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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

▶ 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*

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 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 organization
MCALESTER REGIONAL HEALTH CENTER FOUNDATION

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
ONE CLARK BASS BOULEVARD

City or town, state or country, and ZIP + 4
MCALESTER, OK 74501

D Employer identification number
73-1618323

E Telephone number
(918) 421-6767

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: ▶ HTTP://WWW.MRHCOK.COM/FOUNDATION/

H Check ▶ ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one)— ☒ 501(c)(3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

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 ▶ $ 210,845.

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	177,796.
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	5,202.
	5a	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 (complete applicable parts of Schedule G). If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a	27,847.	
	b	Less: direct expenses other than fundraising expenses	6b	17,398.	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	10,449.
	7a	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	193,447.
Expenses	10	Grants and similar amounts paid (attach schedule) STMT 3		10	10,620.
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	6,901.
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe ▶ SEE STATEMENT 1)		16	107,054.
	17	**Total expenses.** Add lines 10 through 16 ▶		17	124,575.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	68,872.
	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	227,840.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2		20	<1,848.>
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	294,864.

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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	227,840.	22	294,864.
23	Land and buildings		23	
24	Other assets (describe ▶ _____)		24	
25	**Total assets**	227,840.	25	294,864.
26	**Total liabilities** (describe ▶ _____)	0.	26	0.
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	227,840.	27	294,864.

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

What is the organization's primary exempt purpose? SEE STATEMENT 6

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.

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

28 SEE STATEMENT 5

(Grants $ 10,620.) If this amount includes foreign grants, check here ▶ ☐ 28a 116,287.

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) ▶ 32 116,287.

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ROI NELSON PO BOX 948, MCALESTER, OK 74502	PRESIDENT 3.00	0.	0.	0.
JIM PRATT PO BOX 1107, MCALESTER, OK 74502	VICE PRESIDENT 1.00	0.	0.	0.
ELAINE GREEN 10 E. WASHINGTON, MCALESTER, OK 74501	SEC/TREASURER 1.00	0.	0.	0.
NANCY GATES 220 FINCH DR., MCALESTER, OK 74501	MEMBER 1.00	0.	0.	0.
DONNA GREEN, 1 CLARK BASS BLVD., MCALESTER, OK 74501	MEMBER 1.00	0.	0.	0.
AMY JOHNS 500 S. SECOND, MCALESTER, OK 74501	MEMBER 1.00	0.	0.	0.
SUSAN KANARD RT 4 BOX 451, MCALESTER, OK 74501	MEMBER 1.00	0.	0.	0.
FRANCES LERBLANCE PO BOX 1011, HARTSHORNE, OK 74547	MEMBER 1.00	0.	0.	0.
DEBBIE MCCAULEY 1003 BERRY PATCH, MCALESTER, OK 74501	MEMBER 1.00	0.	0.	0.
MELINDA NIX 3711 SHURMAN RD, MCALESTER, OK 74501	MEMBER 1.00	0.	0.	0.
KEVIN PRIDDLE 314 JACKSON, MCALESTER, OK 74501	MEMBER 1.00	0.	0.	0.
DON SHULLER 610 E. SOUTH ST., MCALESTER, OK 74501	MEMBER 1.00	0.	0.	0.

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	33		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	34		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?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		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?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.			
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	40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ 0.			
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	40e		X

41 List the states with which a copy of this return is filed. ▶ OK

42a The books are in care of ▶ MCALESTER REGIONAL HEALTH CNTR FOUN Telephone no. ▶ (918) 421-6767
Located at ▶ ONE CLARK BASS BOULEVARD, MCALESTER, OK ZIP + 4 ▶ 74501

			Yes	No
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)?	42b		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.?	42c		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 N/A

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		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	45		X

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.

			Yes	No
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		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization(s) a section 527 organization?	49b		

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 ▶				

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."

NONE

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over $100,000 ▶		

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 — Date: 5-11-2012

▶ Ross Eaton, Chairman
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ KIM HUNWARDSEN, CPA	Date 05/03/12	Check if self-employed ▶ ☐	Preparer's Identifying Number (See instr.)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ EIDE BAILLY LLP, 800 NICOLLET MALL, STE. 1300, MINNEAPOLIS, MN 55402-7033			EIN ▶ Phone no. ▶ 612-253-6500

May the IRS discuss this return with the preparer shown above? See instructions ▶ [X] Yes ☐ No

Form 990-EZ (2008)

832174
12-17-08

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	Employer identification number
MCALESTER REGIONAL HEALTH CENTER FOUNDATION	73-1618323

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 the 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?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		X
(ii) A family member of a person described in (i) above?		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		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? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
MCALESTER REGIONAL HEA	73-0992978	7	X						116,287.
Total									116,287.

