOUSE HEALTH				
2 PROPERTIES, LLC	PROPERTY MANAGEMENT	60.00%		40.00%
3 PALOUSE SURGERY	OUTPATIENT SURGERY			
4 CENTER, LLC	CENTER	60.00%		40.00%
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				



**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 7: LINES 7A,B, AND C WERE CALCULATED USING A COST TO CHARGE RATIO BASED ON TOTAL OPERATING EXPENSES LESS BAD DEBT DIVIDED BY GROSS PATIENT CHARGES.

LINES 7E,F,G AND I WERE CALCULATED FROM GENERAL LEDGER ACTUAL COSTS.

PART I, LINE 7G: TWO RURAL CLINICS WERE INCLUDED IN LINE 7G. THE POTLATCH CLINIC AND KENDRICK CLINIC REPRESENT \$197,647 OF THE TOTAL REPORTED.

PART III, LINE 4: THE MEDICAL CENTER AND SURGERY CENTER REPORT PATIENT ACCOUNTS RECEIVABLE FOR SERVICES RENDERED AT NET REALIZABLE AMOUNTS FROM THIRD-PARTY PAYERS, PATIENTS AND OTHERS. THE MEDICAL CENTER AND SURGERY CENTER PROVIDE AN ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON A REVIEW OF OUTSTANDING RECEIVABLES, HISTORICAL COLLECTION INFORMATION AND EXISTING ECONOMIC CONDITIONS. AS A SERVICE TO THE PATIENT, THE MEDICAL CENTER AND SURGERY CENTER BILL THIRDPARTY PAYERS DIRECTLY AND BILL THE PATIENT WHEN THE PATIENT'S LIABILITY IS DETERMINED. PATIENT ACCOUNTS RECEIVABLE ARE DUE IN FULL WHEN BILLED. THE RECEIVABLES ARE NON-INTEREST BEARING. ACCOUNTS ARE CONSIDERED DELINQUENT AND SUBSEQUENTLY WRITTEN OFF AS BAD DEBTS BASED ON INDIVIDUAL CREDIT EVALUATION AND SPECIFIC CIRCUMSTANCES OF THE ACCOUNT.

**Part VI** Supplemental Information

PART III, LINE 8: INFORMATION WAS FROM GRITMAN MEDICAL CENTER'S 2009 COST REPORT.

PART III, LINE 9B: GRITMAN MEDICAL CENTER DOES NOT COLLECT FROM PATIENTS INITIALLY KNOWN TO QUALIFY FOR CHARITY CARE. IF A PATIENT IN COLLECTIONS IS LATER DETERMINED TO QUALIFY FOR CHARITY CARE GRITMAN MEDICAL CENTER CEASES COLLECTION EFFORTS FOR THAT PATIENT.

PART VI, LINE 2: IN AUGUST, 2009, QHR STRATEGY GROUP PERFORMED A MARKET ASSESSMENT FOR GRITMAN MEDICAL CENTER. INCLUDED IN THE ASSESSMENT IS DATA FOR IDAHO PUBLIC HEALTH DISTRICT #2 WHICH INCLUDES LATAH COUNTY (AMONG OTHERS) FROM THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, DEVELOPED BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION AND DESIGNED TO ESTIMATE THE PREVALENCE OF RISK FACTORS FOR MAJOR CAUSES OF MORBIDITY AND MORTALITY IN THE UNITED STATES. ALSO INCLUDED IN THE QHR ASSESSMENT IS INFORMATION GATHERED FROM AN ONLINE COMMUNITY HEALTHCARE SURVEY. BECAUSE OUR PRIMARY SERVICE AREA INCLUDES MANY SMALL RURAL TOWNS, THE GRITMAN COMMUNITY RELATIONS TEAM TRAVELED TO THE TOWNS, SETTING UP THE SURVEY IN THE LOCAL LIBRARIES SO THAT THOSE WITHOUT COMPUTER AND ONLINE ACCESS COULD PARTICIPATE.

PART VI, LINE 3: GRITMAN HAS 1.5 FULL-TIME FINANCIAL COUNSELOR(S) TO INFORM AND EDUCATE PATIENTS. ONE FINANCIAL COUNSELOR WORKS WITH PATIENTS WHO VISIT US THROUGH OUR EMERGENCY DEPARTMENT. AFTER A PATIENT IS SEEN IN THE ED, THE COUNSELOR WILL SHARE INFORMATION ON ALL AVAILABLE PAYMENT OPTIONS INCLUDING COUNTY ASSISTANCE AND OUR CHARITY CARE. IF THE PATIENT CANNOT PAY, THE PATIENT IS GIVEN OUR CHARITY CARE FORM AND, IF NEEDED, CAN

**Part VI** Supplemental Information

BE ASSISTED IN FILLING OUT THE FORM.

OUR CASE MANAGEMENT STAFF REFER PATIENTS TO OUR FINANCIAL COUNSELORS, AS WELL, IF PATIENTS EXPRESS INTEREST OR NEED IN RECEIVING BILLING INFORMATION.

A FINANCIAL POLICY BROCHURE FOR PATIENTS IS CURRENTLY BEING DEVELOPED.

PART VI, LINE 4: GRITMAN MEDICAL CENTER IS A NOT-FOR-PROFIT, COMMUNITY-OWNED HOSPITAL IN A RURAL/AGRICULTURAL AREA OF NORTH IDAHO CALLED THE PALOUSE. GRITMAN MEDICAL CENTER HAS BEEN A PART OF THE COMMUNITY FOR MORE THAN 100 YEARS.

THE PRIMARY SERVICE AREA FOR GRITMAN MEDICAL CENTER IS LATAH COUNTY. LATAH COUNTY IS 2,000 SQUARE MILES WITH 35,867 PEOPLE. SEVENTY-EIGHT PERCENT OF OUR INPATIENTS ARE FROM LATAH COUNTY. LATAH COUNTY IS COMPOSED OF MOSCOW, THE COUNTY SEAT AND 10 SMALL TOWNS WHICH HAVE BEEN HARD-HIT BY THE DECLINING NATURAL RESOURCE INDUSTRIES. THERE IS WIDE VARIATION IN MEDIAN AGE IN OUR SERVICE AREA, RANGING FROM 27.1. TO 46.3. OF THOSE 65 YEARS AND OVER, THERE ARE 3,758 PEOPLE. MEDIAN HOUSEHOLD INCOME IN 2008 WAS \$40,092. FORTY-ONE PERCENT OF OUR PRIMARY SERVICE AREA POPULATION HOLDS A 4-YEAR DEGREE.

