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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$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

A For the 2009 calendar year, or tax year beginning **2009**, and ending

| | | |
|---|--|--|
| B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization WICKENBURG COMMUNITY HOSPITAL FOUNDATION Number and street (or P O box, if mail is not delivered to street address) 520 ROSE LANE City or town, state or country, and ZIP + 4 WICKENBURG, AZ 85390 | D Employer identification number 74-2521618 |
| | | E Telephone number (928) 668-1812 |
| | | F Group Exemption Number . . . ► N/A |

- 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) ►

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

I Website: ► **N/A**J Tax-exempt status (check only one) - 501(c) (3) ► (insert no) 4947(a)(1) or 527K 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 returnL 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 . . ► **\$ 105, 395.**

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 69,002. |
|------------|---|-------------|
| | 2 Program service revenue including government fees and contracts | 2 |
| | 3 Membership dues and assessments | 3 |
| | 4 Investment income | 4 402. |
| | 5 a Gross amount from sale of assets other than inventory | 5a |
| | b Less: cost or other basis and sales expenses | 5b |
| | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c |
| | 6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/> | 6 |
| | a Gross revenue (not including \$ 0 53,619. of contributions reported on line 1) | 6a 35,841. |
| | b Less: direct expenses other than fundraising expenses | 6b 38,751. |
| | c Net income (loss) from special events and activities (Subtract line 6b from line 6a) | 6c -2,910. |
| | 7 a Gross sales of inventory, less returns and allowances | 7a |
| | b Less: cost of goods sold | 7b |
| | c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c |
| | 8 Other revenue (describe ►) | 8 150. |
| | 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 | 9 66,644. |
| Expenses | 10 Grants and similar amounts paid (attach schedule) | 10 81,455. |
| | 11 Benefits paid to or for members | 11 |
| | 12 Salaries, other compensation, and employee benefits | 12 0. |
| | 13 Professional fees and other payments to independent contractors | 13 2,750. |
| | 14 Occupancy, rent, utilities, and maintenance | 14 |
| | 15 Printing, publications, postage, and shipping | 15 |
| | 16 Other expenses (describe ►) | 16 17. |
| | 17 Total expenses. Add lines 10 through 16 | 17 84,222. |
| Net Assets | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 -17,578. |
| | 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 65,273. |
| | 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 47,695. |

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 | 22 32,273. | 22 26,376. |
| 23 Land and buildings | 23 | |
| 24 Other assets (describe ►) | 24 33,000. | 24 21,319. |
| 25 Total assets | 25 65,273. | 25 47,695. |
| 26 Total liabilities (describe ►) | 26 | |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 27 65,273. | 27 47,695. |

9
2009

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

What is the organization's primary exempt purpose? ATCH 8

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 PROVIDE FINANCIAL SUPPORT TO WICKENBURG COMMUNITY HOSPITAL.

28a 81, 455.

29

29a

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30-

2

31a

33

32

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

(b) Title and average (c) Compensation (d) Contributions to (e) Ex-

| (a) Name and address | "hours per week" devoted to position | (If not paid, enter -0-.) | employee benefit plans & deferred compensation | account and other allowances |
|----------------------|--------------------------------------|---------------------------|--|------------------------------|
| ATTACHMENT 9 | | - 0 - | - 0 - | - 0 - |
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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 | 33 | X |
| 34 Were any changes made to the organizing or governing documents? 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 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 | X |
| 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 | X |
| 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0. | 37a | 0. |
| b Did the organization file Form 1120-POL for this year? | 37b | X |
| 38 a 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 | X |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved | 38b | |
| 39 Section 501(c)(7) organizations Enter | 39a | |
| a Initiation fees and capital contributions included on line 9 | 39b | |
| 40 a 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 | X |
| 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 | 40e | X |
| 41 List the states with which a copy of this return is filed ► AZ, | | |
| 42 a The organization's books are in care of ► THE ORGANIZATION Telephone no ► 928-668-1812 Located at ► 520 ROSE LANE WICKENBURG, AZ ZIP + 4 ► 85390 | | |
| 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 | X |
| 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 | X |
| 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 | 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 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 |
| 46 | | X | |
| 47 | Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | Yes | No |
| 47 | | X | |
| 48 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | Yes | No |
| 48 | | X | |
| 49 a | Did the organization make any transfers to an exempt non-charitable related organization? | Yes | No |
| 49a | | X | |
| b | If "Yes," was the related organization a section 527 organization? | Yes | No |
| 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" | Yes | No |

