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Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? TO PROMOTE COMMUNITY GOODWILL AND TO PROVIDE SUPPORT TO HEALTHCARE FOR OUR PATIENTS AND THEIR FAMILIES			
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, and other relevant information for each program title			
28 MONEY FOR PURCHASING EQUIPMENT AND FURNITURE TO BE USED IN THE MEDICAL CENTER TO BENEFIT PATIENTS, VISITORS, AND STAFF (Grants \$ 61,085) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		28a	108,990
29 SCHOLARSHIPS FOR STUDENTS IN NEED (Grants \$ 9,000) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		29a	9,000
30 SUPPORT FOR HEALTH-RELATED ACTIVITIES IN THE COMMUNITY (Grants \$ 25,807) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		30a	25,807
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a)		32	143,797

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

Part VOther Information (Note the statement requirements in the instructions for Part V.)		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	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	Yes
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 why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
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	No
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 outstanding at the end of the period covered by this return?	38a	No
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	0
b	Gross receipts, included on line 9, for public use of club facilities	39b	0
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 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0		
d	Section 501(c)(3) and 501(c)(4) organizations 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	No
41	List the states with which a copy of this return is filed		
42a	The organization's books are in care of BARBIE SQUIRES Telephone no (816) 271-4055 5325 FARAON ST Located at ST JOSEPH, MO ZIP + 4 64506		
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)? 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 .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country	42c	No
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.	44	No
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	No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b 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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's 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				

50(f) Total number of other employees paid over \$100,000

51 Complete this table for the organization's 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

51(d) Total number of other independent contractors each receiving over \$100,000

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.				
	Signature of officer		Date		
Paid Preparer's Use Only	Preparer's signature		Date	Check if self-employed	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN		Phone no
	Michael J Engle			<input type="checkbox"/>	
	BKD LLP 1201 Walnut Suite 1700 Kansas City, MO 641062246				(816) 221-6300
May the IRS discuss this return with the preparer shown above? See instructions					

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization Heartland Regional Medical Center Auxiliary Inc Guild of Heartland Hospital East	Employer identification number 23-7447666
-----------------------------------------------------------------------------------------------------------------	--------------------------------------------------

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

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

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

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

☐

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

☐

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

(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 supported organization(s)

	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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 2009 (line 6 column (f) divided by line 11 column (f))	14	
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	

16a

33 1/3% support test—2009. 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—2008. 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—2009. 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—2008. 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 IIISupport 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,520	65	2,480	50	25,963	30,078
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	369,666	373,478	349,447	577,263	366,544	2,036,398
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5	371,186	373,543	351,927	577,313	392,507	2,066,476
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6.)						2,066,476

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6	371,186	373,543	351,927	577,313	392,507	2,066,476
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	50,445	50,986	45,825	1,622	1,297	150,175
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b	50,445	50,986	45,825	1,622	1,297	150,175
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	122,620	1,218	123,838
13Total support (Add lines 9, 10c, 11 and 12.)	421,631	424,529	397,752	701,555	395,022	2,340,489
14First 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	<input checked="" type="checkbox"/>					

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	88.292 %
16Public support percentage from 2008 Schedule A, Part III, line 15	16	100.000 %

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	6.416 %
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.004 %
19a33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	<input checked="" type="checkbox"/>	






Part IV

Supplemental Information. 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

Additional Data

Software ID:
Software Version:
EIN: 23-7447666
Name: Heartland Regional Medical Center Auxiliary
Inc Guild of Heartland Hospital East

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
DIANE DUNAVANT  5325 Faraon Street St Joseph, MO 64506	PRESIDENT 10 0	0	0	0
JEANNIE PITLUCK  5325 Faraon Street St Joseph, MO 64506	VICE-PRESIDENT 10 0	0	0	0
KAY OLDHAM  5325 Faraon Street St Joseph, MO 64506	SECRETARY 10 0	0	0	0
CARLENE MAKAWSKI  5325 Faraon Street St Joseph, MO 64506	TREASURER 10 0	0	0	0
JACKLYN RUNYAN  5325 Faraon Street St Joseph, MO 64506	GIFT SHOP TREASURER/MANAGER 50 0	23,766	13,380	0