GRITMAN IS IN A HIGHLY COMPETITIVE MARKET WITH FOUR OTHER HOSPITALS BEING JUST 30 MINUTES AWAY. ALL BUT ONE ARE CRITICAL ACCESS HOSPITALS.

PART VI, LINE 5: GRITMAN MEDICAL CENTER IS COMMITTED TO SERVING THE HEALTHCARE NEEDS OF OUR COMMUNITY. WE ORGANIZE AND PARTNER WITH OTHERS IN

**Part VI** Supplemental Information

OUR COMMUNITY, PARTICIPATE IN COMMUNITY EVENTS, AND PROVIDE USEFUL INFORMATION AND EDUCATE RESIDENTS YOUNG AND OLD ON WAYS TO IMPROVE THEIR HEALTH AND WELL THROUGH PREVENTATIVE PROGRAMS. EXAMPLES INCLUDE FREE MONTHLY EDUCATIONAL CLASSES PRESENTED BY LOCAL EXPERTS ON TOPICS SUCH AS BICYCLING FITNESS, NUTRITION AND MEMORY WELLNESS. WE ORGANIZE AN ANNUAL FUN RUN EACH FEBRUARY TO ENCOURAGE HEART HEALTH. ATTENDANCE CONTINUES TO GROW EACH YEAR, WITH MORE THAN 100 PEOPLE PARTICIPATING IN 2009, FROM COLLEGE STUDENTS TO SENIOR CITIZENS. WE PARTNER WITH THE CITY OF MOSCOW, THE UNIVERSITY OF IDAHO TO SPONSOR A FALL TRIATHLON FOR CHILDREN AND ADULTS. WE OFFER A FREE "FIT AND FALL PROOF" CLASS SEVERAL TIMES WEEKLY TO HELP IMPROVE THE BALANCE OF SENIORS AND THUS REDUCE THE RISK OF FALLS. WE OFFER FREE SUPPORT GROUPS, FREE BLOOD PRESSURE CLINICS AND FREE SMOKING CESSATION COUNSELING.

PART VI, LINE 6: GRITMAN'S BOARD OF DIRECTORS IS COMPRISED OF INDIVIDUALS WHO RESIDE IN THE ORGANIZATION'S PRIMARY SERVICE AREA. GRITMAN EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS. GRITMAN APPLIES SURPLUS FUNDS TO IMPROVEMENTS IN PATIENT CARE.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**GRITMAN MEDICAL CENTER**

Employer identification number

**82-0146328**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRITMAN MEDICAL CENTER FOUNDATION 700 S. MAIN STREET MOSCOW, ID 83843			0.	1,029,086.	FMV	MUTUAL FUND & FIXED INCOME INVESTMENTS	PATIENT HOSPICE CARE

- 2** Enter total number of section 501(c)(3) and government organizations ..... ▶
- 3** Enter total number of other organizations ..... ▶

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2009

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

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**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public Inspection

Name of the organization

GRITMAN MEDICAL CENTER

Employer identification number

82-0146328

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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)		
<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)									
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....</p>	<b>1b</b>									
<p><b>2</b> 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? .....</p>	<b>2</b>									
<p><b>3</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> 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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? .....</p>	<b>4a</b>	X								
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p>	<b>4b</b>	X								
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>	X								
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p>										
<p><b>5</b> 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:</p> <p><b>a</b> The organization? .....</p>	<b>5a</b>	X								
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	<b>5b</b>	X								
<p><b>6</b> 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:</p> <p><b>a</b> The organization? .....</p>	<b>6a</b>	X								
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	<b>6b</b>	X								
<p><b>7</b> 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 .....</p>	<b>7</b>	X								
<p><b>8</b> 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 .....</p>	<b>8</b>	X								
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>	<b>9</b>									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JEFF MARTIN	(i)	261,047.	0.	0.	0.	75,271.	336,318.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
STEVEN REITZ	(i)	237,372.	0.	0.	2,215.	11,262.	250,849.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MARIA BARKER	(i)	236,952.	0.	0.	4,802.	3,768.	245,522.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
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	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

**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.

NAME OF UNRELATED ORGANIZATION: QHR

AMOUNT OF COMPENSATION: \$336,318

NAME OF INDIVIDUAL RECEIVING COMPENSATION: JEFF MARTIN, CEO

**Supplemental Information on Tax-Exempt Bonds**  
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).  
▶ Attach to Form 990. See separate instructions.

Name of the organization

**GRITMAN MEDICAL CENTER**

Employer identification number  
**82-0146328**

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
<b>A</b> IDAHO HEALTH FACILITIES AUTHORITY	82-6051863	45129UAV6	06/01/03	18545000.	NEW HOSPITAL WING		X		X
<b>B</b>									
<b>C</b>									
<b>D</b>									
<b>E</b>									

**Part II Proceeds**

	A		B		C		D		E	
<b>1</b> Total proceeds of issue .....	18,904,302.									
<b>2</b> Gross proceeds in reserve funds .....	1,229,573.									
<b>3</b> Proceeds in refunding or defeasance escrows .....										
<b>4</b> Other unspent proceeds .....										
<b>5</b> Issuance costs from proceeds .....	281,940.									
<b>6</b> Working capital expenditures from proceeds .....	14,895,362.									
<b>7</b> Capital expenditures from proceeds .....	14,895,362.									
<b>8</b> Year of substantial completion .....	2003									
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>9</b> Were the bonds issued as part of a current refunding issue? ...		X								
<b>10</b> Were the bonds issued as part of an advance refunding issue? .....		X								
<b>11</b> Has the final allocation of proceeds been made? .....	X									
<b>12</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? .....	X									

**Part III Private Business Use**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X								
<b>2</b> Are there any lease arrangements with respect to the financed property which may result in private business use? .....		X								

**Part III Private Business Use** (Continued)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts with respect to the financed property which may result in private business use? .....		X								
<b>b</b> Are there any research agreements with respect to the financed property which may result in private business use? ...		X								
<b>c</b> Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? .....		X								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		%		%		%		%		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....		%		%		%		%		%
<b>6</b> Total of lines 4 and 5 .....		%		%		%		%		%
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? .....		X								

**Part IV Arbitrage**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? .....		X								
<b>2</b> Is the bond issue a variable rate issue? .....		X								
<b>3a</b> Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records? .....		X								
<b>b</b> Name of provider .....										
<b>c</b> Term of hedge .....										
<b>4a</b> Were gross proceeds invested in a GIC? .....		X								
<b>b</b> Name of provider .....										
<b>c</b> Term of GIC .....										
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....										
<b>5</b> Were any gross proceeds invested beyond an available temporary period? .....		X								
<b>6</b> Did the bond issue qualify for an exception to rebate? .....		X								

