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Form **990-EZ****Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2008Department of the Treasury
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

► 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****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organizationCOMANCHE COUNTY MEMORIAL HOSPITAL
FOUNDATION, INC.

Number and street (or P.O. box, if mail is not delivered to street address)

3401 W. GORE BLVD

City or town, state or country, and ZIP + 4

LAWTON, OK 73505

D Employer identification number

73-1424430

E Telephone number

(580) 355-8620

F Group Exemption Number . . . ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☐ Cash ☒ Accrual
Other (specify) ▶**I** Website: ▶ WWW.MEMORIALHEALTHSOURCE.COM**J** Organization type (check only one) - ☒ 501(c) (3) ◀ (insert no) 4947(a)(1) or 527**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ \$ 449,748.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	403,904.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income STMT. 1	4	8,437.
	5	a Gross amount from sale of assets other than inventory 5a		
		b Less cost or other basis and sales expenses 5b		
		c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) 5c		
	6	Special events and activities (Form 990-B, Schedule G) If any amount is from gaming, check here		
		a Gross revenue (not including \$ 4,095. of contributions STMT 2		
Expenses		reported on line 1 6a		37,407.
		b Less direct expenses other than fundraising expenses 6b		37,407.
		c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) STMT. 3	6c	
	7	a Gross sales of inventory, less returns and allowances 7a		
		b Less cost of goods sold 7b		
		c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c		
	8	Other revenue (describe ▶) 8		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	412,341.
	10	Grants and similar amounts paid (attach schedule) STMT. 4	10	467,048.
Net Assets	11	Benefits paid to or for members 11		
	12	Salaries, other compensation, and employee benefits 12		NONE
	13	Professional fees and other payments to independent contractors 13		8,000.
	14	Occupancy, rent, utilities, and maintenance 14		
	15	Printing, publications, postage, and shipping 15		
	16	Other expenses (describe ▶) STMT 5	16	89,190.
	17	Total expenses. Add lines 10 through 16 ▶	17	564,238.
18	Excess or (deficit) for the year (Subtract line 17 from line 9) 18		-151,897.	
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19		1,233,038.	
20	Other changes in net assets or fund balances (attach explanation) STMT. 6	20	-39,161.	
21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶	21	1,041,980.	

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments STMT. 7	968,553.	22 1,016,317.
23 Land and buildings		23
24 Other assets (describe ▶) STMT 8	271,958.	24 34,879.
25 Total assets	1,240,511.	25 1,051,196.
26 Total liabilities (describe ▶) STMT 9	7,473.	26 9,216.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	1,233,038.	27 1,041,980.

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

Form **990-EZ** (2008)

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20

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Part III	Statement of Program Service Accomplishments (See the instructions for Part III.)
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Expenses

What is the organization's primary exempt purpose?

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)

28 SEE STATEMENT 10

(Grants \$ 467,048.) If this amount includes foreign grants, check here ☐

28a

593,565.

29

(Grants \$ _____) If this amount includes foreign grants, check here ☐

29a

30

(Grants \$) If this amount includes foreign grants, check here ►

30a

31 Other program services (attach schedule)

(Grants \$ _____) If this amount includes foreign grants, check here ☐

31a

32 Total program service expenses (add lines 28a through 31a) ▶

32

593,565.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶, section 4955 ▶		
b Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed ▶ OK,		
42a The books are in care of ▶ THE ORGANIZATION Telephone no ▶ 405-355-8620 Located at ▶ 3401 W. GORE BLVD, LAWTON, OK ZIP + 4 ▶ 73505		
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
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.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
If "Yes," enter the name of the foreign country ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Form 990-EZ (2008)

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 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. **46** ☐ Yes ☒ No
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. **47** ☐ Yes ☒ No
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . **48** ☐ Yes ☒ No
- 49a Did the organization make any transfers to an exempt non-charitable related organization? **49a** ☐ Yes ☒ No
- b If "Yes," was the related organization(s) a section 527 organization? **49b** ☐ Yes ☒ No
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000 ▶		NONE		

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000 ▶		NONE

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.

