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Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

Sponsonng 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

Open to Public Inspection

H	, re	or the 200	is calenda	r year, or tax year beginning 04/01, 2009, and o	enaing	_	03/31/2010
В	Ch	eck if applicab		C Name of organization	-	D i	mployer identification number
		Address change	use IRS			l	
ľ		Name change	label or e print or	GOLDEN VALLEY MEMORIAL HOSPITAL FOUNDATION		43	3-1509160
ı		Initial return	type.	Number and street (or P O box, if mail is not delivered to street address) Room	/suite	_	Telephone number
ŀ	-	Termination	See	1600 NORTH SECOND STREET		1	660) 890-7103
ŀ		Amended	Specific	City or town, state or country, and ZIP + 4		+	000) 090 - 7103
		retum Application	Instruc- tions.				Group Exemption
7		pending		CLINTON, MO 64735		_	Number • • •
		• Section	n 501(c)(3)		G Accounti	ng me	thod X Cash Accrual
_				a completed Schedule A (Form 990 or 990-EZ).	Other (s	pecify)	<u> </u>
				1	H Check		if the organization is not
1		ebsite:			required	to atta	ich Schedule B (Form 990,
<u>⊇</u> <u>J</u>	Ta	x-exempt :	status (che	ck only one) - X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527	990-EZ,	or 990	-PF)
Ξĸ	C	ieck 🕨	ıf the org	anization is not a section 509(a)(3) supporting organization and its gross receipts	s are norma	lly no	t more than \$25,000 A
<u></u>	Fo	rm 990-EZ	_	90 return is not required, but if the organization chooses to file a return, be sure to fi		-	
 - :L	Ad	d lines 5b, 6	b, and 7b, to	line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ	1	\$	82,550.
م				xpenses, and Changes in Net Assets or Fund Balances			
الما				gifts, grants, and similar amounts received		1	70,533.
S						2	, , , , , , , , , , , , , , , , , , , ,
			-		• • • • • }	3	
SCANNED				ues and assessments			1 547
Z			estment inc	• • • • • • • • • • • • • • • • • • • •		4	1,547.
Ø,				from sale of assets other than inventory			
		b Les	s cost or o	ther basis and sales expenses			
	_	c Gai	ın or (loss) f	rom sale of assets other than inventory (Subtract line 5b from line 5a)	<u></u> . [5c	
	Kevenue	6 Spec	cial events and	activities (complete applicable parts of Schedule G) If any amount is from gaming, check here		ı	
	ē	a Gro	ss revenue	(not including \$ of contributions ATC	н 2		
į	9		orted on line	ء ۾ ا	,470.		
•	-	-		· · · · · · · · · · · · · · · · · · ·	,216.	i	
						60	-8,746.
	-			(loss) from special events and activities (Subtract line 6b from line 6a) ATC	л. э <u> </u>	6c	-0,740.
				inventory, less returns and allowances			
				oods sold		l	
				(loss) from sales of inventory (Subtract line 7b from line 7a)		7с	
		8 Oth	er revenue	(describe CIV/CD)	8	
_		9 Tot	tal revenu	(describe CTVED) e. Add lines 1.2.3.4.5c.6c.7c.and 8	▶	9	63,334.
	İ	10 Gra	ints and sin	nilar amounts paid (attach schedule) ATCH 4		10	36,071.
		11 Ber	nefits paid to	or prime moets 9 2010 C	i	11	
	s l			compensation, and employee penetits		12	0.
	<u></u>					13	
	<u> </u>	14 0	icssicial id	es and other payments to independent contractors	• • • • • •		
	∵ ⊢		• • •	nt_utilities, and maintenance	• • • • •	14	
•				ations, postage, and shipping		15	
			-	s (describe > ATCH 5)	16	3,654.
_	4	17 Tot	tal expens	es. Add lines 10 through 16	▶	17	39,725.
	s l	18 Exc	ess or (defi	cit) for the year (Subtract line 17 from line 9)	[18	23,609.
1	Net Assets	19 Net	assets or f	und balances at beginning of year (from line 27, column (A)) (must agree with			
	Š	end	l-of-year fig	ure reported on pnor year's return)		19	96,264.
1	6	20 Oth	er changes	in net assets or fund balances (attach explanation)		20	
2	Ž			und balances at end of year Combine lines 18 through 20		21	119,873.
	ar			heets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 9			
				(See the instructions for Part II) (A) Beginning		T	(B) End of year
2	2	Cb		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		20	
2					96,264.	+==+	119,873.
2		Land and	-			23	
2		Other ass	ets (describ	pe ▶)		24	
2	5	Total ass		· · · · · · · · · · · · · · · · · · ·	96,264.	25	119,873.
2	6			scribe)		26	
2	7	Net asse	ts or fund	balances (line 27 of column (B) must agree with line 21)	96,264.	27	119,873.
JS 51008	SA 3.00	For P	rivacy Act	and Paperwork Reduction Act Notice, see the separate instructions.		2	Form 990-EZ (2009)