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GRITMAN MEDICAL CENTER

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82-0146328

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

GRITMAN MEDICAL CENTER PROVIDED 6,019 DAYS OF INPATIENT CARE, AND  
63,284 OUTPATIENT SERVICES DURING 2009. RECOGNIZING ITS MISSION TO THE  
COMMUNITY, SERVICES ARE PROVIDED TO ALL PATIENTS REGARDLESS OF ABILITY  
TO PAY. TO THE EXTENT REIMBURSEMENT IS NOT RECEIVED, GRITMAN MEDICAL  
CENTER RECOGNIZES THESE AMOUNTS AS CHARITABLE CARE IN MEETING ITS  
MISSION TO THE ENTIRE COMMUNITY. THE TOTAL NON-REIMBURSED VALUE FOR  
PROVIDING CARE AND SERVICES TO PATIENTS IS \$21,915,310. CHARITY CARE  
IS ALSO PROVIDED THROUGH MANY REDUCED-PRICE SERVICES AND FREE PROGRAMS  
OFFERED THROUGHOUT THE YEAR.

FORM 990, PART VI, SECTION A, LINE 3: JEFF MARTIN, CEO

RELATED ORGANIZATION: QHR

RELATIONSHIP: HOSPITAL MANAGEMENT COMPANY

COMPENSATION: GRITMAN MEDICAL CENTER PAYS QHR FOR HOSPITAL MANAGEMENT  
SERVICES. THESE SERVICES INCLUDE THE COST OF JEFF MARTIN'S COMPENSATION.

FORM 990, PART VI, SECTION B, LINE 11: THE GRITMAN MEDICAL CENTER CFO WILL  
PRESENT A COPY OF THE FORM 990 TO THE BOARD FOR REVIEW PRIOR TO SIGNATURE  
OF THE RETURN BY THE ORGANIZATION'S CEO.

FORM 990, PART VI, SECTION B, LINE 12C: POTENTIAL CONFLICTS ARE REQUIRED  
TO BE DISCLOSED TO THE BOARD THROUGHOUT THE YEAR. THE BOARD CHAIRPERSON,  
IN CONFERENCE WITH THE CEO, WILL DETERMINE WHETHER A POTENTIAL CONFLICT OF  
INTEREST IS PRESENT. IT IS THE POLICY OF GRITMAN MEDICAL CENTER THAT ANY

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BOARD MEMBER WITH AN UNDISCLOSED CONFLICT OF INTEREST MAY BE SUBJECT TO  
IMMEDIATE TERMINATION FROM SERVICE ON THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION'S CEO, IS AN  
EMPLOYEE OF QUORUM HEALTH RESOURCES. AS SUCH, HIS PAY RATE IS DETERMINED BY  
QUORUM.

GRITMAN HAS THREE OTHER SENIOR ADMINISTRATIVE STAFF, THE CHIEF FINANCIAL  
OFFICER (CFO), THE CHIEF NURSING OFFICER (CNO), AND THE CHIEF QUALITY  
OFFICER (CQO). EACH YEAR PRIOR TO THE ANNUAL PAY INCREASE THEIR POSITIONS  
ARE REVIEWED BY THE HUMAN RESOURCES DIRECTOR. THEIR SALARY GRADE MINIMUM  
AND MAXIMUM RATES AND THEIR ACTUAL PAID RATE ARE COMPARED TO STATE AND  
REGIONAL SALARY SURVEY DATA TO DETERMINE THEIR RELATIONSHIP TO OUR EXTERNAL  
MARKET. IN ADDITION TO THE EXTERNAL COMPARISON, WE ENSURE WE HAVE INTERNAL  
EQUITY BASED ON THEIR SALARY GRADE LEVEL, YEARS OF EXPERIENCE, AND HOW  
THEIR RESPONSIBILITIES COMPARE TO THOSE IN OTHER POSITIONS. ALL PAY  
INCREASES ARE REVIEWED AND APPROVED BY THE CEO. THE PAY INCREASES ARE THEN  
INCORPORATED INTO THE ANNUAL BUDGET WHICH IS APPROVED BY THE BOARD OF  
DIRECTORS. THE PAY INCREASES ARE NOT APPROVED UNTIL THE ANNUAL BUDGET IS  
APPROVED BY THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL INFORMATION IS MADE  
AVAILABLE AT GRITMAN'S ANNUAL BOARD MEETING IN MAY OF EACH YEAR, WHICH IS  
OPEN TO THE PUBLIC.

FORM 990, PART CI, LINE 2C:

NO CHANGE IN OVERSIGHT PROCESS FROM THE PRIOR YEAR.

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**COMMUNITY BENEFIT INFORMATION**

GRITMAN MEDICAL CENTER PROMOTES HEALTH CARE IN THE COMMUNITY THROUGH  
EDUCATIONAL PROGRAMS, CLINICS AND ACTIVITIES FOR A TOTAL VALUE OF  
\$1,174,183 WHICH INCLUDE, BUT ARE NOT LIMITED TO:

**ADMINISTRATION DONATED MEETING FACILITIES**

**DESCRIPTION: PROVIDE FACILITIES FOR NON PROFIT ORGANIZATIONS AT NO  
CHARGE**

**COMMUNITY NEED: MEETING SPACE FOR COMMUNITY NON PROFITS**

**NEED DETERMINED: REQUESTS FROM COMMUNITY ORGANIZATIONS**

**OBJECTIVE: PROVIDE FACILITIES FOR NON PROFIT ORGANIZATIONS AT NO**

**CHARGE**

**EXPENSES: 15,625**

**ADMINISTRATION DONATIONS**

**DESCRIPTION: DONATIONS TO COMMUNITY ORGANIZATIONS**

**NEED DETERMINED: REQUESTED BY ORGANIZATIONS**

**OBJECTIVE: SUPPORT LOCAL ORGNIZATIONS THROUGH DONATIONS**

**EXPENSES: 34,424**

**ADULT DAY HEALTH ALZHEIMER'S EDUCATION**

**DESCRIPTION: DEMENTIA PRESENTATIONS AND RESOURCES**

**PERSONS: 162**

**EXPENSES: 1,097**

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ADULT DAY HEALTH CAREGIVER SUPPORT

