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Form 990

Return of Organization Exempt From Income Tax

2008

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

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

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

<input type="checkbox"/> Check if applicable	C Name of organization Mary Greeley Medical Center Foundation	D Employer identification number 23-7064009
<input type="checkbox"/> Address change	E Telephone number (515) 239-2116	
<input type="checkbox"/> Name change	G Gross receipts \$ 6,284,358	
<input type="checkbox"/> Initial return	Number and street (or P O box if mail is not delivered to street address) 1111 Duff Avenue	Room/suite
<input type="checkbox"/> Termination	City or town, state or country, and ZIP + 4 Ames, IA 50010	
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

F Name and address of Principal Officer MELISSA JOHANSEN 1111 Duff Avenue Ames, IA 50010	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) <input type="checkbox"/> (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list See instructions)
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J Web site: ► WWW MGMC.ORG	H(c) Group Exemption Number ►
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K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> trust <input type="checkbox"/> association <input type="checkbox"/> other ►	L Year of Formation 1969	M State of legal domicile IA
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Part I Summary

1 Briefly describe the organization's mission or most significant activities THE MISSION OF THE MARY GREELEY MEDICAL CENTER FOUNDATION IS TO ASSIST MARY GREELEY MEDICAL CENTER IN PROMOTING HEALTH AND PROVIDING COMPASSIONATE, HIGH-QUALITY CARE. THE FOUNDATION ACCOMPLISHES THIS MISSION BY ENCOURAGING CHARITABLE GIVING FROM INDIVIDUALS AND ORGANIZATIONS	
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets	
3 Number of voting members of the governing body (Part VI, line 1a)	3 22
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 22
5 Total number of employees (Part V, line 2a)	5 0
6 Total number of volunteers (estimate if necessary)	6 60
7a Total gross unrelated business revenue from Part VIII, line 12, column (C) . . .	7a 0
b Net unrelated business taxable income from Form 990-T, line 34 . . .	7b 0

8 Contributions and grants (Part VIII, line 1h)	Prior Year 746,686	Current Year 1,180,434
9 Program service revenue (Part VIII, line 2g)		0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	928,591	-731,447
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,277	56,969
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,689,554	505,956

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	578,559	534,747
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		200,243
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b (Total fundraising expenses, Part IX, column (D), line 25 113,985)		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,284	20,388
18 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A))	579,843	755,378
19 Revenue less expenses Subtract line 18 from line 12	1,109,711	-249,422

20 Total assets (Part X, line 16)	Beginning of Year 10,605,114	End of Year 9,267,926
21 Total liabilities (Part X, line 26)		142,608
22 Net assets or fund balances Subtract line 21 from line 20	10,462,506	8,987,447

Part II Signature Block

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
	*****	2010-04-06	Date
	Signature of officer		
	MELISSA JOHANSEN EXECUTIVE DIRECTOR		
	Type or print name and title		

Paid Preparer's Use Only	Preparer's signature ► Virginia Striegel	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's PTIN (See Gen Inst)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► RSM McGladrey Inc 400 Locust St Ste 640 Des Moines, IA 503092372			EIN ►
				Phone no ► (515) 558-6600