orr	m 990-EZ (2009)				43-1	.509160) Pa	ige 2
Pa	art III Statement of Program Service Accomplishm	ents (See the instruct	ions for Part III.)			Exi	penses	
_	at is the organization's primary exempt purpose? ATCH 7					(Required	for section	
	scribe what was achieved in carrying out the organization's ex	compt numeros in a clos	r and concise mann	.0.		organizatio	ind 501(c)(4) ons and section	
	scribe that was achieved in carrying out the organizations ex scribe the services provided, the number of persons benefited, and					4947(a)(1)	trusts, optional	
_		Cities relevant information	ioi each piogram ui			for others)	1	
28	ATTACHMENT 8							
			-					
	(Grants \$ 36,071.) If this amount include	es foreign grants, check here			28a		36,0	71.
29	, , , , , , , , , , , , , , , , , , ,	,,					•	
LJ		•						
	· · · · · · · · · · · · · · · · · · ·							
	(Grants \$) If this amount include	es foreign grants, check here			29a			
30								
	/Consta \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	es foreign grants, check here			30a			
					JUA		-	
31	Other program services (attach schedule)			<u> </u>				
	·	es foreign grants, check here			31a			
32	Total program service expenses (add lines 28a through 31a)			•	32		36,0	71
Pá	art IV List of Officers, Directors, Trustees, and Key Emplo	oyees. List each one even	if not compensated (See t	he inst	ructions fo	r Part IV)	
		(b) Title and average hours per week	(c) Compensation (if not paid,	(d		outions to	(e) Expense account and	•
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	emp		nefit plans & mpensation	account and other allowance	 -
		devoted to position	Citici 4-)	1		.,,	Other unewarte	
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Part \	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		Х
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of			
	the changes	34		Х
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			
а	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		Х
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 dosposition of net assets	000		
00	during the year? If "Yes," complete applicable parts of Schedule N	36		х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a 0.	-		
5, a	Did the executation file Form 4420 POL for the year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	3/6		<u> </u>
30 a	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X_3
.	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	30a		
ь 39	Section 501(c)(7) organizations Enter:	•		
	Indication from and control control does included on two O			
a		1		
40 a		1		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 0 section 4915 0 section 4955 0			
	section 4911 ▶0; section 4912 ▶0, section 4955 ▶0. Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit			
b				-
	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
_	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on	400		
·	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			ĺ
•	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	400		
42 a	650.000	710	03	
	The organization's books are in care of ▶VIRGINIA GRAHAM Telephone no Located at ▶GOLDEN VALLEY MEMORIAL HOSPITAL CLINTON, MO ZIP + 4 ▶ 64735	•••••	• • • • • • • • • • • • • • • • • • • •	
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		Yes	No
	account)?	42b		Х
	If "Yes," enter the name of the foreign county. ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreing Bank			
	and Financial Accounts.			L
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		Х
	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			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	_		
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		Х