DESCRIPTION: PROVIDE CAREGIVER SUPPORT GROUPS AND INFORMATION

COMMUNITY NEED: CAREGIVER NEEDS

NEED DETERMINED: REQUESTS FROM COMMUNITY

OBJECTIVE: PROVIDE CAREGIVER SUPPORT

PERSONS: 874

EXPENSES: 8,617

ADULT DAY HEALTH COMMUNITY EDUCATION

DESCRIPTION: PROVIDE COMMUNITY INFORMATION REGARDING SENIOR CARE

COMMUNITY NEED: NEEDS OF SENIOR CITIZEN'S

NEED DETERMINED: REQUESTS FROM COMMUNITY

OBJECTIVE: PROVIDE COMMUNITY INFORMATION REGARDING SENIOR CARE

PERSONS: 620

EXPENSES: 1,997

ADULT DAY HEALTH NON PROFIT MEETING SPACE

DESCRIPTION: PROVIDE MEETING SPACE TO NON PROFIT ORGANIZATIONS

COMMUNITY NEED: SUPPORT FOR COMMUNITY BUILDING EFFORTS OF NON PROFIT

ORGANIZATIONS

NEED DETERMINED: REQUEST FROM NON PROFIT ORGANIZATIONS

OBJECTIVE: PROVIDE MEETING SPACE TO NON PROFIT ORGANIZATIONS

PERSONS: 130

EXPENSES: 1,869

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**ADULT DAY HEALTH PROJECT ACCESS MENTAL HEALTH**

**DESCRIPTION: GRANT IN KIND DONATION OF OFFICE SPACE, PHONE, COMPUTERS,  
POSTAGE, AUDIT, ETC FOR PROJECT ACCESS MENTAL  
HEALTH**

**COMMUNITY NEED: MENTAL HEALTH ACCESS AND SERVICES**

**NEED DETERMINED: ASSESSED BY LOCAL PROVIDERS**

**OBJECTIVE: SUPPORT MISSION OF PROJECT ACCESS THROUGH GRANT IN KIND**

**DONATION OF OFFICE SPACE, PHONE, COMPUTERS,  
POSTAGE, AUDIT, ETC**

**PERSONS: 200**

**EXPENSES: 14,701**

**ADULT DAY HEALTH STUDENT MENTORSHIP**

**DESCRIPTION: PROVIDE SITE AND SUPERVISORS FOR PRACTICUM EXPERIENCE,  
INTERNSHIPS AND VOLUNTEER OPPORTUNITIES FOR  
STUDENTS**

**COMMUNITY NEED: STUDENT EXPERIENCE AND DEVELOPMENT IN HEALTHCARE AND  
SENIOR'S NEEDS**

**NEED DETERMINED: REQUESTS FROM COMMUNITY**

**OBJECTIVE: PROVIDE SITE AND SUPERVISORS FOR PRACTICUM EXPERIENCE,  
INTERNSHIPS AND VOLUNTEER OPPORTUNITIES  
FOR STUDENTS**

**PERSONS: 123**

**EXPENSES: 3,812**

**ADULT DAY HEALTH SUBSIDIZED CARE**

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DESCRIPTION: PROVIDE CARE AT 1/2 OF WHAT IT COSTS IN ORDER TO MAKE IT

AFFORDABLE FOR SENIOR'S

COMMUNITY NEED: SENIOR'S ACCESS TO AFFORDABLE CARE

NEED DETERMINED: NEED FOR RESPITE CARE, NURSING SERVICES, REHAB AND

SOCIAL WORK SERVICES AS DETERMINED BY NEEDS

ASSESSMENT IN 1999 FOR GRANT

OBJECTIVE: PROVIDE CARE AT 1/2 OF WHAT IT COSTS IN ORDER TO MAKE IT

AFFORDABLE FOR SENIOR'S AND ALLOW

SENIORS TO STAY IN THEIR HOMES

PERSONS: 86

EXPENSES: 243,519

BENEFIT: 243,519

CARDIO RESPIRATORY MOSCOW HIGH SCHOOL CAREER FAIR

DESCRIPTION: OFFERED INFORMATION ON CAREERS IN CARDIOPULMONARY AND

SLEEP MEDICINE

PERSONS: 300

EXPENSES: 100

BENEFIT: 100

CARDIO RESPIRATORY SENIOR FAIR

DESCRIPTION: PROVIDED RESOURCES TO ASSIST INDIVIDUALS IN TOBACCO

CESSATION

EXPENSES: 152

BENEFIT: 152

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CARDIO RESPIRATORY TOBACCO CESSATION ADVERTISING

EXPENSES: 75

BENEFIT: 75

CARDIO RESPIRATORY TOBACCO CESSATION COUNSELING

DESCRIPTION:FREE SMOKING CESSATION COUNSELING AND FREE NICOTINE

REPLACEMENT OFFERED TO

MEMBERS OF THE

COMMUNITY.