TY 2009 Compensation Explanation

Name: Heartland Regional Medical Center Auxiliary

Inc Guild of Heartland Hospital East

EIN: 23-7447666

Person Name	Explanation
JACKLYN RUNYAN	THE POSITION OF GIFT SHOP MANAGER IS A 40 HOUR PER WEEK POSITION AND IS COMPENSATED BY HEARTLAND REGIONAL MEDICAL CENTER (HRMC) HEARTLAND REGIONAL MEDICAL CENTER AUXILIARY, INC GUILD TO HEARTLAND HOSPITAL EAST REIMBURSES HRMC FOR THIS COMPENSATION AND BENEFITS THE POSITION OF GIFT SHOP TREASURER IS NOT COMPENSATED

TY 2009 Grants and Similar Amounts Paid Schedule**Name:** Heartland Regional Medical Center Auxiliary

Inc Guild of Heartland Hospital East

EIN: 23-7447666

Item No.	1
Class of Activity	
Donee's Name	SCHOLARSHIPS
Donee's Address	
Amount (FMV)	9,000
Purpose of Payment to Affiliate	EDUCATIONAL
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	
Donee's Name	HEARTLAND REGIONAL MEDICAL CENTER
Donee's Address	
Amount (FMV)	61,085
Purpose of Payment to Affiliate	CHARITABLE
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	
Donee's Name	SPORTS MEDICINE CONCEPTS
Donee's Address	
Amount (FMV)	5,300
Purpose of Payment to Affiliate	CHARITABLE
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Assets Schedule

Name: Heartland Regional Medical Center Auxiliary

Inc Guild of Heartland Hospital East

EIN: 23-7447666

Description	Beginning of Year Amount	End of Year Amount
DUE FROM HRMC	3,824	0
INVENTORY	59,553	38,112

TY 2009 Other Expenses Schedule

Name: Heartland Regional Medical Center Auxiliary

Inc Guild of Heartland Hospital East

EIN: 23-7447666

Description	Amount
BANK RECONCILIATION	4,650
MC/VISA TRANSACTION FEES	3,926
MISCELLANEOUS	5,099
Supplies	62

TY 2009 Other Revenues Schedule

Name: Heartland Regional Medical Center Auxiliary
Inc Guild of Heartland Hospital East
EIN: 23-7447666

Description	Amount
MISCELLANEOUS INCOME	1,218

**BYLAWS
of the
HEARTLAND REGIONAL MEDICAL CENTER AUXILIARY**

**Article I
Name**

The name of this corporation is Heartland Regional Medical Center Auxiliary.

**Article II
Mission**

The Heartland Regional Medical Center Auxiliary, an organization of caring volunteers, in cooperation with Heartland Regional Medical Center, promotes community goodwill and provides support to enhance healthcare for our patients and their families.

**Article III
Membership**

Section 1. Membership Corporation

The Corporation shall be a membership corporation. Any person interested in the work of the Corporation shall be eligible as a member upon payment of \$5.00 per year. Any person who is actively volunteering his/her services through the Volunteer Services office is automatically a member of the Heartland Regional Medical Center Auxiliary. No dues are required for active volunteers. Active volunteers will be determined by the office of Volunteer Services.

Section 2. Emeritus Status

A. Eligibility for Emeritus Status

In order to be considered for Emeritus Status, an individual must have served on the Auxiliary Board at least ten (10) years prior to the recommendation or request.

B. Procedures for Awarding Emeritus Status

The President of the Auxiliary Board or a Board member must recommend the qualified individual to the Board for a vote at the last meeting of the year.

C. Privileges of Emeritus Status

Emeritus Status entitles the recipient the following privileges:

1. Presentation of a certificate or resolution appropriate for framing.
2. Use of the title.
3. Membership on the Board, but without a vote on motions.
4. Inclusion in the membership directory.

D. Responsibility of Recipients of Emeritus Status

Emeritus individuals are expected to assist and support the Board and share their years of expertise with the Board in an advisory capacity.

