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Form 990  
2009Open to Public  
Inspection

## 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)

► 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 07-01-2009 and ending 06-30-2010

B Check if applicable	C Name of organization Mary Greeley Medical Center Foundation		D Employer identification number 23-7064009
<input type="checkbox"/> Address change	Doing Business As		E Telephone number (515) 239-2116
<input type="checkbox"/> Name change	Number and street (or P O box if mail is not delivered to street address) 1111 Duff Avenue		G Gross receipts \$ 8,799,865
<input type="checkbox"/> Initial return	Room/suite		
<input type="checkbox"/> Terminated	City or town, state or country, and ZIP + 4 Ames, IA 50010		
<input type="checkbox"/> Amended return	F Name and address of principal officer MELISSA JOHANSEN 1111 Duff Avenue Ames, IA 50010		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Application pending			H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)

I Tax-exempt status  501(c) (3) ► (insert no)  4947(a)(1) or  527

J Website: ► WWW MGMC.ORG

K Form of organization  Corporation  Trust  Association  Other ► L Year of formation 1969 M State of legal domicile IA

## Part I Summary

1 Briefly describe the organization's mission or most significant activities THE MISSION OF THE MARY GREELEY MEDICAL CENTER FOUNDATION IS TO ASSIST MARY GREELEY MEDICAL CENTER IN PROMOTING HEALTH AND PROVIDING COMPASSIONATE, HIGH-QUALITY CARE. THE FOUNDATION ACCOMPLISHES THIS MISSION BY ENCOURAGING CHARITABLE GIVING FROM INDIVIDUALS AND ORGANIZATIONS
2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets
3 Number of voting members of the governing body (Part VI, line 1a) . . . . . 3 26
4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . . 4 26
5 Total number of employees (Part V, line 2a) . . . . . 5 0
6 Total number of volunteers (estimate if necessary) . . . . . 6 60
7a Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . . . 7a 0
b Net unrelated business taxable income from Form 990-T, line 34 . . . . . 7b 0

8 Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year 1,180,434	Current Year 738,722
9 Program service revenue (Part VIII, line 2g) . . . . .		0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	-731,447	3,011
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	56,969	102,655
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	505,956	844,388

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	534,747	1,346,340
14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . .	200,243	260,083
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .		0
b Total fundraising expenses (Part IX, column (D), line 25) ► 156,289		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . . .	20,388	96,283
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . .	755,378	1,702,706
19 Revenue less expenses Subtract line 18 from line 12 . . . . .	-249,422	-858,318

20 Total assets (Part X, line 16) . . . . .	Beginning of Current Year 9,267,926	End of Year 9,473,654
21 Total liabilities (Part X, line 26) . . . . .		280,479 176,110
22 Net assets or fund balances Subtract line 21 from line 20 . . . . .	8,987,447	9,297,544

## Part II Signature Block

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	***** Signature of officer MELISSA JOHANSEN EXECUTIVE DIRECTOR Type or print name and title	2011-04-12 Date

Paid Preparer's Use Only	Preparer's signature ► Virginia Striegel	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► RSM McGladrey Inc 400 Locust St Ste 640 Des Moines, IA 503092354		EIN ►	
			Phone no ► (515) 558-6600	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments****1** Briefly describe the organization's mission

THE MARY GREELEY MEDICAL CENTER FOUNDATION IS THE PREFERRED CHANNEL OF GIVING TO MARY GREELEY MEDICAL CENTER. THE MARY GREELEY MEDICAL CENTER FOUNDATION MISSION IS TO ASSIST MARY GREELEY MEDICAL CENTER IN PROMOTING HEALTH AND PROVIDING COMPASSIONATE, HIGH-QUALITY CARE BY ENCOURAGING CHARITABLE GIVING FROM INDIVIDUALS AND ORGANIZATIONS. DONORS CAN BE CONFIDENT THAT THEIR GIFTS WILL DIRECTLY BENEFIT THE PROGRAMS AND SERVICES OF MARY GREELEY MEDICAL CENTER, THE PATIENTS AND FAMILIES SERVED BY THE MEDICAL CENTER, AND THE MEDICAL CENTER STAFF.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses  
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

<b>4a</b>	(Code ) (Expenses \$ 329,736 including grants of \$ ) (Revenue \$ )
CHARITABLE GIVING TO MARY GREELEY MEDICAL CENTER THROUGH THE FOUNDATION HAS PLAYED A SIGNIFICANT ROLE IN SHAPING THE MEDICAL CENTER SUPPORTED BY A COMMUNITY CAMPAIGN, THE ISRAEL FAMILY HOSPICE HOUSE OPENED IN 1999. TODAY, PHILANTHROPIC SUPPORT CONTINUES TO PLAY AN IMPORTANT ROLE THROUGH DONOR DESIGNATED GIFTS TO THE FRANK AND BESSIE STRATHMAN ENDOWMENT, THE FOUNDATION PROVIDES ONGOING SUPPORT FOR ISRAEL FAMILY HOSPICE HOUSE. THE HOSPICE HOUSE PROVIDES INPATIENT HOSPICE SERVICES TO PATIENTS AND THEIR FAMILIES AS WELL AS RESPITE CARE FOR PATIENTS. DURING THE PERIOD OF JULY 1, 2009 TO JUNE 30, 2010, STAFF AND VOLUNTEERS SERVED 2,121 PATIENT DAYS. DURING THAT SAME TIME PERIOD, QUARTERLY PAYMENTS WERE MADE TO MARY GREELEY MEDICAL CENTER BY THE FOUNDATION, TOTALING \$329,736	