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

Part III Statement of Program Service Accomplishments (See the instructions.)**1** Briefly describe the organization's mission
See Additional Data Table**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code) (Expenses \$ 359,397 including grants of \$) (Revenue \$)
CHARITABLE GIVING TO MARY GREELEY MEDICAL CENTER THROUGH THE FOUNDATION HAS PLAYED A SIGNIFICANT ROLE IN SHAPING THE MEDICAL CENTER SUPPORTED BY A COMMUNITY CAMPAIGN, THE ISRAEL FAMILY HOSPICE HOUSE OPENED IN 1999 TODAY, PHILANTHROPIC SUPPORT CONTINUES TO PLAY AN IMPORTANT ROLE THROUGH DONOR DESIGNATED GIFTS TO THE FRANK AND BESSIE STRATHMAN ENDOWMENT, THE FOUNDATION PROVIDES ONGOING SUPPORT FOR ISRAEL FAMILY HOSPICE HOUSE THE HOSPICE HOUSE PROVIDES INPATIENT HOSPICE SERVICES TO PATIENTS AND THEIR FAMILIES AS WELL AS RESPITE CARE FOR PATIENTS DURING THE PERIOD OF JULY 1, 2008 TO JUNE 30, 2009, STAFF AND VOLUNTEERS SERVED 2,677 PATIENT DAYS DURING THAT SAME TIME PERIOD, QUARTERLY PAYMENTS WERE MADE TO MARY GREELEY MEDICAL CENTER BY THE FOUNDATION, TOTALING \$359,396 THE ANNUAL PAYMENT IS CALCULATED AT 5% OF THE THREE-YEAR FLOATING AVERAGE**4b** (Code) (Expenses \$ 36,351 including grants of \$) (Revenue \$)
HOMEWARD HOSPICE OFFERS A SPECIAL KIND OF CARE FOR TERMINALLY ILL PATIENTS BY OFFERING DIGNITY, COMPASSION, COMFORT AND SYMPTOM MANAGEMENT THE MISSION FOCUSES ON PROVIDING MEDICAL AND EMOTIONAL SUPPORT TO PATIENTS, CAREGIVERS AND FAMILIES HOSPICE STAFF VISITS THE PATIENT WHEREVER SHE OR HE MAY BE, WHETHER AT HOME, IN THE HOSPITAL OR IN A NURSING HOME MARY GREELEY MEDICAL CENTER'S HOME-BASED HOSPICE CARE SERVES AMES AND A 50 MILE RADIUS AROUND IT HOMEWARD HOSPICE ALSO OFFERS BEREAVEMENT SUPPORT AND FAMILY COUNSELING DURING THE PERIOD OF JULY 1, 2008 TO JUNE 30, 2009, STAFF SERVED 221 CLIENTS DURING THAT SAME TIME PERIOD, PAYMENTS WERE MADE TO MARY GREELEY MEDICAL CENTER BY THE FOUNDATION, TOTALING \$36,350**4c** (Code) (Expenses \$ 33,760 including grants of \$) (Revenue \$)
THE STORY COUNTY PLANNING GRANT SUPPORTS THE EFFORTS OF THE MID IOWA QUALITY OF LIFE ALLIANCE (MQLA) TO GAIN INSIGHT IN TO THE NEED FOR A STORY COUNTY COMMUNITY HEALTH CENTER AND TO PLAN FOR IMPLEMENTING A COMMUNITY HEALTH CENTER BECAUSE STORY COUNTY HAS MANY UNINSURED AND UNDERINSURED PEOPLE WITHOUT ACCESS TO HEALTHCARE, THE MQLA IS WORKING WITH THE IOWA/NEBRASKA PRIMARY CARE ASSOCIATION, THE MARY GREELEY MEDICAL CENTER FOUNDATION, THE AMES FREE CLINIC, THE IOWA PRIMARY CARE OFFICE AND OTHER COMMUNITY COLLABORATORS TO GATHER INPUT, ANALYZE DATA AND CONDUCT OUTREACH ACTIVITIES TO MOVE FORWARD WITH PLANS FOR THE COMMUNITY HEALTH CENTER THIS PLANNING GRANT PROJECT HAS HELPED TO DETERMINE THE NEED FOR A COMMUNITY HEALTH CENTER IN THE COUNTY, THE APPROPRIATE SERVICE AREA AND TARGET POPULATION THE PLANNING GRANT FUNDING WILL CONTINUE THROUGH AUGUST 2010

(Code) (Expenses \$ 118,438 including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)**4e** Total program service expenses \$ 547,946 Must equal Part IX, Line 25, column (B).

Part IV Checklist of Required Schedules

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

2 Is the organization required to complete Schedule B, Schedule of Contributors?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II

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

9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII

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

14a Did the organization maintain an office, employees, or agents outside of the U.S.?

- b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II

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? If "Yes," complete Schedule F, Part III

17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I

18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

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

21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25

- b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
- c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?
- d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I

25b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I

26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

	Yes	No
1	Yes	
2	Yes	
3		No
4	Yes	
5		
6		No
7		No
8		No
9		No
10	Yes	
11	Yes	
12	Yes	
13		No
14a		No
14b		No
15		No
16		No
17		No
18	Yes	
19		No
20		No
21	Yes	
22	Yes	
23	Yes	
24a		No
24b		
24c		
24d		
25a		No
25b		No
26		No
27		No

Part IV Checklist of Required Schedules (Continued)

28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee

- a** Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV
- b** Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV
- c** Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

36 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

37 Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

	Yes	No
28a		No
28b		No
28c		No
29		No
30		No
31		No
32		No
33		No
34		No
35		No
36		No
37		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a 33	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a 0	
2b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? <i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		
3b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		
4b	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 .		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a No	
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b No	
5c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?	5c	
6a	Did the organization solicit any contributions that were not tax deductible?	6a No	
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	<i>Organizations that may receive deductible contributions under section 170(c).</i>	7a Yes	
7b	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7b Yes	
7c	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c No	
7d	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e No	
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f No	
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g No	
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h No	
8	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>	9a	
9b	Did the organization make any taxable distributions under section 4966?	9b	
10	<i>Section 501(c)(7) organizations.</i> Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	<i>Section 501(c)(12) organizations.</i> Enter		
11a	Gross income from members or shareholders	11a	
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041?	12a	
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)
Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body . . .	1a	22
b Enter the number of voting members that are independent . . .	1b	22
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	No
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	No
6 Does the organization have members or stockholders?	6	No
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	No
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a the governing body?	8a	Yes
b each committee with authority to act on behalf of the governing body?	8b	Yes
9a Does the organization have local chapters, branches, or affiliates?	9a	No
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?	9b	
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes
11 Is there any officer, director or 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	11	No