Signature of officer *Randall K. Segler* Date *5/3/2010*

Type or print name and title *RANDALL K SEGLER, CEO*

Paid Preparer's Use Only

Preparer's signature *Anne Adams* Date *4-29-2010* Check if self-employed ☐ Preparer's Identifying Number (See instructions) P00887943

Firm's name (or yours if self-employed), address, and ZIP + 4 *BKD, LLP* EIN *44-0160260*

6120 S. YALE, #1400 TULSA, OK 74136-4223 Phone no *918-584-2900*

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Form 990-EZ (2008)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization **COMANCHE COUNTY MEMORIAL HOSPITAL
FOUNDATION, INC.**

Employer identification number

73-1424430

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 (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

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?

(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? _____

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

h Provide the following information about the organizations the organization supports

(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 US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
SEE STATEMENT	17								
Total									593,565.

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) 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 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. 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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (See instructions)					12	

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support 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% support test - 2007. 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 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 "fact-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 a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

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) 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 Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 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 June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						

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

Section C. 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 from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. 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% support 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% support 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 explanation required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information (see instructions)

[illegible]

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 <u>JEWELRY SALE</u> (event type)	(b) Event #2 (event type)	(c) Other Events <u>NONE</u> (total number)	(d) Total Events (Add col. (a) through col. (c))
Revenue				
1 Gross receipts	41,502.			41,502.
2 Less Charitable contributions	4,095.			4,095.
3 Gross revenue (line 1 minus line 2)	37,407.			37,407.
Direct Expenses				
4 Cash prizes				
5 Non-cash prizes				
6 Rent/facility costs				
7 Other direct expenses	37,407.			37,407.
8 Direct expense summary. Add lines 4 through 7 in column (d)				(37,407.)
9 Net income summary. Combine lines 3 and 8 in column (d)				

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

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Non-cash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				()
8 Net gaming income summary. Combine lines 1 and 7 in column (d)				
9 Enter the state(s) in which the organization operates gaming activities				
a Is the organization licensed to operate gaming activities in each of these states?	9a			
b If "No," Explain				
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a			
b If "Yes," Explain				
11 Does the organization operate gaming activities with nonmembers?	11			
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			

13 Indicate the percentage of gaming activity operated in

- | a The organization's facility | 13a | % |
|--|------------|---|
| b An outside facility | 13b | % |

14 Provide the name and address of the person who prepares the organization's gaming/special event books and records

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**

- b**
- If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

- c**
- If "Yes," enter name and address

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer

 ☐ Employee

 ☐ Independent contractor
17 Mandatory distributions

- a**
- Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- 17a**

- 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 ► \$ _____

FORM 990EZ, PART I - INVESTMENT INCOME

=====

DESCRIPTION

AMOUNT

INTEREST INCOME

8,437.

TOTAL

8,437.

=====

FORM 990EZ, PART I - EXCLUDED CONTRIBUTIONS
=====DESCRIPTION
-----AMOUNT

JEWELRY SALE

4,095.

TOTAL

4,095.
=====

FORM 990EZ, PART I - SPECIAL EVENTS AND ACTIVITIES
=====

DESCRIPTION -----	GROSS REVENUE -----	DIRECT EXPENSES -----
JEWELRY SALE	37,407. -----	37,407. -----
TOTALS	37,407. =====	37,407. =====

FORM 990EZ, PART I - GRANTS AND SIMILAR AMOUNTS PAID
IN EXCESS OF \$5000

=====

RECIPIENT NAME AND ADDRESS

GRANTS PAID

COMANCHE COUNTY MEMORIAL HOSPITAL

3401 W GORE BLVD.

LAWTON, OK 73505

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

CONSTRUCTION

467,048.

TOTAL CONTRIBUTIONS PAID

467,048.
=====

FORM 990EZ, PART I - OTHER EXPENSES

=====

HEALTH PROGRAM SERVICES	89,110.
INVESTMENT FEES	50.
LOSS ON ABANDONMENT	30.

