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Form **990-EZ****Short Form**
Return of Organization Exempt From Income TaxUnder 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 \$500,000 and total assets less than \$1,250,000 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

2009**Open to Public Inspection**Department of the Treasury
Internal Revenue Service**A** For the 2009 calendar year, or tax year beginning , 2009, and ending , 20**B** Check if applicable

- ☐ Address change
☐ Name change
☒ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

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

C Name of organization**Coal Country Community Health Center Foundation**

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

1312 Highway 49 North

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

Beulah ND 58523**D** Employer identification number**26-3517286****E** Telephone number**701-873-7788****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: ►**J** Tax-exempt status (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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$**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	4453
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	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)	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	5863
	b	Less: direct expenses other than fundraising expenses	6b	4872
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	991	
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	5444	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	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	1163
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	563
	16	Other expenses (describe ► Supplies=\$214, Meetings=\$47, Bank Fees=\$23)	16	284
	17	Total expenses. Add lines 10 through 16	17	2010
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3435
	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	
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	3435

Part II **Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 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	7816	11797
23 Land and buildings		
24 Other assets (describe ►)		
25 Total assets	7816	11797
26 Total liabilities (describe ►)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	-546	3435

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2009)

SCANNED AUG 25 2010

99 6

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)What is the organization's primary exempt purpose? Charitable

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.

Expenses

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

28	The foundation is organized exclusively for charitable, religious, educational and scientific purposes.		
	(Grants \$) If this amount includes foreign grants, check here ☐	28a	2010
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	4848

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
John Phillip 1118 Cypress Drive, Beulah, ND 58523	Chairman - 2 hrs/wk	0	0	0
Sandy Olin P O Box 273, Beulah, ND 58523	Vice Chairman-1/2 hr/wk	0	0	0
Karen Koppi P O Box 562, Beulah, ND 58523	Secretary- 1/2 hr/wk	0	0	0
Mary Speirs 1045 Gall Drive, Hazen, ND 58545	Treasurer- 1/2 hr/wk	0	0	0
Frank Senn P O Box 174, Beulah, ND 58523	Director- 1 hr/month	0	0	0
Cindy Johnson 417 Third St NW, Beulah, ND 58523	Director- 1 hr/month	0	0	0
Rick Schmidt P O Box 1212, Center, ND 58530	Director- 1 hr/month	0	0	0
Kelly Livedalen P O Box 175, Upham, ND 58689	Director- 1hr/month	0	0	0
Natasha Kuhnenn P O Box 54, Upham, ND 58689	Director- 1hr/month	0	0	0
Raquel Dugan-Dibble 314 Main St #1, Towner, ND 58788	Director- 1 hr/month	0	0	0
Scott Solem 133 West Main St, Beulah, ND 58523	Director- 1 hr/month	0	0	0
Dr. Nicole Gabriel P O Box 158, Beulah, ND 58523	Director -1 hr/month	0	0	0
Dawn Berg 1107 Cypress Dr., Beulah, ND 58523	Director- 1hr/month	0	0	0

Part V Other 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		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		✓
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?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
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		
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?		✓
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?		✓
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 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		✓
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 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations. 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.		✓
41	List the states with which a copy of this return is filed. ▶ North Dakota		
42a	The organization's books are in care of ▶ Dawn Berg Telephone no. ▶ 701-873-7788 Located at ▶ 113 Central Ave So, Beulah, ND ZIP + 4 ▶ 58523		
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)?	Yes	No
	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.?		✓
	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	Yes	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		✓

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.

- | | 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 | ✓ |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | ✓ |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | ✓ |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | ✓ |
| b If "Yes," was the related organization a section 527 organization? | 49b | |
- 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."

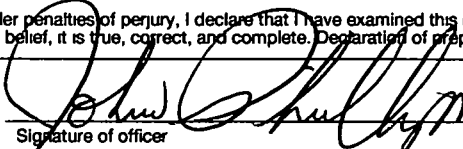
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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

d 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		8/4/2010 Date	
Paid Preparer's Use Only	John Phillips-Chairman Type or print name and title			
	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	501-90-8905
			Phone no.	

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

COAL COUNTRY COMMUNITY HEALTH CENTER FOUNDATION

Employer identification number

26 3517286

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

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

a ☒ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other

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

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

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

(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?

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

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

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

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see Instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Coal Country Community Health	11-3686120	7	☒	☐	☒	☐	☒	☐	0
Total									

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
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. 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 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33⅓% support test—2009. If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐
b 33⅓% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% 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 III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
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 through 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 \$5,000 or 1% of the amount on line 13 for the year						
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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

19a 33⅓ % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33⅓ %, and line 17 is not more than 33⅓ %, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐

b 33⅓ % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓ %, and line 18 is not more than 33⅓ %, 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Area for supplemental information with horizontal dashed lines.