Form **990-EZ** (2009)

andidates for public office? If "Yes," complete Schedule C, Part II 47	Part V	Section 501(c)(3) organizations and section 4947(501(c)(3) organizations and section 4947(and complete the tables for lines 50 and 5	a)(1) nonexempt cha					
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	46	Did the organization engage in direct or indirect po	olitical campaign activiti	es on behalf of or	r in opposition to		Yes	No
47 10th the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	•	candidates for public office? If "Yes," complete Scheo	dule C, Part I			46		Х
# 49 a Dut the organization make any transfers to an exempt non-chartable related organization? ### 50 bit **ves**, was the related organization as section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and kind 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 analoyee paid more hours be week develod to proston. NONE 1 Total number of other employees paid over \$100,000 ▶ NONE 1 Complete this table for the organization's five highest compensated independent contractors who each received more the \$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 of compensation from the organization's five highest compensated independent contractors who each received more the \$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 d Total number of other independent contractors receiving over \$100,000 ▶ NONE Under penalties of grighty, I declaris that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is the contractor independent on the organization of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is the contractor in the organization of preparer (other than officer) is based on all information of which preparer is an any knowledge. Paid Preparer's proper paid that did the preparer is the organization of preparer (other than officer) is based on all information of which preparer is an any knowledge. Primer name (or paid that the preparer is the organization of preparer to the indicate, and 20 the preparer is the organization. In the preparer is th	47	Did the organization engage in lobbying activities? If "	Yes," complete Schedule	C, Part II		47		Х
b If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and kindle 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 hash \$100,000 of compensation from the organization. If there is none, enter "None." (b) Title and average hours per week organization of the employee benefit plans & employee	48	ls the organization a school as described in section 17	′ 0(b)(1)(A)(⊪)? If "Yes," c	omplete Schedule	E	48		Х
Complete this table for the organization's five highest compensation from the organization. If there is none, entier "None." (a) Name and address of each employee pad more than \$100,000 of compensation from the organization. If there is none, entier "None." (b) This and average devoted to position (c) Compensation from the organization. If there is none, entier "None." (c) Complete the stable for the organization's five highest compensated independent contractors who each received more the \$100,000 of compensation from the organization if there is none, enter "None." (a) Name and address of each independent contractor pad more than \$100,000 of compensation from the organization if there is none, enter "None." (b) Type of service (c) Compensation None. (c) Complete this table for the organization if there is none, enter "None." (a) Name and address of each independent contractor pad more than \$100,000 (b) Type of service (c) Compensation None. (a) Name and address of each independent contractor pad more than \$100,000 (b) Type of service (c) Compensation None. (a) Name and address of each independent contractors receiving over \$100,000 (b) Type of service (c) Compensation None. (b) Type of service (c) Compensation None. (c) Compensation None. (d) Total number of other independent contractors receiving over \$100,000 (b) Type of service. (e) Compensation None. (f) Compensation of the service of the independent contractors in the organization of preparer (o) the than officer) is based on all information of which preparer has any knowledge and belief, it is left organization. (e) Expensive of the organization of the preparer (o) the than officer) is based on all information of which preparer is any knowledge. (e) Check if self-service organization in the organization of preparer (o) the than officer) is based on all information of which preparer is any knowledge. (e) Check if self-service organization of the organization of preparer (o) the than officer) is based on all information of which preparer	49 a	Did the organization make any transfers to an exempt	non-charitable related o	rganization?		49a		Х
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 hours per weeks devoted to position (b) Tiffs and sureage to be provided to position the property of the position of		•						
(a) Name and address of each employee paid more hours per week deferred compensation of their allowances. NONE 1 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 the \$100,000 of compensation from the organization's five highest compensated independent contractors who each received more the \$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 (e) Compensation NONE 3 Under penalties of pruy, 1 declarate fall have examined this return, induding accompanying schedules and statements, and to the best of my knowledge and balled, it is topy correct, and definite Declaration of preparer (other than officer) is based on all stromation of which preparer has any knowledge and balled to the part of the property of the prope			•	-				d key