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes
13 Does the organization have a written whistleblower policy?	13	Yes
14 Does the organization have a written document retention and destruction policy?	14	Yes
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
a The organization's CEO, Executive Director, or top management official?	15a	No
b Other officers or key employees of the organization?	15b	No
Describe the process in Schedule O		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply
 own website another's website upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 KAREN BRAYMEN
 1111 DUFF AVENUE
 AMES, IA 50010
 (515) 239-2063

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

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

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

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

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

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

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

Part VII Continued

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►1

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	Yes

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

Part
VIII

Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	54,771				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,125,663				
	g Noncash contributions included in lines 1a-1f \$		62,122				
	h Total (Add lines 1a-1f)			1,180,434			
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		\$				
	3 Investment income (including dividends, interest other similar amounts)			223,533			223,533
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6a Gross Rents	(i) Real	(ii) Personal					
b Less rental expenses							
c Rental income or (loss)							
d Net rental income or (loss)							
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
	4,743,659						
b Less cost or other basis and sales expenses	5,698,639						
c Gain or (loss)	-954,980						
d Net gain or (loss)			-954,980			-954,980	
8a Gross income from fundraising events (not including \$ <u>131,597</u> of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000	a	8,232					
b Less direct expenses	b	74,634					
c Net income or (loss) from fundraising events			56,963			56,963	
9a Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000	a	5,135					
b Less direct expenses	b	5,129					
c Net income or (loss) from gaming activities			6			6	
10a Gross sales of inventory, less returns and allowances	a						
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		\$					
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			505,956	0	0	-674,478	

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	485,765	485,765		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	48,982	48,982		
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	125,151		37,546	87,605
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	58,602			17,581
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,648		2,554	1,094
9 Other employee benefits				
10 Payroll taxes	12,842		5,137	7,705
11 Fees for services (non-employees)				
a Management				
b Legal	7,189		7,189	
c Accounting				
d Lobbying				
e Professional fundraising See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	3,950	3,950		
14 Information technology				
15 Royalties				
16 Occupancy	72	72		
17 Travel	482	482		
18 Payments of travel or entertainment expenses for any Federal, state or local public officials				
19 Conferences, conventions and meetings	3,090	3,090		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
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 CONTRACT SERVICES	4,466	4,466		
b DUES & SUBSCRIPTIONS	1,139	1,139		
c				
d				
e				
d				
e				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	755,378	547,946	93,447	113,985
26 Joint Costs. Check <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	
Assets				
1	Cash—non-interest-bearing	1		
2	Savings and temporary cash investments	558,963	618,707	
3	Pledges and grants receivable, net	281,425	317,582	
4	Accounts receivable, net	4		
5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>	5		
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>	6		
7	Notes and loans receivable, net	7		
8	Inventories for sale or use	8		
9	Prepaid expenses and deferred charges	9		
10a	Land, buildings, and equipment <i>cost basis</i>	10a		
b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	10c	
11	Investments—publicly traded securities	9,757,606	11	8,326,325
12	Investments—other securities <i>See Part IV, line 11 Complete Part VII of Schedule D</i>		12	
13	Investments—program-related <i>See Part IV, line 11 Complete Part VIII of Schedule D</i>		13	
14	Intangible assets		14	
15	Other assets <i>See Part IV, line 11 Complete Part IX of Schedule D</i>	7,120	15	5,312
16	Total assets. <i>Add lines 1 through 15 (must equal line 34)</i>	10,605,114	16	9,267,926
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow account liability <i>Complete Part IV of Schedule D</i>		21	
22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable		24	
25	Other liabilities <i>Complete Part X of Schedule D</i>	142,608	25	280,479
26	Total liabilities. <i>Add lines 17 through 25</i>	142,608	26	280,479
Liabilities				
Net Assets or Fund Balances				
27	Unrestricted net assets	2,453,354	27	979,737
28	Temporarily restricted net assets	7,766,394	28	7,764,952
29	Permanently restricted net assets	242,758	29	242,758
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	10,462,506	33	8,987,447
34	Total liabilities and net assets/fund balances	10,605,114	34	9,267,926

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes
c	If "Yes" to lines 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?	2c	Yes
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	No
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes

2008

Open to Public
Inspection**SCHEDULE A**
(Form 990 or 990EZ)**Public Charity Status and Public Support**To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

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

Department of the Treasury
Internal Revenue Service**Name of the organization**

Mary Greeley Medical Center Foundation

Employer identification number

23-7064009

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only one organization)

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)**. (Attach Schedule H)

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)**. (See instructions)

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

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

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

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

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii) a family member of a person described in (i) above?