PERSONS:12

EXPENSES: 1,000

CCU HEALTH PROFESSIONALS EDUCATION

DESCRIPTION:TO HELP BUILD FUTURE HEALTHCARE WORKFORCE

COMMUNITY NEED:HEALTHCARE WORKFORCE

NEED DETERMINED:REQUESTS FROM NURSING PROGRAMS

OBJECTIVE:TO HELP BUILD FUTURE HEALTHCARE WORKFORCE

EXPENSES: 30,588

CHILDCARE FIRST STEPS PROGRAM

DESCRIPTION:EDUCATION AND SUPPORT FOR FAMILIES OF NEWBORNS

COMMUNITY NEED:FMAILY AND NEWBORN HEALTH

OBJECTIVE:EDUCATION AND SUPPORT FOR FAMILIES OF NEWBORNS

PERSONS:745

EXPENSES: 5,270

CHILDCARE PARENT EDUCATION

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

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DESCRIPTION: PROVIDE EDUCATION AND TRAININGS TO PARENTS

COMMUNITY NEED: PARENT EDUCATION AND SUPPORT

OBJECTIVE: PROVIDE EDUCATION AND TRAININGS TO PARENTS

PERSONS: 20

EXPENSES: 200

CHILDCARE STUDENT LEARNING SITE

DESCRIPTION: CHILDCARE SITE AS A LEARNING SITE FOR COLLEGE STUDENTS

AND TEENS

COMMUNITY NEED: STUDENT LEARNING

NEED DETERMINED: REQUESTS FROM COMMUNITY

OBJECTIVE: PROVIDE MENTORSHIP AND STUDENT LEARNING OPPORTUNITIES AT

THE CHILDCARE SITE

PERSONS: 65

EXPENSES: 10,240

COMMUNITY RELATIONS DONATIONS

DESCRIPTION: PROVIDE CASH AND IN KIND SUPOPRT TO COMMUNITY

ORGANIZATIONS AND PROGRAMS

NEED DETERMINED: REQUESTS FROM COMMUNITY FOR SUPPORT

OBJECTIVE: PROVIDE CASH AND IN KIND SUPOPRT TO COMMUNITY ORGANIZATIONS

AND PROGRAMS

PERSONS: 15

EXPENSES: 17,678

COMMUNITY RELATIONS EDUCATIONAL FAIRS

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DESCRIPTION: PROVIDE EDUCATIONAL HEALTH RELATED INFORMATION AT

COMMUNITY FAIRS

COMMUNITY NEED: COMMUNITY HEALTH EDUCATION

NEED DETERMINED: REQUESTS AND INVITATIONS FOR ATTENDANCE AT FAIRS

OBJECTIVE: PROVIDE EDUCATIONAL HEALTH RELATED INFORMATION AT COMMUNITY

FAIRS

PERSONS: 9,800

EXPENSES: 29,585

COMMUNITY RELATIONS HOSPITAL TOURS

DESCRIPTION: PROVIDE HOSPITAL TOURS TO CHILDREN

COMMUNITY NEED: CHILD FEAR OF HOSPITALS AND EDUCATION

NEED DETERMINED: REQUEST FROM SCHOOLS AND FAMILIES

OBJECTIVE: PROVIDE HOSPITAL TOURS TO CHILDREN

PERSONS: 90

EXPENSES: 270

COMMUNITY RELATIONS PINK TEA FUNDRAISER FOR SUBSIDIZED MAMMOGRAM

DESCRIPTION: FUNDRAISE IN ORDER TO PROVIDE SUBSIDIZED OR FREE

MAMMOGRAMS TO WOMEN IN THE COMMUNITY

COMMUNITY NEED: BREAST CANCER PREVENTION AND ACCESS TO PREVENTATIVE

CARE/MAMMOGRAMS

OBJECTIVE: FUNDRAISE IN ORDER TO PROVIDE SUBSIDIZED OR FREE MAMMOGRAMS

TO WOMEN IN THE COMMUNITY

PERSONS: 500

EXPENSES: 5,600

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EDUCATION COMMUNITY EDUCATION AND TRAINING

DESCRIPTION: PROVIDE COMMUNITY EDUCATION AND TRAINING

PERSONS: 348

EXPENSES: 4,950

EMERGENCY DEPT FREE BLOOD PRESSURE CHECKS

DESCRIPTION: PROVIDE FREE BLOOD PRESSURE CHECKS TO THE COMMUNITY

PERSONS: 180

EXPENSES: 3,600

EMERGENCY DEPT. CLINICAL TRAINING

DESCRIPTION: PROVIDE CLINICAL TRAINING AND PRECEPTORSHIPS TO NURSING

AND EMT STUDENTS

COMMUNITY NEED: HEALTHCARE WORKFORCE

NEED DETERMINED: REQUESTS FROM HEALTH PROGRAMS

OBJECTIVE: PROVIDE CLINICAL TRAINING AND PRECEPTORSHIPS TO NURSING AND

EMT STUDENTS

ENHANCE COMMUNITY: TRUE

PERSONS: 29

EXPENSES: 20,160

EMERGENCY DEPT. SUPPLIES FOR VOLUNTEER AMBULANCES

DESCRIPTION: PROVIDE SUPPLIES TO STOCK VOLUNTEER AMBULANCES OF LATAH

COUNTY

COMMUNITY NEED: AMBULANCE SERVICES AND SUPPLIES

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OBJECTIVE: PROVIDE SUPPLIES TO STOCK VOLUNTEER AMBULANCES OF LATAH

COUNTY

EXPENSES: 8,480

FAMILY BIRTH CENTER NURSING PRECEPTORSHIP

DESCRIPTION: NURSING STUDENTS WERE PRECEPTED BY RNS OF FBC

COMMUNITY NEED: PRECEPTOR NEEDS FOR LCSC AND WALLA WALLA COMMUNITY

COLLEGE NURSING STUDENTS;

NEED DETERMINED: DETERMINED BY THE NURSING SCHOOLS

OBJECTIVE: PROVIDE PRECEPTORSHIPS TO NURSING STUDENTS

PERSONS: 14

EXPENSES: 32,928

FAMILY BIRTH CENTER POSTPARTUM SUPPORT GROUP

DESCRIPTION: OFFERED ONCE WEEKLY FREE OF CHARGE FOR NEW MOMS WITH

BABIES UP TO 6 MONTHS OF AGE.

COMMUNITY NEED: NEW MOTHER SUPPORT AND EDUCATION

NEED DETERMINED: NEED EXPRESSED BY NEW MOTHERS FOR A SUPPORT GROUP WITH

OTHER NEW MOTHERS

OBJECTIVE: TO PROVIDE SUPPORT TO NEW MOMS

PERSONS: 50

EXPENSES: 900

FAMILY BIRTH CENTER SCHOOL TOURS

DESCRIPTION: VARIOUS DIFFERENT GROUPS OF CHILDREN CAME TO FBC FOR A

TOUR TO EDUCATE THEM REGARDING THE BIRTH

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PROCESS (AS APPROPRIATE), ROUTINE NEWBORN CARE, WHAT TO

EXPECT IF THEY'RE EXPECTING NEW SIBLINGS TO BE BORN AT GMC AND IMPROVE

OVERALL FAMILIARITY AND COMFORT IN THE HOSPITAL

SETTING.

COMMUNITY NEED: YOUTH EXPOSURE TO HOSPITAL SETTING

NEED DETERMINED: LOCAL SCHOOLS, PRESCHOOLS AND YOUTH GROUPS APPROACHED

GMC WITH A REQUEST FOR TOURS FOR THEIR

STUDENTS.

OBJECTIVE: TO EDUCATE YOUTH REGARDING THE BIRTH PROCESS (AS

APPROPRIATE), ROUTINE NEWBORN CARE, WHAT TO

EXPECT IF THEY'RE EXPECTING NEW SIBLINGS TO BE BORN AT GMC AND

IMPROVE OVERALL FAMILIARITY AND COMFORT IN THE HOSPITAL SETTING.

PERSONS: 100

EXPENSES: 140

FAMILY BIRTH CENTER POST CLINICS

DESCRIPTION: NEW MOTHERS ARE GIVEN THE OPPORTUNITY TO SCHEDULE AN

APPOINTMENT TO RETURN TO FBC 2 3 DAYS

FOLLOWING DISCHARGE TO PERFORM A PHYSICAL EXAM ON BOTH MOM AND

BABY, ASSESS FEEDING/JAUNDICE ETC. AND PROVIDE EDUCATION ON POSTPARTUM

COMPLICATIONS AND NEWBORN CARE. CLINICS ARE FREE OF CHARGE.