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 section 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 "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 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 ▶ ☐

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ 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.

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization: MCALESTER REGIONAL HEALTH CENTER FOUNDATION

Employer identification number: 73-1618323

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

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

a ☐ Mail solicitations
b ☐ Email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

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

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(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
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 GALA (event type)	(b) Event #2 (event type)	(c) Other Events NONE (total number)	(d) Total Events (Add col. (a) through col (c))
Revenue	1 Gross receipts	23,447.			23,447.
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	23,447.			23,447.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	15,463.			15,463.
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				(15,463.)
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				7,984.

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) ▶				

			Yes	No
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		

			Yes	No
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 events 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 990-EZ OTHER EXPENSES STATEMENT 1

DESCRIPTION	AMOUNT
HOSPITAL PROJECTS	26,106.
SUPPLIES	755.
OTHER EXPENSES	632.
HOME HEALTH	252.
OTHER SUPPORTING SERVICES	79,309.
TOTAL TO FORM 990-EZ, LINE 16	107,054.

FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 2

DESCRIPTION	AMOUNT
UNREALIZED GAINS/LOSSES	<1,848.>
TOTAL TO FORM 990-EZ, LINE 20	<1,848.>

FORM 990-EZ CASH GRANTS AND ALLOCATIONS STATEMENT 3

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
EMPLOYEE ASSISTANCE DISASTER FUND VARIOUS	NONE	5,870.
SCHOLARSHIPS VARIOUS	NONE	1,750.
INDIGENT PATIENT FUND VARIOUS	NONE	3,000.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		10,620.

FORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS STATEMENT 4

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

THE FOUNDATION FUNDS PROGRAM TO PURCHASE CAR SEATS FOR INFANTS AND CHILDREN.

THE FOUNDATION PROVIDES ASSISTANCE TO DIABETES PATIENTS TO ATTEND DIABETES CLASSES WHICH COVER DIET AND EXERCISE. THESE PATIENTS HAVE NO INSURANCE, MEDICARE OR MEDICAID.

THE FOUNDATION HOSTS A GALA EACH YEAR. THIS EVENT RAISES DOLLARS FOR THE FOUNDATION WHICH HELPS SUPPORT MCALESTER REGIONAL HEALTH CENTER'S PROGRAMS AND SERVICES.

SOLICIT AND DISTRIBUTE DONATIONS TO MCALESTER REGIONAL HEATH CENTER AUTHORITY FOR USE IN VARIOUS OPERATING PURPOSES OF THE MCALESTER REGIONAL HEALTH CENTER.

GENERAL EXPLANATION STATEMENT 7

THE 2008 FORM 990-EZ THAT WAS FILED FOR THE MCALESTER REGIONAL HEALTH CENTER FOUNDATION INCLUDED ACCOUNTS FOR THE AUXILIARY VOLUNTEER SERVICES OF MCALESTER REGIONAL HEALTH CENTER. IT WAS DISCOVERED THAT THE AUXILIARY ACCOUNTS SHOULD NOT HAVE BEEN INCLUDED IN THE FORM 990-EZ FOR THE FOUNDATION, AND WE HAVE AMENDED THE 2008 FORM 990-EZ TO REMOVE THE AUXILIARY ACCOUNTS. BELOW IS A SUMMARY OF THE CHANGES THAT HAVE BEEN MADE:

HEADING ITEM LINE L OF THE ORIGINALLY FILED FORM 990-EZ WAS $193,558, ON THE AMENDED RETURN THIS LINE IS $210,845.

PART I, LINE 1 OF THE ORIGINALLY FILED FORM 990-EZ WAS $163,010, ON THE AMENDED RETURN THIS LINE IS $177,796.

PART I, LINE 6A OF THE ORIGINALLY FILED FORM 990-EZ WAS $25,347, ON THE AMENDED RETURN THIS LINE IS $27,847.

PART I, LINE 6B OF THE ORIGINALLY FILED FORM 990-EZ WAS $16,193, ON THE AMENDED RETURN THIS LINE IS $17,398.