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

h Provide the following information about the organizations the organization supports

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

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

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)
Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	699,665	1,081,812	1,092,297	746,686	1,016,772	4,637,232
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3	699,665	1,081,812	1,092,297	746,686	1,016,772	4,637,232
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						311,822
6 Public Support subtract line 5 from line 4						4,325,410

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	699,665	160,265	1,092,297	746,686	1,016,772	4,637,232
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	318,644	160,265	161,531	217,582	223,533	1,081,555
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total Support (Add lines 7 through 10)						5,718,787
12 Gross receipts from related activities, etc (See instructions)					12	18,040

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

**Computation of Public Support Percentage**

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	75.640 %
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	76.140 %
16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		
b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Total of lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total Support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						►

Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17
18 Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	18
19a 33 1/3% Tests - 2008. 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% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	►
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	►

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. (see instructions)

Facts and Circumstances Test

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

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

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount Enter the amount from the following table in both columns—			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a Enter -0- if line g is more than line a			
i Subtract line 1f from line 1c Enter -0- if line f is more than line c			
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 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line d, column (e))					
f Grassroots lobbying expenditures					

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

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

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

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

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

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

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	BOARD MEMBER SARAH BUCK HAS COMMUNICATED WITH STATE AND NATIONAL SENATORS AND REPRESENTATIVES REGARDING THE POTENTIAL IMPACT OF LEGISLATION ON MARY GREELEY MEDICAL CENTER, INCLUDING EMAIL AND PERSONAL VISITS BOARD MEMBER RICHARD OLIVE IS A STATE SENATOR

Part IV Supplemental Information

2008

Open to Public
Inspection**SCHEDULE D**
(Form 990)**Supplemental Financial Statements**► Attach to Form 990. To be completed by organizations that
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.Department of the Treasury
Internal Revenue Service**Name of the organization**

Mary Greeley Medical Center Foundation

Employer identification number

23-7064009

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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other 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)

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

Protection of natural habitat Preservation of certified historic structure

Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

 Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

 Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

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

a Revenues included in Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

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

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

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	9,467,865				
b Contributions	805,905				
c Investment earnings or losses	-1,970,251				
d Grants or scholarships	6,000				
e Other expenditures for facilities and programs	394,221				
f Administrative expenses					
g End of year balance	7,903,298				

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

a Board designated or quasi-endowment ► 95 890 %

b Permanent endowment ► 4 110 %

c Term endowment ► 0 %

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

(i) unrelated organizations
 (ii) related organizations

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

	Yes	No
3a(i)	Yes	
3a(ii)	Yes	
3b		

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) Depreciation	(d) Book value
1a Land					
b Buildings					
c Leasehold improvements					
d Equipment					
e Other					

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ► 0

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12.) ►		

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

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

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

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

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
DUE TO DONOR SPECIFIED ORGANIZATIONS	143,755
DUE TO BROKER FOR SECURITIES PURCHASED	136,724
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ►	280,479

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	505,956
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	755,378
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-249,422
4	Net unrealized gains (losses) on investments	4	-1,232,137
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	6,500
9	Total adjustments (net) Add lines 4 - 8	9	-1,225,637
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,475,059

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	-646,418
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-1,232,137
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	79,763
e	Add lines 2a through 2d	2e	-1,152,374
3	Subtract line 2e from line 1	3	505,956
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	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	505,956

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

1	Total expenses and losses per audited financial statements	1	828,641
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	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	79,763
e	Add lines 2a through 2d	2e	79,763
3	Subtract line 2e from line 1	3	748,878
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	6,500
c	Add lines 4a and 4b	4c	6,500
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	755,378