f Total number of other employees paid over \$100,000			hours per week	(c) Compensation	employee benefit plans &	aci	count ar	nd
f Total number of other employees paid over \$100,000	NONE							
f Total number of other employees paid over \$100,000								
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 that \$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								
51 Complete this table for the organization's five highest compensated independent contractors who each received more that \$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								
\$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 NONE d Total number of other independent contractors receiving over \$100,000 ▶ NONE Under penalties of priury, 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 simplete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Paid Preparer's Use Only Preparer's Signature Preparer's Use Only BKD, LLP Type or print name (or yours (self-employed), both of the preparer (See instructions) BKD, LLP Sign SED, SED, SED, SED, SED, SED, SED, SED,	f ·	Total number of other employees paid over \$100,000	▶ NOI	NE				
d Total number of other independent contractors receiving over \$100,000		· · · · · · · · · · · · · · · · · · ·		1	of service	(c) Con	npensat	ion
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 Sign Here Signeture of officer Type or print name and title Preparer's signature Preparer's signature Buan Adal, CAR Billolo Check if self-employed Firm's name (or yours if self-employed), address, and ZIP + 4 Billolo Billolo Check if self-employed Firm's name (or yours if self-employed), address, and ZIP + 4 Billolo Billolo Billolo Check if self-employed Firm's name (or yours if self-employed), address, and ZIP + 4 Signature Billolo Billolo Freparer's identifying number (See instructions) Billolo Preparer's identifying number (See instructions) Billolo Preparer's identifying number (See instructions) Firm's name (or yours if self-employed), address, and ZIP + 4 Signature Billolo Freparer's identifying number (See instructions) Billolo Freparer's identifying number (See instructions) Ein Phone no 417 865-8701 May the IRS discuss this return with the preparer shown above? See instructions	NONE			_				
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 Sign Here Signeture of officer Type or print name and title Preparer's signature Preparer's signature Preparer's signature Buan Addl, CAA Signature Preparer's signature BKD, LLP Signature Signature Signature Preparer's identifying number (See instructions) EIN Madress, and ZIP + 4 Signature Signature Preparer's identifying number (See instructions) BKD, LLP Signature Signature Preparer's identifying number (See instructions) Preparer's identifying number (See instructions) Signature Preparer's identifying number (See instructions)								
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 Sign Here Signeture of officer Type or print name and title Preparer's signature Preparer's signature Preparer's Use Only BKD, LLP Signeture of officer Type or print name (or yours if self-employed), address, and ZIP + 4 BKD, LLP Signeture of officer Signature Preparer's identifying number (See instructions) BKD, LLP Signature Signature Preparer's identifying number (See instructions) BKD, LLP Signature Signature Preparer's identifying number (See instructions) Phone no \$\infty\$ 417 865-8701 May the IRS discuss this return with the preparer shown above? See instructions								
Under penalities 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 Sign Here Signeture of officer Type or print name and title Preparer's signature Preparer's signature Preparer's Use Only BKD, LLP Signeture of officer Type or print name (or yours if self-employed), address, and ZIP + 4 BKD, LLP Signeture of officer Type or print name (or yours if self-employed), address, and ZIP + 4 SKD, LLP Signeture of officer Date Check if self-employed imployed im								
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 Sign	d	Total number of other independent contractors receive	ng over \$100,000	NON	E			
Here Signature of Officer Date		Under penalties of perjury, I declare that I have examined this and belief, it is true, correct, and complete Declaration of preparation of preparations.	return, including accompanying parer (other than officer) is base	schedules and stateme d on all information of w	nts, and to the best of m	y knowle nowledge	edge	
Type or print name and title Paid Preparer's Use Only BKD, LLP Strong B			· ·	V	8/16/2010			
Preparer's Use Only Sugnature Sugnatu		Type or print name and title	hairman	· -	<u> </u>			
Use Only Firm's name (or yours if self-employed), address, and ZIP + 4 May the IRS discuss this return with the preparer shown above? See instructions EIN Phone no ▶ 417 865-8701	_	signature & Bran D hadel, Car	l 4	self	Preparer's identifying nu	ımber (Se	e instruc	ùons)
address, and ZIP + 4 910 E ST LOUIS \$200/PO BOX 1190 SPRINGFIELD, MO 65806-2523 Phone no ▶ 417 865-8701 May the IRS discuss this return with the preparer shown above? See instructions	· .	. Firm's name (or NEKD, LLP		EI				
		A Little in earl American	X 1190 SPRINGFIELD, MO	65806-2523 Ph				
Form 990-EZ (200	May the	IRS discuss this return with the preparer shown above	e? See instructions .	<u> </u>				No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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. ➤ S