COMMUNITY NEED: MOTHER/INFANT HEALTH

NEED DETERMINED: PHYSICIANS REQUEST A FOLLOW UP VISIT WITH NEW MOMS AND

BABIES PRIOR TO THEIR 10DAY 14DAY CHECKUP.

OBJECTIVE: TO PROVIDE NEW MOTHERS THE OPPORTUNITY TO SCHEDULE AN

APPOINTMENT TO RETURN TO FBC FOLLOWING

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DISCHARGE TO PERFORM A PHYSICAL EXAM ON BOTH MOM AND BABY, ASSESS

FEEDING/JAUNDICE ETC. AND PROVIDE EDUCATION ON POSTPARTUM COMPLICATIONS

AND NEWBORN CARE.

PERSONS: 320

EXPENSES: 8,960

HOME HEALTH AND HOSPICE FREE SERVICES

DESCRIPTION: FREE PALLIATIVE CARE CONSULTATIONS, BLOOD PRESSURE

CHECKS, COUNSELING, RESOURCE CONSULTATIONS AND

SUPPORT GROUPS.

COMMUNITY NEED: NEEDS OF HOSPICE PATIENTS AND SENIORS

OBJECTIVE: FREE PALLIATIVE CARE CONSULTATIONS, BLOOD PRESSURE CHECKS,

COUNSELING, RESOURCE CONSULTATIONS, AND SUPPORT

GROUPS

EXPENSES: 4,077

HOME HEALTH AND HOSPICE STUDENT MENTORSHIP

DESCRIPTION: PROVIDE SUPERVISION TO WALLA WALLA AND LCSC NURSING

STUDENTS

COMMUNITY NEED: WORKFORCE TRAINING

NEED DETERMINED: REQUESTS FROM SCHOOL PARTNERS

OBJECTIVE: PROVIDE SUPERVISION TO WALLA WALLA AND LCSC NURSING

STUDENTS

EXPENSES: 4,412

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

GRITMAN MEDICAL CENTER

Employer identification number

82-0146328

INFORMATION SYSTEMS HEALTH LIBRARY

DESCRIPTION: ONLINE HEALTH LIBRARY ACCESSIBLE FROM GRITMAN'S PUBLIC

WEBSITE

COMMUNITY NEED: COMMUNITY ACCESS TO HEALTHCARE INFORMATION

NEED DETERMINED: REQUESTS FOR INFORMATION

OBJECTIVE: PROVIDE HEALTHCARE INFORMATION TO THE COMMUNITY

PERSONS: 3,665

EXPENSES: 10,175

KENDRICK FAMILY CARE DONATED CASH AND DONATIONS

DESCRIPTION: DONATED CASH AND PRIZES FOR COMMUNITY AND SCHOOL EVENTS

COMMUNITY NEED: COMMUNITY EVENTS/FUNDRAISERS

NEED DETERMINED: REQUESTS FROM COMMUNITY

OBJECTIVE: DONATED CASH AND PRIZES FOR COMMUNITY AND SCHOOL EVENTS

EXPENSES: 438

KENDRICK FAMILY CARE SERVICES

DESCRIPTION: STAFF AND SUPPLIES FOR SCREENINGS, PAPERWORK ASSISTANCE,

SERVICES, BLOOD

PRESSURE CHECKS

PERSONS: 289

EXPENSES: 6,715

LAB INLAND NORTHWEST BLOOD DRIVE

DESCRIPTION: PROVIDE SPACE AND REFRESHMENTS FOR INLAND NORTHWEST BLOOD

DRIVE

PERSONS: UNKNOWN

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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EXPENSES: 5,893

LAB WELLNESS SCREENINGS

DESCRIPTION: SCREENINGS WELLNESS SCREENINGS INCLUDING GLUCOSE,  
LIPID, AND PREGNANCY

OBJECTIVE: PROVIDE WELLNESS SCREENINGS TO EMPLOYEE COMMUNITY

PERSONS: 182

EXPENSES: 33,361

LAB WORKFORCE TRAINING

DESCRIPTION: TRAINING FOR PHLEBOTOMY STUDENTS

COMMUNITY NEED: HEALTHCARE WORKFORCE TRAINING

NEED DETERMINED: REQUEST FROM PHLEBOTOMY PROGRAM

OBJECTIVE: TO PROVIDE TRAINING TO PHLEBOTOMY STUDENTS

PERSONS: 8

EXPENSES: 21,418

MED SURG HEALTH PROFESSIONALS EDUCATION

DESCRIPTION: HELP PREPARE FUTURE HEALTH CARE PROFESSIONALS

COMMUNITY NEED: HEALTHCARE WORKFORCE

NEED DETERMINED: REQUESTS FROM SCHOOLS

OBJECTIVE: HELP PREPARE FUTURE HEALTH CARE PROFESSIONALS

EXPENSES: 156,595

NUTRITION DIABETES EDUCATION AND SUPPORT

DESCRIPTION: PROVIDE EDUCATION AND SUPPORT GROUPS TO COMMUNITY

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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Name of the organization

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82-0146328

**REGARDING DIABETES**

**COMMUNITY NEED: KNOWLEDGE REGARDING DIABETES**

**NEED DETERMINED: REQUESTS FROM ORGANIZATIONS FOR PRESENTATIONS**

**OBJECTIVE: PROVIDE EDUCATION AND SUPPORT GROUPS TO COMMUNITY REGARDING  
DIABETES**

**PERSONS: 224**

**EXPENSES: 6,228**

**NUTRITION HEALTH FAIRS**

**DESCRIPTION: PROVIDE NUTRITION INFORMATION TO THE COMMUNITY THROUGH  
LOCAL HEALTH FAIRS**

**COMMUNITY NEED: UNHEALTHY EATING LEADING TO HEALTH PROBLEMS SUCH AS  
DIABETES, ETC**

**NEED DETERMINED: REQUESTS FROM ORGANIZATIONS SERVING COMMUNITY**

**OBJECTIVE: TO PROVIDE NUTRITION INFORMATION TO THE COMMUNITY**

**PERSONS: 725**

**EXPENSES: 877**

**NUTRITION MENTORING STUDENTS**

**DESCRIPTION: MENTOR UI STUDENTS VOLUNTEERING IN NUTRITION DEPARTMENT  
TO HELP THEM IN BECOMING DIETICIANS,  
NURSES, ETC**