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 XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	FRANK AND BESSIE STRATHMAN ENDOWMENT SUPPORTS THE ONGOING OPERATION OF THE ISRAEL FAMILY HOSPICE HOUSE. THE HOSPICE HOUSE HAS 12 PRIVATE ROOMS AND PROVIDES INPATIENT HOSPICE SERVICES TO PATIENTS AND THEIR FAMILIES AS WELL AS RESPITE CARE AND BEREAVEMENT SUPPORT. THE ENDOWMENT HELPS TO ENSURE THAT THESE VALUABLE SERVICES ARE AVAILABLE TO SERVE PATIENTS WELL INTO THE FUTURE. WILLIAM R. BLISS ENDOWMENT SUPPORTS THE WILLIAM R. BLISS CANCER CENTER EDUCATION AND CAPITAL NEEDS. THE WILLIAM R. BLISS CANCER CENTER AT MARY GREELEY MEDICAL CENTER OFFERS PATIENTS IN CENTRAL IOWA THE BEST CANCER CARE AVAILABLE, CLOSE TO HOME, WITH A MISSION TO PROVIDE MULTIDISCIPLINARY, INTEGRATED AND COMPREHENSIVE ONCOLOGY SERVICES USING INNOVATIVE, HIGH-TECH DIAGNOSTICS AND TREATMENTS. J. BEN BUCK ENDOWMENT SUPPORTS ONE ANNUAL SCHOLARSHIP AWARD OF \$500 TO A STUDENT PURSUING A HEALTH RELATED CAREER. RECIPIENTS MUST BE ENROLLED FULL-TIME IN A COURSE OF STUDY LEADING TOWARD A CAREER IN THE HEALTHCARE FIELD AT A FOUR-YEAR ACCREDITED COLLEGE OR UNIVERSITY OR A ONE-YEAR OR TWO-YEAR COLLEGE ASSOCIATE OF ARTS OR SCIENCE PROGRAM. PREFERENCE IS GIVEN TO STUDENTS WHO ARE GRADUATES OF AMES HIGH SCHOOL. CANCER RESOURCE CENTER ENDOWMENT SUPPORTS THE CANCER RESOURCE CENTER AT THE WILLIAM R. BLISS CANCER CENTER, ONE OF THE MOST COMPREHENSIVE RESOURCES OF INFORMATION AND SUPPORT FOR CANCER PATIENTS, FAMILIES AND THE COMMUNITY. SUPPORTED BY DONOR DESIGNATED GIFTS TO THE FOUNDATION, THE CANCER RESOURCE CENTER OFFERS A FULL LIBRARY OF BOOKS, A FULL SERVICE BOUTIQUE WITH WIGS, HATS, BRAS, SWIMWEAR, PROSTHETICS AND OTHER SPECIALTY SUPPLIES FOR CANCER PATIENTS, GENETIC RISK EDUCATION, SUPPORT GROUPS AND MONTHLY EDUCATION SEMINARS. HELEN SIDLES UNDERGRADUATE NURSING SCHOLARSHIP SUPPORTS TWO ANNUAL \$1,000 SCHOLARSHIPS TO NURSING STUDENTS IN NEED OF FINANCIAL ASSISTANCE WHO ARE ENTERING INTO THEIR FINAL YEAR OF NURSING SCHOOL. ONE SCHOLARSHIP IS AWARDED TO A MARY GREELEY MEDICAL CENTER EMPLOYEE WHO IS CURRENTLY A NURSING STUDENT AND ONE IS AWARDED TO A NURSING STUDENT WHO IS NOT EMPLOYED AT MARY GREELEY MEDICAL CENTER. PHYLLIS CROUSE NURSING EDUCATION FUND SUPPORTS NURSING EDUCATION AT MARY GREELEY MEDICAL CENTER. AUXILIARY ENDORED BIRTHWAYS SCHOLARSHIP SUPPORTS ONE ANNUAL \$1,000 SCHOLARSHIP TO A NURSING STUDENT EMPLOYED AT MARY GREELEY MEDICAL CENTER TO PURSUE HIS/HER EDUCATION AND CERTIFICATION RELATED TO OBSTETRICS. MARY GREELEY MEDICAL CENTER AUXILIARY HEALTH CAREER SCHOLARSHIP SUPPORTS ONE ANNUAL \$1,000 SCHOLARSHIP TO A HIGH SCHOOL SENIOR FROM SELECT AREA HIGH SCHOOLS PLANNING A CAREER IN HEALTHCARE. APPLICANTS MUST BE ENROLLED FULL-TIME IN A COURSE OF STUDY LEADING TOWARD A CAREER IN THE HEALTHCARE FIELD AT A FOUR-YEAR ACCREDITED COLLEGE OR UNIVERSITY OR A ONE-YEAR OR TWO-YEAR COLLEGE ASSOCIATE OF ARTS OR SCIENCE PROGRAM. HEGSTROM ENDOWMENT SUPPORTS THE ANNUAL GEORGE HEGSTROM DIABETES SYMPOSIUM. THIS EDUCATIONAL EVENT ALTERNATES ANNUALLY BETWEEN A PHYSICIAN/PROVIDER FOCUSED SYMPOSIUM AND COMMUNITY SYMPOSIUM AND HELPS TO INCREASE KNOWLEDGE OF THE NEWEST METHODS OF TREATMENT AND THE MANAGEMENT OF DIABETES. REACH, TEACH AND TREAT SUPPORTS CAPITAL AND OPERATIONAL EXPENSES FOR THE MARY GREELEY MEDICAL CENTER DIABETES AND NUTRITION EDUCATION CENTER. THE DIABETES AND NUTRITION EDUCATION CENTER IS A RESOURCE FOR PEOPLE WITH DIABETES AND THEIR FAMILIES. THE CENTER IS CERTIFIED BY THE AMERICAN DIABETES ASSOCIATION AND LICENSED BY THE STATE OF IOWA, SERVING CHILDREN AND ADULTS WITH TYPE I, TYPE II, GESTATIONAL DIABETES AND OTHER NUTRITIONAL DISORDERS. ANNA MAY ALLAN ENDOWED NURSING SCHOLARSHIP SUPPORTS ONE \$2,500 SCHOLARSHIP TO AN IOWA HIGH SCHOOL GRADUATE PURSUING THE STUDY OF NURSING TO QUALIFY. APPLICANT MUST BE ACCEPTED IN A NURSING PROGRAM AND ENROLLED FULL-TIME IN A FOUR-YEAR ACCREDITED COLLEGE OR UNIVERSITY OR A ONE-YEAR OR TWO-YEAR COLLEGE ASSOCIATE OF ARTS OR SCIENCE PROGRAM. HAVE ACHIEVED A CUMULATIVE 3.0 GPA IN THEIR MOST RECENT LEVEL OF EDUCATION, AND DEMONSTRATE A FINANCIAL NEED. KIMBERLY A. RUSSEL ENDOWMENT IS DESIGNATED TO SUPPORT MARY GREELEY MEDICAL CENTER'S FINANCIAL ASSISTANCE FUND. KIMBERLY A. RUSSEL AUXILIARY ENDOWMENT SCHOLARSHIP SUPPORTS ONE \$500 SCHOLARSHIP TO A MARY GREELEY MEDICAL CENTER EMPLOYEE PURSUING GRADUATE LEVEL STUDY. CENTER EMPLOYEE PURSUING GRADUATE LEVEL STUDY.
Part XI, Line 8 - Other Adjustments		ASSETS RELEASED FROM RESTRICTION 6500
Part XII, Line 2d - Other Adjustments		RECLASSIFY FUNDRAISING EXPENSE TO REVENUE FOR 990 REPORTING PURPOSES 79763
Part XII, Line 2d - Other Adjustments		RECLASSIFY FUNDRAISING EXPENSE TO REVENUE FOR 990 REPORTING PURPOSES 79763
Part XII, Line 4b - Other Adjustments		RECLASSIFIED FROM RESTRICTION 6500
Adjustments		