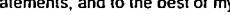
| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| NONE |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

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 |
|--|---------------------|------------------|
| NONE | | |
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d Total number of other independent contractors receiving over \$100,000 ► **NONE**

| | | | |
|-----------|---|--|--|
| Sign Here | <p>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</p> <p> Signature of officer</p> <p> Signature of officer</p> <p> CFC</p> <p> Date</p> | | |
|-----------|---|--|--|

| | | | | |
|---|--|------------------|--------------------------|--|
| ► Type of print name and title | | Date | Check if self-employed | Preparer's identifying number (See instructions) |
| Paid Preparer's Use Only | Preparer's signature ► <i>John F. Wren</i> | 11/13/10 | <input type="checkbox"/> | P00290681 |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 ► <i>BKD, LLP</i> | EIN ► 44-0160260 | | Phone no ► 719 471-4290 |
| | 111 SOUTH TEJON, SUITE 800 COLORADO SPRINGS, CO 80903-9848 | | | |

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

Form 990-EZ (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

WICKENBURY COMMUNITY HOSPITAL FOUNDATION

Employer identification number

74-2521618

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?

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

| <p>(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?</p> <p>(ii) A family member of a person described in (i) above?</p> <p>(iii) A 35% controlled entity of a person described in (i) or (ii) above?</p> | | | | | | | Yes | No | |
|--|----------|---|--|----|---|----|--|----|-------------------------|
| | | | | | | | 11g(i) | | |
| | | | | | | | 11g(ii) | | |
| | | | | | | | 11g(iii) | | |
| <p>h Provide the following information about the supported organization(s)</p> | | | | | | | | | |
| (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 | |
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

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") | 168,707 | 381,938 | 130,243 | 291,653 | 69,002 | 1,041,543. |
| 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 | 168,707 | 381,938 | 130,243 | 291,653 | 69,002 | 1,041,543. |
| 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). | | | | | | 271,531 |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 770,012 |

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 | 168,707 | 381,938 | 130,243 | 291,653 | 69,002 | 1,041,543 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 2,188 | 4,905 | 17,662 | 1,617 | 402 | 26,774 |
| 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 | | | | | | 1,068,317 |
| 12 Gross receipts from related activities, etc (see instructions) | | | | | 12 | 242,198 |
| 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 ► <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|----|---------|
| 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) | 14 | 72.08 % |
| 15 Public support percentage from 2008 Schedule A, Part II, line 14 | 15 | 69.53 % |
| 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 ► <input checked="" type="checkbox"/> | | |
| b 33 1/3 % support test - 2008. 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 ► <input type="checkbox"/> | | |
| 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 ► <input type="checkbox"/> | | |
| 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 ► <input type="checkbox"/> | | |
| 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 ► <input type="checkbox"/> | | |

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 ► <input type="checkbox"/> | | | | | | |

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 33 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 type="checkbox"/> | | |
| b 33 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 type="checkbox"/> | | |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/> | | |

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

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

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

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

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

Name of the organization

Employer identification number

74-2521618

WICKENBURY COMMUNITY HOSPITAL FOUNDATION

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

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

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

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

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 TRAIL RIDE (event type) | (b) Event #2 GOLF TOURNAMENT (event type) | (c) Other Events 0 (total number) | (d) Total events (add col (a) through col (c)) |
|-----------------|---|---|---|---|
| Revenue | 1 Gross receipts | 66,105. | 23,355. | 89,460. |
| | 2 Less Charitable contributions | 42,215. | 11,404. | 53,619. |
| | 3 Gross income (line 1 minus line 2) | 23,890. | 11,951. | 35,841. |
| Direct Expenses | 4 Cash prizes | | | |
| | 5 Noncash prizes | 585. | 1,134. | 1,719. |
| | 6 Rent/facility costs | 5,000. | 3,854. | 8,854. |
| | 7 Food and beverages | | | |
| | 8 Entertainment | | | |
| | 9 Other direct expenses | 23,916. | 4,262. | 28,178. |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) | | | ► (38,751.) |
| | 11 Net income summary Combine line 3, column (d), and line 10 | | | ► -2,910. |