➤ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Internal Revenue Service Attach to Form 990 or Form 990-EZ.

Name of the organization

Employer identification number

GOLDEN	VALLEY N	MEMORIAL HOS	SPITAL FOUNDATION	ON					43-15	09160	
Part I	Reason fo	or Public Chari	ity Status (All organi	zations m	ust comple	ete this p	oart.) Se	e instruc	tions.		
The orga	inization is not	t a private founda	ition because it is: (For	lines 1 thro	ugh 11, ch	eck only c	ne box.)				
1 🔲	A church, co	envention of church	ches, or association of	churches d	escribed in	section	n 170(b)(1	l)(A)(i).			
2	A school des	scribed in sectio	n 170(b)(1)(A)(ii). (Att	ach Sched	ule E)						
3 🔛	A hospital or	r a cooperative h	ospital service organiza	ition describ	bed in se	ction 170	(b)(1)(A)(i	iii).			
4	A medical	research organiz	ration operated in con	njunction \	with a hos	pital desc	cribed in	section	170(b)(1)	(A)(iii). Enter the	
	hospital's na	ame, city, and sta	ate:								
5	An organiza	ition operated fo	or the benefit of a col	lege or un	iversity ow	ned or o	perated b	y a gove	rnmental	unit described in	
	section 170	(b)(1)(A)(iv). (Co	omplete Part II)								
6	A federal, st	ate, or local gove	rnment or government	al unit desc	ribed in s	section 17	70(b)(1)(A)(v).			
7 X	An organiza	ition that normal	lly receives a substant	tial part of	its support	from a g	governme	ntal unit	or from t	he general public	
	described in section 170(b)(1)(A)(vi). (Complete Part II)										
8		•	in section 170(b)(1)(/		•	•					
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 ⊢	-	=	nd operated exclusively	-		_					
11	_	_	and operated exclusi	-						•	
		•	ublicly supported orga				, , ,	•	•		
	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		_	Type II o ertify that the organiz			-	_		٠ لـــا	•	
E	-		on managers and oth				_			•	
	•	section 509(a)(2	=	er than on	e or more	publicity (supported	Organiza	auoris de	SCHOOL III SECTION	
f			-, I a written determinat	ion from 1	he IRS tha	at it is a	Type I 1	voe II o	r Type III	supporting	
•	_	, check this box					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, po, o	, , ,		
g	-		he organization accept	ed anv gift	or contribut	on from a	nv of the				
•	following pe			, ,			•				
	(i) A perso	on who directly	or indirectly controls	, either ale	one or tog	ether with	h person	s describ	ed ın (ıi)	Yes No	
	and (III)	below, the gove	erning body of the supp	ported orga	inization?					11g(ı)	
	(ii) A family	y member of a pe	erson described in (i) ab	ove?						11g(ii)	
	(iii) A 35%	controlled entity	of a person described ii	n (i) or (ii) a	bove?					11g(ıíı)	
h	Provide the	following informa	tion about the supporte	ed organiza	tion(s).						
	of supported	(ii) EIN	(iii) Type of organization				ou notify		s the	(vii) Amount of	
org	anization		(described on lines 1-9 above or IRC section		sted in your document?		ization in of your	organizat	ion in col zed in the	support	
			(see instructions))	J		sup	port?		S ?		
				Yes	No	Yes	No	Yes	No		
-	•										
						-					
	<u> </u>										
									-		
						,					
								-			
Total		[1	1	[1	!	1		