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(Form 990 or 990-EZ)Supplemental Information Regarding
Fundraising or Gaming ActivitiesDepartment of the Treasury
Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization

Mary Greeley Medical Center Foundation

Employer identification number

23-7064009

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

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

a <input checked="" type="checkbox"/> Mail solicitations	e <input checked="" type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Email solicitations	f <input checked="" type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input checked="" type="checkbox"/> Special fundraising events
d <input checked="" type="checkbox"/> In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

 Yes No

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

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

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

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		<u>GALA</u> (event type)	<u>HOPE RUN</u> (event type)	<u>1</u> (total number)	
Revenue	1 Gross receipts	122,492	8,422	8,915	139,829
	2 Less Charitable contributions	4,115	1,502	2,615	8,232
	3 Gross revenue (line 1 minus line 2)	118,377	6,920	6,300	131,597
Direct Expenses	4 Cash Prizes				
	5 Non-cash Prizes	38,633	162	955	39,750
	6 Rent/Facility costs	3,690			3,690
	7 Other direct expenses	16,321	2,794	12,079	31,194
	8 Direct expense summary Add lines 4 through 7 in column (d) ►				74,634
	9 Net income summary Combine lines 3 and 8 in column (d) ►				56,963

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue			5,135	5,135
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes			1,439	1,439
	4 Rent/facility costs			3,690	3,690
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ►				5,129
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ►				6

9 Enter the state(s) in which the organization operates gaming activities	IA	Yes	No
a Is the organization licensed to operate gaming activities in each of these states?		9a Yes	
b If "No," Explain			
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		10a	No
b If "Yes," Explain			
11 Does the organization operate gaming activities with nonmembers?		11	Yes
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		12	No

		Yes	No
13 Indicate the percentage of gaming activity operated in			
a The organization's facility	13a	0 %	
b An outside facility	13b	100 000 %	
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records			
Name ►	MELISSA JOHANSEN CO MARY GREELEY MEDICAL CENTER		
Address ►	1111 DUFF AVENUE AMES, IA 50010		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	No	
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____			
c If "Yes," enter name and address			
Name ►			
Address ►			
16 Gaming manager information			
Name ►	MELISSA JOHANSEN CO MARY GREELEY ME		
Gaming manager compensation ► \$ _____			
Description of services provided ►	DIRECTOR OF FOUNDATION WHO OVERSEES PLANNING OF THE FUNDRAISING EVENT		
<input checked="" type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> Independent contractor	
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	Yes	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ 3,851			

**Schedule I
(Form 990)**

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Department of the Treasury
Internal Revenue Service

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

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Name of the organization

Mary Greeley Medical Center Foundation

Employer identification number

23-7064009

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" on 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 if additional space is needed.

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

3 Enter total number of other organizations

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
GRAND ROUNDS MEDICAL EDUCATION PROGRAM	33	30,920			
EDUCATION PROGRAMS	1	200			
COLLEGE SCHOLARSHIPS	6	6,500			

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

See Additional Data Table

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U.S.	Part I, Line 2	Schedule I, Part I, Line 2 A WRITTEN REQUEST IS REQUIRED FOR ACCESSING FOUNDATION FUNDING

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Open to Public
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(Form 990)**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Department of the Treasury
Internal Revenue Service**Name of the organization**

Mary Greeley Medical Center Foundation

Employer identification number

23-7064009

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

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

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

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a

a Receive a severance payment or change of control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

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

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

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.