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 Noncash 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 line 1, column d, and line 7 | | | ► |

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?

b If "No," explain

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain

11 Does the organization operate gaming activities with nonmembers?

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?

| Yes | No |
|-----|----|
| 9a | |
| 10a | |
| 11 | |
| 12 | |

| | | Yes | No |
|---|--|-----------------------------------|---|
| 13 | Indicate the percentage of gaming activity operated in | | |
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records | | |
| Name ► _____ | | | |
| Address ► _____ | | | |
| 15 a | 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 of the third party | | |
| Name ► _____ | | | |
| Address ► _____ | | | |
| 16 | Gaming manager information | | |
| Name ► _____ | | | |
| Gaming manager compensation ► \$ _____ | | | |
| Description of services provided ► _____ | | | |
| <input type="checkbox"/> Director/officer | | <input type="checkbox"/> Employee | <input type="checkbox"/> Independent contractor |
| 17 | Mandatory distributions | | |
| a | Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | 17a | |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____ | | |

ATTACHMENT 1FORM 990EZ, PART I - INVESTMENT INCOME

| <u>DESCRIPTION</u> | <u>AMOUNT</u> |
|--------------------|---------------|
| INTEREST INCOME | 402. |
| TOTAL | <u>402.</u> |

WICKENBURG COMMUNITY HOSPITAL FOUNDATION

74-2521618

ATTACHMENT 2

FORM 990EZ, PART I - EXCLUDED CONTRIBUTIONS

| <u>DESCRIPTION</u> | <u>AMOUNT</u> |
|--------------------|----------------|
| | 42,215. |
| | 11,404. |
| TOTAL | <u>53,619.</u> |

FORM 990EZ, PART I - SPECIAL EVENTS AND ACTIVITIES

| <u>DESCRIPTION</u> | <u>GROSS REVENUE</u> | <u>DIRECT EXPENSES</u> | <u>NET INCOME</u> |
|---|----------------------|------------------------|-------------------|
| HORSEBACK TRAILRIDE GOLDZIER GOLF TOURNAMENT | 23,890. 11,951. | 29,501. 9,250. | -5,611. 2,701. |
| TOTALS | <u>35,841.</u> | <u>38,751.</u> | <u>-2,910.</u> |

FORM 490EZ, PART I - GRANTS AND SIMILAR AMOUNTS PAID
IN EXCESS OF \$1000

RECIPIENT NAME AND ADDRESS

WICKENBURG COMMUNITY HOSPITAL
520 ROSE LANE
WICKENBURG, AZ 85390

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENT

GRANTS PAID

AFFILIATED
PUBLIC CHARITY

TO SUPPORT THE PROGRAMS OF THE AFFILIATED
HOSPITAL

TOTAL CONTRIBUTIONS PAID

AMOUNT

81,055

81,055

ATTACHMENT 4

PURPOSE OF GRANT OR CONTRIBUTION

ATTACHMENT 5FORM 990EZ, PART I - OTHER EXPENSES

| | |
|----------|------------|
| SUPPLIES | 17. |
| TOTAL | <u>17.</u> |

ATTACHMENT 6FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

| <u>DESCRIPTION</u> | <u>BEGINNING OF YEAR</u> | <u>END OF YEAR</u> |
|--------------------|------------------------------|------------------------|
| SAVINGS | 32,273. | 26,376. |
| TOTALS | <u>32,273.</u> | <u>26,376.</u> |

ATTACHMENT 7FORM 990EZ, PART II - OTHER ASSETS

| <u>DESCRIPTION</u> | <u>BEGINNING OF YEAR</u> | <u>END OF YEAR</u> |
|--------------------------------------|------------------------------|------------------------|
| ACCOUNTS RECEIVABLE | 10,000. | 0. |
| PLEDGES RECEIVABLE | 23,000. | 20,500. |
| PREPAID EXPENSES OR DEFERRED CHARGES | 0. | 819. |
| TOTALS | <u>33,000.</u> | <u>21,319.</u> |

ATTACHMENT 8

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO DEVELOP AND GENERATE ONGOING PHILANTHROPIC SUPPORT FOR WICKENBURG COMMUNITY HOSPITAL'S DELIVERY OF QUALITY DIAGNOSTIC, EMERGENCY, REHABILITATION AND WELLNESS SERVICES TO THE COMMUNITY.