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

Par	Support Schedule for Or (Complete only if you chec				o)(1)(A)(iv) ar	nd 170(b)(1)(A)(vi)
Sect	tion A. Public Support						
Cale	ndar 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")		149,906.	166,576.	85 <u>,</u> 734	70,533	472,749.
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		149,906.	166,576.	85,734.	70,533.	472,749
5	The portion of total contributions by each						
	person (other than a governmental unit or						
	publicly supported organization) included]				
	on line 1 that exceeds $2\%\ of\ the\ amount$		1				
	shown on line 11, column (f)						117,878.
6	Public support. Subtract line 5 from line 4						354,871.
	tion B. Total Support				4.0.000		
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4		149,906.	16€,576.	85,734.	70,533.	472,749.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		519.	8,266.	550.	1,547.	10,882.
				0,2000	-	2,01	20,002
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				~		483,631.
12	Gross receipts from related activities, etc. (s.	ee instructions) .				12	
13	First five years. If the Form 990 is forganization, check this box and stop here						
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2009 (line						73.38 %
15	Public support percentage from 2008 S						60.32 %
16a		-					
	this box and stop here. The organization						
b	33 1/3 % support test - 2008. If the	•					
	check this box and stop here. The org	•	, ,				
17a	10%-facts-and-circumstances test - 2	-				-	
	or more, and if the organization m			•		•	*
	Part IV how the organization meets			_	•	•	• •
	organization						
þ	10%-facts-and-circumstances test -		-		•		
	15 is 10% or more, and if the org						-
10	Explain in Part IV how the organization supported organization Private foundation. If the organization			. .			▶ □
18	_						
	instructions				<u> </u>	<i></i>	<u> </u>

Par	t III Support Schedule for Organ (Complete only if you checke			tion 509(a)(2)	5-1309160		Page S
Sec	tion A. Public Support			,			•
C	alendar 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					<u> </u>	
	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			<u> </u>			
•	unrelated trade or business under section 513					•	
4	Tax revenues levied for the organization's				 		
•	benefit and either paid to or expended on						
	· ' '						
5	The value of services or facilities			-			
,							
	furnished by a governmental unit to the			['			
•	organization without charge						
6	Total. Add lines 1 through 5		1		 	-	
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons 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						
	for the year			<u> </u>			
С	Add lines 7a and 7b				<u> </u>		
8	Public support (Subtract line 7c from						
	line 6)	····			<u> </u>		<u></u>
<u>Sec</u>	tion B. Total Support		_	,	_		·
C	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar					1	
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	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						-
12	loss from the sale of capital assets						
	(Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,					1	
	and 12)						
14	First five years. If the Form 990 is for	the omanization	on's first second	third fourth o	r fifth tay year	as a section 501	(0)(3)
	organization, check this box and stop here	_			-		
Sec	tion C. Computation of Public Sur						
15	Public support percentage for 2009 (line 8, co			· (f)		45	%
16			•	• • • •			
	Public support percentage from 2008 Schedution D. Computation of Investmen				· · · · · · · · · · · · ·	16	%_
	tion D. Computation of Investmen					T T	
17	Investment income percentage for 2009 (III						%
18	Investment income percentage from 2008						<u>%</u>
19 a	33 1/3 % support tests - 2009 If the o	=					
	17 is not more than 33 1/3 %, check the						
b	33 1/3 % support tests - 2008. If the org				•		
	line 18 is not more than 331/3 %, check		•	•		• • •	
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19l	b, check this b	ox and see instr	uctions >

Page 4

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

43-1509160

ATTACHMENT 1

FORM '990EZ, PART I - INVESTMENT INCOME

DESCRIPTION INTEREST INCOME

TOTAL

AMOUNT 1,547.

1,547.

43-1509160

ATTACHMENT 2

FORM '990EZ, PART I - EXCLUDED CONTRIBUTIONS

DESCRIPTION AMOUNT

34,309. FIRE AND ICE

34,309. TOTAL

93351

ATTACHMENT 3

ATTACHMENT 3

43-1509160

ACTIVITIES
AND
EVENTS
SPECIAL
1
Η
PART
990EZ,
FORM

NET INCOME	-8,746.	-8,746.
DIRECT EXPENSES	19,216.	19,216.
GROSS REVENUE	10,470.	10,470.
DESCRIPTION	FIRE AND ICE	TOTALS

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GOLDEN VALLEY MEMORIAL HOSPITAL FOUNDATION

ATTACHMENT 4

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR	FOUNDATION STATUS OF RECIPIENT		RELATED	EXEMPT - 509(A)(1)							
FORM 990EZ, PART I - GRANTS AND SIMILAR AMOUNTS PAID IN EXCESS OF \$5000	RECIPIENT NAME AND ADDRESS	GRANTS PAID	GOLDEN VALLEY MEMORIAL HOSPITAL	1600 NORTH SECOND STREET CLINTON, MO 64735							

36,071

TOTAL CONTRIBUTIONS PAID

36,071.