SCHEDULE M
(Form 990)Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

OMB No 1545-0047

To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990

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Mary Greeley Medical Center Foundation

Employer identification number

23-7064009

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art	X	4	1,550	DONOR STATED VALUE
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		88	DONOR STATED VALUE
5 Clothing and household goods	X		8,411	DONOR STATED VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	1	2,234	MARKET QUOTE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	1	3,300	DONOR STATED VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (describe <u>VARIOUS</u>)	X	81	46,539	DONOR STATED VALUE
26 Other (describe _____)				
27 Other (describe _____)				
28 Other (describe _____)				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	

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

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

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(Form 990)**Supplemental Information to Form 990**

► **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

Department of the Treasury
Internal Revenue Service

Employer identification number

23-7064009

Name of the organization Mary Greeley Medical Center Foundation		Employer identification number
		23-7064009

Identifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	THE GRAND ROUNDS CONTINUING MEDICAL EDUCATION PROGRAM PROVIDES QUALITY EDUCATIONAL PROGRAMS TO SERVE THE NEEDS OF PHYSICIANS AND ADVANCE THE PRACTICE OF HEALTHCARE PROVIDERS WHO SERVE AMES AND THE SURROUNDING AREA. GRAND ROUNDS SESSIONS ARE OFFERED ON A WEEKLY BASIS, WITH AN AVERAGE OF 75 - 100 ATTENDEES INCLUDING PHYSICIANS, SPECIALISTS, HOSPITALISTS, NURSES, PARAMEDICS, PHARMACISTS, AND OTHER HEALTHCARE PROVIDERS. THE SESSIONS ARE HOSTED IN MARY GREELEY MEDICAL CENTER'S BESSIE MYERS AUDITORIUM AND ARE ALSO OFFERED VIA TELEMEDICINE TO REGIONAL MEDICAL CENTERS. MEDICAL STAFF IS ELIGIBLE TO RECEIVE UP TO ONE HOUR OF CONTINUING EDUCATION CREDIT. DURING THE PERIOD OF JULY 1, 2008 - JUNE 30, 2009, GRAND ROUNDS OFFERED 47 PROGRAMS AND EDUCATED 3,600 MEDICAL PROFESSIONALS. Expenses \$ 31670 including grants of \$ 0 Revenue \$ 0

Identifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	THE CANCER RESOURCE CENTER AT THE WILLIAM R. BLISS CANCER CENTER IS ONE OF THE MOST COMPREHENSIVE RESOURCES OF INFORMATION AND SUPPORT FOR CANCER PATIENTS, FAMILIES AND THE COMMUNITY. SUPPORTED BY DONOR DESIGNATED GIFTS TO THE FOUNDATION, THE CANCER RESOURCE CENTER OFFERS A FULL LIBRARY OF BOOKS, A FULL SERVICE BOUTIQUE WITH WIGS, HATS, BRAS, SWIMWEAR, PROSTHETICS AND OTHER SPECIALTY SUPPLIES FOR CANCER PATIENTS, GENETIC RISK EDUCATION, SUPPORT GROUPS AND MONTHLY EDUCATION SEMINARS. DURING THE PERIOD OF JULY 1, 2008 - JUNE 30, 2009, STAFF AND VOLUNTEERS SERVED 2,336 INDIVIDUALS. DURING THE SAME PERIOD, QUARTERLY PAYMENTS WERE MADE FROM THE FOUNDATION TO MARY GREELEY MEDICAL CENTER TOTALING \$30,889. THE QUARTERLY PAYMENT SCHEDULE IS CALCULATED AT 5% OF A THREE YEAR FLOATING AVERAGE. Expenses \$ 30889 including grants of \$ 0 Revenue \$ 0

Identifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	SCHOLARSHIPS Expenses \$ 6500 including grants of \$ 0 Revenue \$ 0

Identifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	SUPPORT OF MARY GREELEY MEDICAL CENTER PROGRAMS AND SERVICES Expenses \$ 11313 including grants of \$ 0 Revenue \$ 0

Identifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	SUPPORT OF MARY GREELEY MEDICAL CENTER PROGRAMS AND SERVICES Expenses \$ 24867 including grants of \$ 0 Revenue \$ 0

Identifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	FUNDRAISING EXPENSES ON BEHALF OF MARY GREELEY MEDICAL CENTER TO PROVIDE FOR THOSE ITEMS ENUMERATED IN THE GRANTS WITHIN THIS SECTION Expenses \$ 13199 including grants of \$ 0 Revenue \$ 0

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		A DRAFT COPY OF THE FORM 990 WAS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW DURING THE BOARD MEETING PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		AT THE BEGINNING OF EACH BOARD MEETING, THE BOARD CHAIRPERSON WILL REVIEW THE CONFLICT OF INTEREST POLICY AND NOTES ANY CONFLICTS. THE BOARD MEMBER(S) WITH A CONFLICT OF INTEREST WILL RECUSE THEMSELVES DURING DISCUSSION OF THESE MATTERS AND ABSTAIN FROM VOTING