TOTAL	89,190.
	=====

FORM 990EZ, PART I - OTHER CHANGES IN FUND BALANCES
=====DECREASES IN FUND BALANCES

PRIOR YEAR GAAP ADJUSTMENT

39,161.

TOTAL

39,161.
=====

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

=====

DESCRIPTION -----	BEGINNING OF YEAR -----	END OF YEAR -----
CASH	968,553.	1,016,317.
TOTALS	968,553.	1,016,317.
	=====	=====

FORM 990EZ, PART II - OTHER ASSETS
=====

DESCRIPTION -----	BEGINNING OF YEAR -----	END OF YEAR -----
DUE FROM RELATED PARTY	29,655.	NONE
DONATED ASSETS HELD FOR SALE	8,860.	6,555.
CSV OF LIFE INSURANCE	223,544.	19,964.
LAWTON COMMUNITY FOUNDATION	9,899.	8,360.
TOTALS	----- 271,958. =====	----- 34,879. =====

FORM 990EZ, PART II - TOTAL LIABILITIES
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DESCRIPTION -----	BEGINNING OF YEAR -----	END OF YEAR -----
ACCOUNTS PAYABLE	489.	2,178.
DUE TO RELATED PARTY	6,984.	7,038.
	-----	-----
TOTALS	7,473.	9,216.
	=====	=====

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICE ACCOMPLISHMENT 1

THE COMANCHE COUNTY MEMORIAL HOSPITAL FOUNDATION, INC., WAS
ESTABLISHED IN 1993 TO COORDINATE AND ENCOURAGE FINANCIAL GIFTS
AND COMMUNITY INVOLVEMENT TO SUPPORT THE MISSION OF COMANCHE
COUNTY MEMORIAL HOSPITAL.

THE HOSPITAL SERVED ITS FIRST PATIENTS IN 1951. ITS MISSION IS TO
PROVIDE OPTIMAL QUALITY AND COST EFFECTIVE HEALTHCARE SERVICES
THROUGH A CONTINUOUS PARTNERSHIP WITH PATIENTS, EMPLOYEES, MEDICAL
STAFF, AREA COMMUNITIES AND BOARD OF TRUSTEES.

THE HOSPITAL HAS A PROUD HISTORY OF INNOVATION AND DEDICATED
SERVICE IN ITS COMMITMENT TO EXCEPTIONAL PATIENT CARE. THE
FOUNDATION EXISTS TO FURTHER THE GOALS OF COMANCHE COUNTY MEMORIAL
HOSPITAL.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
RICHARD BOATSMAN, MD 3401 W. GORE BLVD LAWTON, OK 73505	DIRECTOR 1.	NONE	NONE	NONE
LORI CUMMINS 3401 W. GORE BLVD LAWTON, OK 73505	EXECUTIVE DIRECTOR 1.	NONE	NONE	NONE
PAT HENRY 3401 W. GORE BLVD LAWTON, OK 73505	DIRECTOR 1.	NONE	NONE	NONE
MARTHA LOU LAWSON 3401 W. GORE BLVD LAWTON, OK 73505	DIRECTOR 1.	NONE	NONE	NONE
RANDY SEGLER 3401 W. GORE BLVD LAWTON, OK 73505	CEO 1.	NONE	NONE	NONE
WALLACE COFFEY 3401 W. GORE BLVD LAWTON, OK 73505	DIRECTOR 1.	NONE	NONE	NONE
CASSANDRA JOHNSON	DIRECTOR 1.	NONE	NONE	NONE

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES
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NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
3401 W. GORE BLVD LAWTON, OK 73505				
CLIFF BRADY 3401 W. GORE BLVD LAWTON, OK 73505	DIRECTOR 1.	NONE	NONE	NONE
FAITH OFORI 3401 W. GORE BLVD LAWTON, OK 73505	DIRECTOR 1.	NONE	NONE	NONE
BETTY GRAYBILL 3401 W. GORE BLVD LAWTON, OK 73505	DIRECTOR 1.	NONE	NONE	NONE
WILLIAM JOLLY, M. D. 3401 W. GORE BLVD LAWTON, OK 73505	DIRECTOR 1.	NONE	NONE	NONE
COLLEEN LONGACRE 3401 W. GORE BLVD LAWTON, OK 73505	DIRECTOR 1.	NONE	NONE	NONE
STEVE COTHREN 3401 W. GORE BLVD LAWTON, OK 73505	DIRECTOR 1.	NONE	NONE	NONE