OPERATIONS

AMOUNT

PURPOSE OF GRANT OR CONTRIBUTION

PAGE 14 ATTACHMENT 4

93351

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ATTACHMENT 5

FORM '990EZ, PART I - OTHER EXPENSES

SUPPLIES

3,654.

TOTAL

3,654.

ATTACHMENT 6

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

DESCRIPTION	BEGINNING <u>OF YEAR</u>	END OF YEAR		
CASH SAVINGS	36,264. 60,000.	48,392. 71,481.		
TOTALS	96,264.	119,873.		

ATTACHMENT 7

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

TO PROVIDE SUPPORT FOR GOLDEN VALLEY MEMORIAL HOSPITAL BY HELPING PAY FOR ITEMS NOT COVERED UNDER THE NORMAL OPERATING BUDGET.

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

ATTACHMENT 8

PROGRAM SERVICE ACCOMPLISHMENT 1

THE ORGANIZATION PROVIDED SUPPORT TO GOLDEN VALLEY MEMORIAL HOSPITAL. DURING THE FISCAL YEAR, APPROXIMATELY 200 PEOPLE SERVED THROUGH LIFEFLIGHT EAGLE AND APPROXIMATELY 100 PEOPLE SERVED THROUGH THE ORGANIZATION'S DIABETES SERVICE.

FOUNDATION	
HOSPITAL	
MEMORIAL	
VALLEY	
GOLDEN	

43-1509160

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	S, DIRECTORS, TRUSTEES AND KEY EMPLO	YEES	ATTACHMENT 9	JENT 9
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
GREGG SMITH 1600 NORTH SECOND STREET CLINTON, MO 64735	VICE CHAIRMAN 1.00	.0	Ö	Ö
JIM STONE 1600 NORTH SECOND STREET CLINTON, MO 64735	SECRETARY/TREASURER 1.00	o	Ö	ċ
DAVID MILLS 1600 NORTH SECOND STREET CLINTON, MO 64735	CHAIRMAN 1.00	ó	ö	ó
DR. GUS S. WETZEL II 1600 NORTH SECOND STREET CLINTON, MO 64735	BOARD MEMBER 1.00	.0	.0	.0
GERALD ATCHISON 1600 NORTH SECOND STREET CLINTON, MO 64735	BOARD MEMBER 1.00	O	o	·
KATHY HILL 1600 NORTH SECOND STREET CLINTON, MO 64735	EXECUTIVE DIRECTOR 24.00	.0	·	·
DEANNA HENDRICH	BOARD MEMBER	.0	·	Ö

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GOLDEN VALLEY MEMORIAL HOSPITAL FOUNDATION	SPITAL FOUNDATION			43-15091
FORM 990EZ, PART IV - LIST OF OF	FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	EMPLOYEES	ATTACE	ATTACHMENT 9 (CONT'D)
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
1600 NORTH SECOND STREET CLINTON, MO 64735	1.00			
SARA HEISTAND 1600 NORTH SECOND STREET CLINTON, MO 64735	BOARD MEMBER 1.00	.0	Ö	·
KRISTI KENNEY 1600 NORTH SECOND STREET	BOARD MEMBER 1.00	.0	.0	·o

GRAND TOTALS

1600 NORTH SECOND STREET CLINTON, MO 64735

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FEDERAL FOOTNOTES

ASSETS HELD BY THE COMMUNITY FOUNDATION OF THE OZARKS THE FOUNDATION HAS TRANSFERRED FUNDS TO THE COMMUNITY FOUNDATION OF THE OZARKS TO BE HELD IN THE GOLDEN VALLEY MEMORIAL HOSPITAL FOUNDATION FUND. THE BALANCE OF THE FUND WAS \$87,621 AND \$65,102, RESPECTIVELY, AT MARCH 31, 2010 AND 2009, AND IS NOT INCLUDED AS CASH ON THE BALANCE SHEET. THESE FUNDS ARE AVAILABLE TO THE FOUNDATION WITH CERTAIN RESTRICTIONS.