8:59 AM
07/28/10
Accrual Basis

Coal Country Community Health Center Foundation
Profit & Loss
May 2009 through April 2010

	<u>May '09 - Apr 10</u>
Income	
4400 · Revenues	
4411 · Jeans Day Funds- Beulah	425 15
4421 · Jeans Day Funds- Center	31 00
4435 · Polo Shirts	216 00
4463 · Visionary Club- Towner	75 00
4464 · Visionary Club- Beulah	900 00
4467 · Golf Scramble- Beulah	150 00
4468 · Golf Scramble- Center	2,101 00
4469 · Golf Scramble- Towner	450.00
4480 · Food Pantry- Towner	-43 84
4499 · Rural Healthcare Consortium	2,770.06
4400 · Revenues - Other	80.00
Total 4400 · Revenues	<u>7,154.37</u>
4450 · SAW Festival	3,161.88
Total Income	<u>10,316.25</u>
Expense	
11000 · Administration	
11010 · Services	
11011 · Contracted Services	275.00
Total 11010 · Services	<u>275 00</u>
Total 11000 · Administration	275 00
5000 · Corporate	
5031 · Dues and Subscription	50 00
5034 · Meals and Entertainment	46 60
5060 · Supplies	47.41
5070 · Bank Service Fees	22.91
5098 · Legal Fees	822.70
6040 · Postage	562.89
Total 5000 · Corporate	<u>1,552.51</u>
5099 · Other Memberships	15 00
6000 · Marketing	
6010 · Advertising	88 20
6030 · Supplies	167 00
Total 6000 · Marketing	<u>255.20</u>
7000 · Golf Tournament	
7020 · Supplies	
7022 · General Supplies	3,201 38
Total 7020 · Supplies	<u>3,201 38</u>
7030 · Meals and Entertainment	396.61
7040 · Marketing	150.93
Total 7000 · Golf Tournament	<u>3,748 92</u>
8000 · Winter Bash	
8020 · Meals and Entertainment	50.00
Total 8000 · Winter Bash	<u>50.00</u>
9000 · Raffle Expenses	985.00
Total Expense	<u>6,881.63</u>
Net Income	<u><u>3,434.62</u></u>

5:46 PM

07/27/10

Accrual Basis

Coal Country Community Health Center Foundation

Profit & Loss

May 2009 through April 2010

May '09 - Apr 10	
Income	
4400 · Revenues	
4411 · Jeans Day Funds- Beulah	425.15
4421 · Jeans Day Funds- Center	31.00
4435 · Polo Shirts	216.00
4463 · Visionary Club- Towner	75.00
4464 · Visionary Club- Beulah	900.00
4467 · Golf Scramble- Beulah	150.00
4468 · Golf Scramble- Center	2,101.00
4469 · Golf Scramble- Towner	450.00
4480 · Food Pantry- Towner	43.84
4499 · Rural Healthcare Consortium	2,770.06
4400 · Revenues - Other	80.00
Total 4400 · Revenues	7,154.37
4450 · SAW Festival	3,161.88
Total Income	10,316.25
Expense	
11000 · Administration	
11010 · Services	275.00
11011 · Contracted Services	
Total 11010 · Services	275.00
Total 11000 · Administration	275.00
5000 · Corporate	
5031 · Dues and Subscription	50.00
5034 · Meals and Entertainment	46.60
5060 · Supplies	47.41
5070 · Bank Service Fees	22.91
5098 · Legal Fees	822.70
6040 · Postage	562.89
Total 5000 · Corporate	1,552.51
5099 · Other Memberships	15.00
6000 · Marketing	
6010 · Advertising	88.20
6030 · Supplies	167.00
Total 6000 · Marketing	255.20
7000 · Golf Tournament	
7020 · Supplies	
7022 · General Supplies	3,201.38
Total 7020 · Supplies	3,201.38
7030 · Meals and Entertainment	396.61
7040 · Marketing	150.93
Total 7000 · Golf Tournament	3,748.92
8000 · Winter Bash	
8020 · Meals and Entertainment	50.00
Total 8000 · Winter Bash	50.00
9000 · Raffle Expenses	985.00
Total Expense	6,881.63
Net Income	3,434.62

May '09 - Apr 10

1 = \$4453.37

wa = \$5862.88

inty =

Line 13 = \$1162.70
 15 = \$562.89
 16 = \$283.92

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07/27/10
Accrual Basis

Coal Country Community Health Center Foundation
Balance Sheet
As of May 1, 2009

	<u>May 1, 09</u>
ASSETS	
Current Assets	
Checking/Savings	
1000 - Checking Account	7,616.28
1010 - Petty Cash- Food Pantry	<u>200.00</u>
Total Checking/Savings	<u>7,816.28</u>
Total Current Assets	<u>7,816.28</u>
TOTAL ASSETS	<u><u>7,816.28</u></u>
LIABILITIES & EQUITY	
Equity	
1110 - Retained Earnings	8,123.28
3000 - Opening Bal Equity	239.00
Net Income	<u>-546.00</u>
Total Equity	<u>7,816.28</u>
TOTAL LIABILITIES & EQUITY	<u><u>7,816.28</u></u>

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Accrual Basis

Coal Country Community Health Center Foundation
Balance Sheet
As of April 30, 2010

	<u>Apr 30, 10</u>
ASSETS	
Current Assets	
Checking/Savings	
1000 · Checking Account	11,271.90
1010 · Petty Cash- Food Pantry	<u>525.00</u>
Total Checking/Savings	<u>11,796.90</u>
Total Current Assets	<u>11,796.90</u>
TOTAL ASSETS	<u><u>11,796.90</u></u>
LIABILITIES & EQUITY	
Equity	
1110 · Retained Earnings	8,123.28
3000 · Opening Bal Equity	239.00
Net Income	<u>3,434.62</u>
Total Equity	<u>11,796.90</u>
TOTAL LIABILITIES & EQUITY	<u><u>11,796.90</u></u>