**Article IV
Meetings**

Section 1. Meeting

One membership meeting will be held annually. There will be a minimum of four (4) Board meetings per year.

Section 2. Reports

At the membership meetings, all officers and committee chairpersons shall submit a report. A summary of these reports will be published in the newsletter.

Section 3. Quorum

Fifteen (15) members shall constitute a quorum for general membership meetings. Ten (10) members shall constitute a quorum for Board of Director's meetings.

Article V Officers

Section 1. Officers

The officers of the Heartland Regional Medical Center Auxiliary shall be President, Vice President, Secretary, Treasurer, Gift Shop Treasurer, Parliamentarian, and Historian. The membership shall elect these officers for a two-year term. An officer cannot be a chairperson of any standing committee.

Article VI Duties of Officers

Section 1. President

The President shall preside at all meetings of the Board and the meetings of the members of the Heartland Regional Medical Center Auxiliary. The President shall sign all contracts in the name of the Heartland Regional Medical Center Auxiliary. The President shall appoint all chairpersons of departments and all standing committees. The President shall keep a current file of all letters written and received and an official list of the membership. The President shall perform all other duties usually vested in the office of the chief executive officer of the Corporation. The President shall be an ex-official member of all Committees except the Nominating Committee.

Section 2. Vice President

The Vice President shall, in the absence, disability, or inability to act as the President, perform the duties and exercise the power of the President, and shall perform duties as the Board of Directors shall from time to time prescribe.

Section 3. Secretary

The Secretary shall attend all sessions of the Board and shall record or cause to be recorded all votes taken and the

minutes of all proceedings in a minute book of the Corporation to be kept for that purpose. The Secretary shall see that all books, records, lists and information, or duplicates required to be maintained at the registered or some office of the Corporation in Missouri, or elsewhere are so maintained except the Treasurer's books. The Secretary shall send appropriate cards to hospitalized current Board members.

Section 4. Treasurer

The Treasurer shall receive and disburse all money from all projects sponsored in the name of the Heartland Regional Medical Center Auxiliary and safely keep all of the money of the organization, keep a record thereof, and make a report of the same whenever required by the Board or at a membership meeting. A Treasurer's report shall be made at each regular membership meeting. The Treasurer shall disburse funds only upon a quorum vote of the Board. (Ten members shall constitute a quorum.) The books of the Heartland Regional Medical Center Auxiliary shall be reviewed bi-annually to coincide with the change of officers.

Section 5. Gift Shop Treasurer

The Gift Shop Treasurer shall serve as treasurer for the Gift Shop. The Gift Shop Treasurer will also aid the Heartland Regional Medical Center Auxiliary Treasurer and serve in her absence. The Gift Shop Treasurer shall also have the power of signing Heartland Regional Medical Center Auxiliary fund checks in the absence of the Treasurer.

Section 6. Parliamentarian

The Parliamentarian shall, when called upon by the President or a member, decide correct procedure of any Heartland Regional Medical Center Auxiliary business.

Section 7. Historian

The Historian shall keep a historical record of the Heartland Regional Medical Center Auxiliary by keeping press notices, photos, membership directories and other significant information of the Heartland Regional Medical Center Auxiliary.

Article VII Committees

Section 1. Standing Committees

The standing committees shall be: Gift Shop, Funds Request Review Committee, Project YOUTH/Scholarships, Membership, Newsletter/Publicity, Legislative Issues, and Social.

Section 2. Gift Shop Committee

The Gift Shop Committee shall include: President, Gift Shop Treasurer, Gift Shop Chairperson, Gift Shop Co-chairperson, Gift Shop Design Consultant, Gift Shop Manager, Team Leader of Volunteer Services as well as one (1) Board member as an apprentice.

Section 3. Length of Chairperson's term

All chairpersons and co-chairpersons of the standing committees shall serve for a period of two years.

Section 4. Executive Committee

The Executive Committee shall consist of: President, Vice President, Secretary, Parliamentarian, Treasurer, and Team Leader, Volunteer Services.

Article VIII Board of Directors

Section 1. Board of Directors

The Board of Directors shall consist of all officers, committee chairpersons, Team Leader, Volunteer Services and Board members at large.