**COMMUNITY NEED: HEALTHCARE WORKFORCE**

**NEED DETERMINED: REQUESTS FROM UNIVERSITY**

**OBJECTIVE: MENTOR UI STUDENTS VOLUNTEERING IN NUTRITION DEPARTMENT TO  
HELP THEM IN BECOMING DIETICIANS,**

**SCHEDULE O  
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NURSES, ETC

PERSONS: 40

EXPENSES: 2,240

PHARMACY DONATED PHARMACY SUPPLIES

DESCRIPTION: DONATED PHARMACY SUPPLIES TO HAITI

COMMUNITY NEED: HAITI POPULATION DEVASTATED BY EARTHQUAKE AND NEED

PHARMACY SUPPLIES

OBJECTIVE: PROVIDE PHARMACY SUPPLIES TO THOSE IN NEED IN HAITI AFTER

EARTHQUAKE

EXPENSES: 2,529

PHARMACY WSU COLLEGE OF PHARMACY CLINICAL ROTATIONS

DESCRIPTION: WSU COLLEGE OF PHARMACY CLINICAL ROTATIONS

PERSONS: 3

EXPENSES: 6,122

POTLATCH FAMILY CARE SERVICES

DESCRIPTION: STAFF AND SUPPLIES FOR SCREENINGS, PAPERWORK ASSISTANCE,

SERVICES, BLOOD

PRESSURE CHECKS

COMMUNITY NEED: COMMUNITY PREVENTATIVE HEALTH

OBJECTIVE: STAFF AND SUPPLIES FOR SCREENINGS, PAPERWORK ASSISTANCE,

SERVICES, BLOOD

PRESSURE CHECKS

PERSONS: 50

EXPENSES: 1,473

**SCHEDULE O**  
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Department of the Treasury  
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**2009**

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Name of the organization **GRITMAN MEDICAL CENTER** Employer identification number **82-0146328**

**POTLATCH FAMILY CLINIC IN KIND/CASH DONATIONS**

**DESCRIPTION: DONATED CASH AND PRIZES FOR COMMUNITY AND SCHOOL EVENTS**

**COMMUNITY NEED: COMMUNITY EVENTS**

**NEED DETERMINED: REQUESTED BY COMMUNITY**

**OBJECTIVE: DONATED CASH AND PRIZES FOR COMMUNITY AND SCHOOL EVENTS**

**EXPENSES: 96**

**RADIOLOGY WOMEN'S CENTER IN SERVICE**

**DESCRIPTION: INVITED GROUP TO TOUR OUR WOMEN'S IMAGING CENTER AND**

**ANSWERED THEIR QUESTIONS**

**COMMUNITY NEED: ACCESS TO AND INFORMATION ABOUT WOMEN'S CANCER**

**PREVENTION SERVICES**

**NEED DETERMINED: MAMMOGRAPHY IN SERVICE WAS REQUESTED BY CANCER SURVIVOR**

**GROUP**

**OBJECTIVE: EDUCATE COMMUNITY REGARDING THE CANCER**

**PREVENTATION/DETECTION SERVICES**

**PERSONS: 15**

**EXPENSES: 200**

**RADIOLOGY/IMAGING CLINICAL EXPERIENCE AND EDUCATION**

**DESCRIPTION: TEACHING AND SUPERVISING RADIOLOGY STUDENTS**

**COMMUNITY NEED: EDUCATION OF FUTURE HEALTHCARE WORKERS**

**NEED DETERMINED: SERVICE REQUESTED BY LOCAL COLLEGES**

**OBJECTIVE: TEACHING AND SUPERVISING RADIOLOGY AND ULTRASOUND STUDENTS**

**PERSONS: 6**

**SCHEDULE O**  
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Department of the Treasury  
Internal Revenue Service

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GRITMAN MEDICAL CENTER

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82-0146328

EXPENSES: 223,500

RADIOLOGY/IMAGING JOB SHADOWING

DESCRIPTION: PERSPECTIVE HEALTH CARE WORKERS SPEND TIME WITH STAFF

OBSERVING THE FIELD OF RADIOLOGY

COMMUNITY NEED: HEALTHCARE WORKFORCE DEVELOPMENT

OBJECTIVE: PROVIDE OPPORTUNITY FOR PROSPECTIVE HEALTHCARE WORKERS TO

LEARN MORE ABOUT THE FIELD

PERSONS: 32

EXPENSES: 6,400

RADIOLOGY/IMAGING SCREENINGS

DESCRIPTION: DONATED SCREENINGS

COMMUNITY NEED: BONE DENSITY AWARENESS

OBJECTIVE: PROVIDE MORE PEOPLE IN COMMUNITY WITH BONE DENSITY

SCREENINGS

PERSONS: 31

EXPENSES: 3,840

RED DRESS RUN FOR HEALTHY HEARTS

DESCRIPTION: FREE 5K RUN AND HEALTH FAIR

COMMUNITY NEED: HEART DISEASE

NEED DETERMINED: NEED WAS ASSESSED THROUGH COMMUNITY STATISTICS

REGARDING OBESITY AND OTHER HEALTH ISSUES

OBJECTIVE: RAISE AWARENESS REGARDING HEART DISEASE THROUGH PROVIDING A

FREE ACTIVITY THAT PROMOTES ACTIVE LIVING AND

**SCHEDULE O**  
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Department of the Treasury  
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Employer identification number

82-0146328

**EDUCATION REGARDING HEALTH RISKS.**

PERSONS: 170

EXPENSES: 1,050

**SOCIAL SERVICES MSW HOURS**

DESCRIPTION: DONATED MSW HOURS FOR COMMUNITY MEETINGS WITH

ALTERNATIVES TO VIOLENCE TASK

FORCE, CHILD

ABUSE TASK FORCE, AND LATAH COUNTY MENTAL HEALTH PROTOCOL

COMMUNITY NEED: MENTAL HEALTH AND COMMUNITY VIOLENCE

NEED DETERMINED: REQUESTED BY COMMUNITY PARTNERS

EXPENSES: 1,048

**SURGERY STUDENT TRAINING**

DESCRIPTION: PROVIDE STUDENTS WITH TRAINING OPPORTUNITIES

COMMUNITY NEED: WORKFORCE TRAINING

NEED DETERMINED: REQUESTS FROM COMMUNITY

OBJECTIVE: PROVIDE STUDENTS WITH TRAINING OPPORTUNITIES

EXPENSES: 9,900

**THERAPY SOLUTIONS AND WELLNESS FALL INTO WELLNESS**

DESCRIPTION: TRIATHLON AND WELLNESS FAIR

COMMUNITY NEED: INACTIVITY AND OBESITY

NEED DETERMINED: ASSESSED THROUGH COMMUNITY STATISTICS REGARDING

OBESITY ISSUES.

OBJECTIVE: PROVIDE AN OUTLET TO INCREASE PHYSICAL ACTIVITY AND BUILD

COMMUNITY

RELATIONSHIPS.