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		COMPENSATION OF THE DEVELOPMENT DIRECTOR IS DETERMINED BY MARY GREELEY MEDICAL CENTER. MARY GREELEY MEDICAL CENTER ENGAGES AN INDEPENDENT CONSULTANT FOR DETERMINING COMPENSATION

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AUDITED FINANCIAL STATEMENTS AND FORM 990'S AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
FORM 990, PART I, LINE 6		THE VOLUNTEERS ARE COMPRISED OF INDIVIDUALS THAT SERVE AS BOARD MEMBERS, COMMITTEE MEMBERS AND EVENT VOLUNTEERS

Identifier	Return Reference	Explanation
FORM 990, PART VII, LINE 5		THE EXECUTIVE DIRECTOR AND CFO OF THE ORGANIZATION IS EMPLOYED BY AN AFFILIATED BUT UNRELATED ORGANIZATION MARY GREELEY MEDICAL CENTER (MGMC) COMPENSATION REPORTED REPRESENTS TOTAL COMPENSATION FOR SERVICES PERFORMED FOR BOTH THE ORGANIZATION AND MGMC IN CONFORMITY WITH THE IRS REPORTING REQUIREMENTS ON A CALENDAR YEAR BASIS AS OF 12/31/2008 EXECUTIVE DIRECTOR'S TIME IS DEDICATED 75% TO THE ORGANIZATION AND 25% TO MGMC THE CFO OF THE ORGANIZATION IS ALSO THE CFO OF MGMC THE CFO OPERATES IN A VOLUNTEER CAPACITY FOR THE ORGANIZATION

Additional Data

Software ID:
Software Version:
EIN: 23-7064009
Name: Mary Greeley Medical Center Foundation

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099MISC)	(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			
YVONNE KINZLER , PRESIDENT	1 00	X		X			0	0	0
DAN KRIEGER , PAST PRESIDENT	1 00	X		X			0	0	0
JOHN LANGELAND , PRESIDENT ELECT	1 00	X		X			0	0	0
BILL BURKE , SECRETARY TREASURER	1 00	X		X			0	0	0
TANYA ANDERSON , BOARD MEMBER	1 00	X					0	0	0
VERLE BURGASON , BOARD MEMBER	1 00	X					0	0	0
TERRY CROSS , BOARD MEMBER	1 00	X					0	0	0
JIM FISHER , BOARD MEMBER	1 00	X					0	0	0
JON FLEMING MD , BOARD MEMBER	1 00	X					0	0	0
KATHY GEOFFROY , BOARD MEMBER	1 00	X					0	0	0
STEVE GOODHUE , BOARD MEMBER	1 00	X					0	0	0
COLLEEN GRYTE , BOARD MEMBER	1 00	X					0	0	0
STEVEN HALLBERG MD , BOARD MEMBER	1 00	X					0	0	0
PHYLLIS HEFFRON , BOARD MEMBER	1 00	X					0	0	0
LEO MILLEMAN MD , BOARD MEMBER	1 00	X					0	0	0
RICH OLIVE , BOARD MEMBER	1 00	X					0	0	0
DENNIS PYLE , BOARD MEMBER	1 00	X					0	0	0
AMIE ROCKOW-NELSON DDS , BOARD MEMBER	1 00	X					0	0	0
DON WANDLING , BOARD MEMBER	1 00	X					0	0	0
KAREN YOUNGBERG , BOARD MEMBER	1 00	X					0	0	0
SARAH BUCK , MGMC BOARD OF TRUSTEES P	1 00	X					0	0	0
DANIEL FEEDERSEN MD , CHIEF OF STAFF	1 00	X					0	0	0
BRIAN DIETER , FMR CFO & INTERIM E D	1 00			X			367,805	0	32,893
MELISSA JOHANSEN , EXECUTIVE DIRECTOR	30 00			X			56,139	0	8,096
MICHAEL TRETINA , CFO, MGMC	1 00			X			0	0	0

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

THE MARY GREELEY MEDICAL CENTER FOUNDATION IS THE PREFERRED CHANNEL OF GIVING TO MARY GREELEY MEDICAL CENTER. THE MARY GREELEY MEDICAL CENTER FOUNDATION MISSION IS TO ASSIST MARY GREELEY MEDICAL CENTER IN PROMOTING HEALTH AND PROVIDING COMPASSIONATE, HIGH-QUALITY CARE BY ENCOURAGING CHARITABLE GIVING FROM INDIVIDUALS AND ORGANIZATIONS. DONORS CAN BE CONFIDENT THAT THEIR GIFTS WILL DIRECTLY BENEFIT THE PROGRAMS AND SERVICES OF MARY GREELEY MEDICAL CENTER, THE PATIENTS AND FAMILIES SERVED BY THE MEDICAL CENTER, AND THE MEDICAL CENTER STAFF.