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
KIM DODDS 3401 W. GORE BLVD LAWTON, OK 73505	CHAIRMAN 1.	NONE	NONE	NONE
DEDE ARMES 3401 W. GORE BLVD LAWTON, OK 73505	VICE CHAIRMAN 1.	NONE	NONE	NONE
LARRY PATTON 3401 W. GORE BLVD LAWTON, OK 73505	SECRETARY/TREASURER 1.	NONE	NONE	NONE
LUANN ALDERSON 3401 W. GORE BLVD LAWTON, OK 73505	DIRECTOR 1.	NONE	NONE	NONE
TERRY BELL 3401 W. GORE BLVD LAWTON, OK 73505	DIRECTOR 1.	NONE	NONE	NONE
SHERRY BENTLEY 3401 W. GORE BLVD LAWTON, OK 73505	DIRECTOR 1.	NONE	NONE	NONE

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
VICKI CAMPBELL 3401 W. GORE BLVD LAWTON, OK 73505	DIRECTOR 1.	NONE	NONE	NONE
KERI DENNIS 3401 W. GORE BLVD LAWTON, OK 73505	DIRECTOR 1.	NONE	NONE	NONE
ED DZIALO 3401 W. GORE BLVD LAWTON, OK 73505	DIRECTOR 1.	NONE	NONE	NONE
DARRELL JONES 3401 W. GORE BLVD LAWTON, OK 73505	DIRECTOR 1.	NONE	NONE	NONE
PHIL KENNEDY 3401 W. GORE BLVD LAWTON, OK 73505	DIRECTOR 1.	NONE	NONE	NONE
EDWARD LEGAKO, MD 3401 W. GORE BLVD LAWTON, OK 73505	DIRECTOR 1.	NONE	NONE	NONE
HOSSEIN MOINI	DIRECTOR 1.	NONE	NONE	NONE

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
3401 W. GORE BLVD LAWTON, OK 73505				
NANCY PONTIKES 3401 W. GORE BLVD LAWTON, OK 73505	DIRECTOR 1.	NONE	NONE	NONE
GINGER ROSS 3401 W. GORE BLVD LAWTON, OK 73505	DIRECTOR 1.	NONE	NONE	NONE
HANK SABINE 3401 W. GORE BLVD LAWTON, OK 73505	DIRECTOR 1.	NONE	NONE	NONE
SIMONE SCHUTZ 3401 W. GORE BLVD LAWTON, OK 73505	DIRECTOR 1.	NONE	NONE	NONE
KERRY SWEENEY 3401 W. GORE BLVD LAWTON, OK 73505	DIRECTOR 1.	NONE	NONE	NONE
DAVID TOWE 3401 W. GORE BLVD LAWTON, OK 73505	DIRECTOR 1.	NONE	NONE	NONE

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
JEFF WILSON 3401 W. GORE BLVD LAWTON, OK 73505	DIRECTOR 1.	NONE	NONE	NONE
LIZ WYATT 3401 W. GORE BLVD LAWTON, OK 73505	DIRECTOR 1.	NONE	NONE	NONE
CINDY ZELBST 3401 W. GORE BLVD LAWTON, OK 73505	DIRECTOR 1.	NONE	NONE	NONE
GERALD STADLER 3401 W. GORE BLVD LAWTON, OK 73505	DIRECTOR 1.	NONE	NONE	NONE
GRAND TOTALS				
		NONE	NONE	NONE

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

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I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV)		(V)		(VI)		(VII) AMOUNT OF SUPPORT
			YES	NO	YES	NO	YES	NO	
COMANCHE COUNTY MEMORIAL HOSPITAL	73-6061037	03	Y		X		Y		593,565.

TOTAL AMOUNT OF SUPPORT									593,565
									=====