WICKENBURG COMMUNITY HOSPITAL FOUNDATION

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

74-2521618

ATTACHMENT 9

| <u>NAME AND ADDRESS</u> | <u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u> | <u>COMPENSATION</u> | <u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u> | <u>EXPENSE ACCT AND OTHER ALLOWANCES</u> |
|--|---|---------------------|--|--|
| ART DITTO 520 ROSE LANE WICKENBURG, AZ 85390 | BOARD PRESIDENT 1.00 | 0. | 0. | 0. |
| JANE BOYD 520 ROSE LANE WICKENBURG, AZ 85390 | BOARD MEMBER 1.00 | 0. | 0. | 0. |
| JOHN DAUB 520 ROSE LANE WICKENBURG, AZ 85390 | BOARD MEMBER 1.00 | 0. | 0. | 0. |
| MAUREEN SERRANO 520 ROSE LANE WICKENBURG, AZ 85390 | BOARD MEMBER 1.00 | 0. | 0. | 0. |
| RICK BLAKELEY 520 ROSE LANE WICKENBURG, AZ 85390 | BOARD MEMBER 1.00 | 0. | 0. | 0. |
| GRAND TOTALS | | 0. | 0. | 0. |

Application for Extension of Time To File an Exempt Organization Return

**Department of the Treasury
Internal Revenue Service**

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ►
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file) Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

| | | |
|---|---|---|
| Type or print File by the due date for filing your return. See instructions | Name of Exempt Organization WICKENBURY COMMUNITY HOSPITAL FOUNDATION | Employer identification number 74-2521618 |
| | Number, street, and room or suite no. If a P O box, see instructions. 520 ROSE LANE | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions WICKENBURY, AZ 85390 | |

Check type of return to be filed (file a separate application for each return).

| | | | | | |
|-------------------------------------|-------------|--------------------------|--|--------------------------|-----------|
| <input type="checkbox"/> | Form 990 | <input type="checkbox"/> | Form 990-T (corporation) | <input type="checkbox"/> | Form 4720 |
| <input type="checkbox"/> | Form 990-BL | <input type="checkbox"/> | Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> | Form 5227 |
| <input checked="" type="checkbox"/> | Form 990-EZ | <input type="checkbox"/> | Form 990-T (trust other than above) | <input type="checkbox"/> | Form 6069 |
| <input type="checkbox"/> | Form 990-PF | <input type="checkbox"/> | Form 1041-A | <input type="checkbox"/> | Form 8870 |

► THE ORGANIZATION

Telephone No ► 928 668-1812 FAX No ►

- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) N/A . If this is for the whole group, check this box ► If it is for part of the group, check this box .. ► and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/16, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 2009 or
► tax year beginning _____, _____, and ending _____;

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

| | | |
|---|----|----|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions | 3a | \$ |
| b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit | 3b | \$ |
| c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions | 3c | \$ |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

2017863 Rev. 1/2018

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- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ►
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

| | | |
|---|---|--|
| Type or print | Name of Exempt Organization WICKENBURG COMMUNITY HOSPITAL FOUNDATION | Employer identification number 74-2521618 |
| File by the extended due date for filing the return. See instructions | Number, street, and room or suite no. If a P O box, see instructions. 520 ROSE LANE | For IRS use only |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions WICKENBURG, AZ 85390 | |

Check type of return to be filed (File a separate application for each return)

| | | | |
|---|---|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ► THE ORGANIZATION
Telephone No ► 928 668-1812 FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) N/A If this is for the whole group, check this box . . . ► If it is for part of the group, check this box . . . ► and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 11/15/2010

5 For calendar year 2009, or other tax year beginning _____, and ending _____

6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS REQUIRED TO ACCUMULATE THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

| | |
|--|-------|
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions | 8a \$ |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 | 8b \$ |
| c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS(Electronic Federal Tax Payment System). See instructions | 8c \$ |

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ► Yuto Watanabe Title ► CPA Date ► 8/16/10
Form 8868 (Rev 4-2009)

BKD, LLP
111 SOUTH TEJON, SUITE 800
COLORADO SPRINGS, CO 80903-9848

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