**SCHEDULE O  
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Department of the Treasury  
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82-0146328

PERSONS: 200

EXPENSES: 950

THERAPY SOLUTIONS AND WELLNESS FIT AND FALL PROOF CLASSES

DESCRIPTION: TAUGHT FALL PREVENTION CLASSES AT NO CHARGE. TOTAL OF 6

CLASSES PER WEEK, EVERY WEEK.

COMMUNITY NEED: FALL PREVALENCE AMONG SENIOR CITIZENS

NEED DETERMINED: ASSESSED THROUGH STATE STATISTICS REGARDING PREVALENCE

OF FALL AMONG SENIOR CITIZENS

PERSONS: 100

EXPENSES: 4,212

THERAPY SOLUTIONS AND WELLNESS OFFICER NEWBILL KID'S SAFETY FAIR

DESCRIPTION: SAFETY FAIR TO TEACH KID'S ABOUT BIKING, JOGGING, GUN AND

OTHER GENERAL SAFETY CONCERNS. ALSO

DISTRIBUTED BIKE HELMETS

COMMUNITY NEED: CHILDHOOD INJURY

NEED DETERMINED: ASSESSED THROUGH STATISTICS REGARDING INJURIES IN

CHILDREN.

OBJECTIVE: IMPROVE AWARENESS REGARDING GENERAL SAFETY ISSUES IN KIDS.

PERSONS: 150

EXPENSES: 300

THERAPY SOLUTIONS AND WELLNESS SENIOR FAIR

DESCRIPTION: TAUGHT FALL PREVENTION CLASSES TO SENIORS AND INFORMED

THEM OF FREE CLASSES OFFERED AT THE

**SCHEDULE O**  
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82-0146328

COMMUNITY WELLNESS CENTER

COMMUNITY NEED:FALL PREVALENCE AMONG SENIOR CITIZENS

NEED DETERMINED:ASSESSED THROUGH STATE STATISTICS REGARDING PREVALENCE

OF FALL AMONG

SENIOR CITIZENS

PERSONS:35

EXPENSES: 85

THERAPY SOLUTIONS MOSCOW UNITED SOCCER CLUB KNEE INJURY PREVENTION

GENDER:BOTH MALES AND FEMALES

NEED DETERMINED: NATIONAL STATISTICS REGARDING KNEE INJURIES IN

FEMALE ATHLETES

OBJECTIVE:PREVENTION OF KNEE INJURIES IN TEENAGE GIRLS.

PERSONS:55

EXPENSES: 768

REVENUES: 550

BENEFIT: 218

TRANSPORTATION

DESCRIPTION:PROVIDE FREE TRANSPORT TO GRITMAN PATIENTS

COMMUNITY NEED:PATIENTS BEING ABLE TO GET TO APPOINTMENTS AND GET THE

CARE THEY NEED

NEED DETERMINED:REQUESTS FROM COMMUNITY

OBJECTIVE:PROVIDE FREE TRANSPORTATION TO GRITMAN PATIENTS SO THEY CAN

GET TO THEIR

APPOINTMENTS AND RECIEVE THE CARE

THEY NEED

PERSONS:1,400

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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Name of the organization

GRITMAN MEDICAL CENTER

Employer identification number

82-0146328

EXPENSES: 71,515

VOLUNTEERS SCHOLARSHIPS

DESCRIPTION: PROVIDE SCHOLARSHIPS

PERSONS: UNKNOWN

EXPENSES: 6,000

VOLUNTEERS STAFF TIME FOR COORDINATION

DESCRIPTION: STAFF TIME FOR COORDINATION OF VOLUNTEERS/INTERNS AND

VOLUNTEER PROGRAMS

PERSONS: 400

EXPENSES: 83,678

**Related Organizations and Unrelated Partnerships**

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

**Name of the organization** **GRITMAN MEDICAL CENTER** **Employer identification number** **82-0146328**

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to 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" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
GRITMAN MEDICAL CENTER FOUNDATION - 20-0586022, 700 S MAIN ST, MOSCOW, ID 83843	HOSPITAL SUPPORT	IDAHO	501(C)(3)	7	N/A



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

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

**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?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to other organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from other organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for other organization(s) .....		X
<b>e</b> Loans or loan guarantees by other organization(s) .....		X
<b>f</b> Sale of assets to other organization(s) .....		X
<b>g</b> Purchase of assets from other organization(s) .....		X
<b>h</b> Exchange of assets .....		X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s) .....	X	
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s) .....		X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) .....		X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets .....		X
<b>n</b> Sharing of paid employees .....		X
<b>o</b> Reimbursement paid to other organization for expenses .....		X
<b>p</b> Reimbursement paid by other organization for expenses .....		X
<b>q</b> Other transfer of cash or property to other organization(s) .....		X
<b>r</b> Other transfer of cash or property from other organization(s) .....	X	

**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(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) PALOUSE SURGERY CENTER, LLC	R	120,000.
(2) PALOUSE SURGEONS, LLC	B	560,033.
(3) INLAND NW RENAL CARE GROUP - GRITMAN MEDICAL CENTER, LLC	I	50,840.
(4) GRITMAN MEDICAL CENTER FOUNDATION	B	1,132,968.
(5)		
(6)		



• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**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).

<b>Part II</b>	<b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).	
<b>Type or print</b>  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>GRITMAN MEDICAL CENTER</b>	Employer identification number <b>82-0146328</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>700 S. MAIN STREET</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>MOSCOW, ID 83843</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.**

**KARA BESST**

• The books are in the care of  **700 S. MAIN ST. - MOSCOW, ID 83843**

Telephone No.  **208-883-2221**

FAX No.  \_\_\_\_\_

• 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) \_\_\_\_\_. 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.

**4** I request an additional 3-month extension of time until **NOVEMBER 15, 2010**.

**5** For calendar year **2009**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**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

**TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION  
NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.**

<b>8a</b> 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.	<b>8a</b>	\$
<b>b</b> 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.	<b>8b</b>	\$
<b>c Balance Due.</b> 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.	<b>8c</b>	\$ <b>N/A</b>

**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

Title  **CPA**

Date

**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2009, or fiscal year beginning \_\_\_\_\_, 2009, and ending \_\_\_\_\_, 20\_\_

**2009**

▶ **Do not send to the IRS. Keep for your records.**  
▶ **See instructions.**

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

Employer identification number

**GRITMAN MEDICAL CENTER**

**82-0146328**

Name and title of officer

**OFFICER  
CFO**

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return for which you are filing this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>44693116</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b</b> Balance Due (Form 8868, line 3c) .....	<b>5b</b> _____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize **EIDE BAILLY LLP** to enter my PIN **15835**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. **82024201669**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ **11/15/10**

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**