Section 2. Number of Directors

The number of Directors may be increased or decreased from time to time by amendment to the Bylaws of the Corporation, but in no event shall be less than three.

Section 3. Property and Business of the Corporation

The property and business of the Corporation shall be controlled and managed by the Directors, acting as a Board. The Board shall have and is vested with all and unlimited powers and authorities, except as may be expressly limited by law, the Articles of Incorporation, or by these Bylaws, to do or cause to be done any and all lawful things for and in behalf on the Corporation, to exercise or cause to be exercised any and all of its powers, privileges and franchises, and to seek the effectuation of its objects and purposes.

Section 4. Meetings

The members of the Board of Directors shall meet at such time and place within the County of Buchanan, State of Missouri, as shall be suggested or provided for by resolution of the Board. Any business may be transacted at a regular meeting. No notice shall be required for any regular meeting.

Section 5. Special Meetings

Special meetings of the Board may be called at any time by the President, Vice President, and the Secretary or by any two or more of the Directors. The place shall be within the County of Buchanan, State of Missouri as designated in the notice.

Written or printed notice of each special meeting of the Board, stating the place, day and hour of the meeting and purpose and purposes thereof, shall be mailed to each Director at least three (3) days before the day on which the meeting is to be held, or shall be delivered at least two (2) days before the day on which the meeting is to be held. If mailed, such notice shall be deemed to be delivered when deposited in the United States with postage thereon addressed to the Director at his residence or usual place of business. The notices may be given by any officer having authority to call the meeting or by any Director.

Section 6. Board of Director's Attendance

If a Director fails to attend a majority of the Board meetings during the year, he/she will be replaced on the Board unless the Director has an excusable health disability.

Article IX Elections

Section 1. Nominating Committee

A nominating committee of four shall be appointed by the President. Membership on this committee shall be composed of two Board members and two members from the general membership. This committee shall submit a list of persons to be voted on for officers from the general membership.

Article X General

Section 1. Memorials

A \$25.00 contribution shall be sent to the Heartland Regional Medical Center Auxiliary Muriel Redmond Scholarship Fund or any other designated Heartland Regional Medical Center auxiliary project in memory of the death of a current Board member or the death of a member of their immediate family. Any memorial contributions received for the Auxiliary will go to the Heartland Regional Medical Center Auxiliary unless otherwise specified.

Section 2. Documentation

All documents made, accepted, or executed by the Auxiliary shall be signed by the President or the President's representative.

Section 3. Monetary Disbursements

All checks drawn against funds of the Heartland Regional Medical Center Auxiliary shall be signed by the Treasurer, the President or the Gift Shop Treasurer.

Section 4. Rule for Major Disbursements

The administration of the Medical Center shall be consulted about all major purchases and on their recommendation and a quorum vote of the Board, purchases shall be made.

Section 5. Bylaws

The power to adopt, alter, amend, or repeal the Bylaws or adopt new Bylaws shall be vested in the Board of Directors.

Article XI
Parliamentary Authority

Section 1. Robert's Rules of Order newly Revised

The rules contained in the current edition of Robert's Rules of Order newly Revised shall govern the Board in all cases to which they are applicable and in which they are not inconsistent with these Bylaws and any special rules of order the Board may adopt.

These Bylaws may be altered, abridged, revised, repealed, or amended at any meeting of the Board by an affirmative vote of two-thirds of those present, provided that the proposed amendment has been:

- A. Submitted in writing to the Chairperson of the Bylaws Committee at least three months prior to the meeting at which time the proposed amendment is to be considered.**
- B. Distributed to the membership at least 30 days prior to the meeting at which time the proposed amendment is to be considered.**

CERTIFICATE

The undersigned certify that the foregoing were duly adopted as and for the Bylaws for said Corporation, and hereby further certify that the foregoing constitute the Bylaws of the Corporation.

1/20/2010
Date

Michael G. Ducrest
President

1/20/2010
Date

Larry Oldham
Secretary

Bylaws adopted 11/1/1996

Revised 3/17/1999

Revised 11/15/2000

Revised 3/19/2003

Revised 1/19/2005

Revised 11/12/2009