PART I, LINE 9 OF THE ORIGINALLY FILED FORM 990-EZ WAS $177,365, ON THE AMENDED RETURN THIS LINE IS $193,447.

PART I, LINE 10 OF THE ORIGINALLY FILED FORM 990-EZ WAS $0, ON THE AMENDED RETURN THIS LINE IS $10,620.

PART I, LINE 16 OF THE ORIGINALLY FILED FORM 990-EZ WAS $50,537, AND CONTAINED AN AUXILIARY EXPENSE OF $10,968, AND A GRANT AND SIMILAR AMOUNTS PAID OF $10,620. THE AUXILIARY EXPENSE WAS REMOVED ON THE AMENDED RETURN, AND THE GRANTS AND SIMILAR AMOUNTS PAIDS WERE MOVED TO PART I, LINE 10. IN ADDITION, $79,309 OF OTHER SUPPORTING EXPENSES WERE ADDED. PART 1, LINE 16 ON THE AMENDED RETURN IS $107,054.

PART I, LINE 17 OF THE ORIGINALLY FILED FORM 990-EZ WAS $57,438, ON THE AMENDED RETURN THIS LINE IS $124,575.

PART I, LINE 18 OF THE ORIGINALLY FILED FORM 990-EZ WAS $119,927, ON THE AMENDED RETURN THIS LINE IS $68,872.

PART I, LINE 21 OF THE ORIGINALLY FILED FORM 990-EZ WAS $345,919, ON THE AMENDED RETURN THIS LINE IS $294,864.

PART II, LINE 22, COLUMN A OF THE ORIGINALLY FILED FORM 990-EZ WAS $137,447, AND DID NOT INCLUDE INVESTMENTS OF $90,393. ON THE AMENDED RETURN THIS LINE IS $227,840.

PART II, LINE 24, COLUMN A OF THE ORIGINALLY FILED FORM 990-EZ WAS $90,393, AND CONTAINED INVESTMENTS OF $90,393. THE INVESTMENTS WERE

MOVED TO PART II, LINE 22. PART II, LINE 24 ON THE AMENDED RETURN IS $0.

PART II, LINE 22, COLUMN B OF THE ORIGINALLY FILED FORM 990-EZ WAS $220,006, ON THE AMENDED RETURN THIS LINE IS $294,864.

PART II, LINE 24, COLUMN B OF THE ORIGINALLY FILED FORM 990-EZ WAS $125,913, AND CONTAINED AUXILIARY INVENTORY OF $14,803. THE AUXILIARY INVENTORY WAS REMOVED ON THE AMENDED RETURN, AND THE INVESTMENTS WERE MOVED TO PART II, LINE 22. PART II, LINE 24 ON THE AMENDED RETURN IS $0.

PART II, LINE 25, COLUMN B OF THE ORIGINALLY FILED FORM 990-EZ WAS $345,919, ON THE AMENDED RETURN THIS LINE IS $294,864.

PART II, LINE 27, COLUMN B OF THE ORIGINALLY FILED FORM 990-EZ WAS $345,919, ON THE AMENDED RETURN THIS LINE IS $294,864.

PART III, LINE 28 OF THE ORIGINALLY FILED FORM 990-EZ DID NOT INCLUDE ANY GRANTS, ON THE AMENDED RETURN GRANTS OF $10,620 ARE REPORTED.

PART III, LINE 28A OF THE ORIGINALLY FILED FORM 990-EZ WAS $57,438, ON THE AMENDED RETURN THIS LINE IS $116,287.

PART III, LINE 32 OF THE ORIGINALLY FILED FORM 990-EZ WAS $57,438, ON THE AMENDED RETURN THIS LINE IS $116,287.

SCHEDULE A, LINES 11H(V) AND 11H(VI) ON THE ORIGINALLY FILED FORM 990-EZ WERE ANSWERED YES, ON THE AMENDED RETURN THESE LINES ARE BLANK.

SCHEDULE A, LINE 11H(VII) ON THE ORIGINALLY FILED FORM 990-EZ WAS $35,229, ON THE AMENDED RETURN THIS LINE IS $116,287.

SCHEDULE B WAS UPDATED TO INCLUDE ADDRESSES FOR THE CONTRIBUTORS.

SCHEDULE G WAS ADDED TO THE AMENDED RETURN TO REPORT THE DETAIL FOR THE GALA SPECIAL EVENT.