<b>4b</b>	(Code ) (Expenses \$ 850,000 including grants of \$ ) (Revenue \$ )
THE DIABETES AND NUTRITION EDUCATION CENTER IS ONE OF THE MOST COMPREHENSIVE RESOURCES OF INFORMATION WITHIN THE COMMUNITY, STATE-WIDE AND NATIONALLY SUPPORTED BY DONOR DESIGNATED GIFTS TO THE FOUNDATION, THE DIABETES AND NUTRITION EDUCATION CENTER IS A VALUABLE RESOURCE FOR PEOPLE WITH DIABETES AND THEIR FAMILIES. THE DIABETES SPECIALISTS PROVIDE THE EDUCATION AND SUPPORT NEEDED TO SELF-MANAGE THE DISEASE AND MAINTAIN A HEALTHY LIFESTYLE. DURING THE PERIOD OF JULY 1, 2009 - JUNE 30, 2010 STAFF AND VOLUNTEERS SERVED 1,466 PATIENTS DURING 3,120 VISITS. DURING THE SAME PERIOD, PAYMENTS WERE MADE FROM THE FOUNDATION TO MARY GREELEY MEDICAL CENTER TOTALING \$850,000 IN SUPPORT OF CAPITAL AND OPERATIONAL EXPENSES	

<b>4c</b>	(Code ) (Expenses \$ 33,142 including grants of \$ ) (Revenue \$ )
THE CANCER RESOURCE CENTER AT THE WILLIAM R. BLISS CANCER CENTER IS ONE OF THE MOST COMPREHENSIVE RESOURCES OF INFORMATION AND SUPPORT FOR CANCER PATIENTS, FAMILIES AND THE COMMUNITY. SUPPORTED BY DONOR DESIGNATED GIFTS TO THE FOUNDATION, THE CANCER RESOURCE CENTER OFFERS A FULL LIBRARY OF BOOKS, A FULL SERVICE BOUTIQUE WITH WIGS, HATS, BRAS, SWIMWEAR, PROSTHETICS AND OTHER SPECIALTY SUPPLIES FOR CANCER PATIENTS, GENETIC RISK EDUCATION, SUPPORT GROUPS AND MONTHLY EDUCATION SEMINARS. DURING THE PERIOD OF JULY 1, 2009 - JUNE 30, 2010, STAFF AND VOLUNTEERS SERVED 2,263 INDIVIDUALS. DURING THE SAME PERIOD, QUARTERLY PAYMENTS WERE MADE FROM THE FOUNDATION TO MARY GREELEY MEDICAL CENTER TOTALING \$33,142	

**4d** Other program services (Describe in Schedule O ) **See also Additional Data for Description**

(Expenses \$ 184,805 including grants of \$ ) (Revenue \$ )

**4e** **Total program service expenses** \$ 1,397,683

**Part IV Checklist of Required Schedules**

**1** Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

**2** Is the organization required to complete Schedule B, Schedule of Contributors?

**3** 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

**4** **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

**5** **Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III

**6** Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

**7** Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II

**8** Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

**9** Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

**10** Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

**11** Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.
 

- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.
- Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.
- Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.
- Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.
- Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.
- Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.

**12** Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII

**12A** Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes  No
 

- If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional

**13** Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

**14a** Did the organization maintain an office, employees, or agents outside of the United States? 

- b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I

**15** Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Part II

**16** Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Part III

**17** Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

**18** Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

**19** Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

**20** Did the organization operate one or more hospitals? If "Yes," complete Schedule H

	Yes	No
<b>1</b>	Yes	
<b>2</b>	Yes	
<b>3</b>		No
<b>4</b>	Yes	
<b>5</b>		
<b>6</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		No
<b>10</b>	Yes	
<b>11</b>	Yes	
<b>12</b>	Yes	
<b>12A</b>	No	
<b>13</b>		No
<b>14a</b>		No
<b>14b</b>		No
<b>15</b>		No
<b>16</b>		No
<b>17</b>		No
<b>18</b>	Yes	
<b>19</b>		No
<b>20</b>		No

**Part IV Checklist of Required Schedules (continued)**

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	No	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No	
b	Is the organization 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	25b	No	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	No	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	No	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a	No	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	No	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	No	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	29	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	No	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32	No	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33	No	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	34	No	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	35	No	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	36	No	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	37	No	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	38	Yes	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O			

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	<b>1a</b> 11	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0	
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 0	
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</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)?		
<b>4b</b>	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		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b> No	
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b> No	
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	<b>6a</b> No	
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b> Yes	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b> Yes	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b> No	
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b> No	
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b> No	
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>	<b>9a</b>	
<b>9b</b>	Did the organization make any taxable distributions under section 4966?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>11a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

### Section A. Governing Body and Management

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body . . .	<b>1a</b>	26	
<b>b</b> Enter the number of voting members that are independent . . .	<b>1b</b>	26	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>		No
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	<b>3</b>	Yes	
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	<b>5</b>		No
<b>6</b> Does the organization have members or stockholders? . . . . .	<b>6</b>		No
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>		No
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<b>7b</b>		No
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
<b>a</b> The governing body? . . . . .	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	Yes	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	<b>9</b>		No

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>		No
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	<b>10b</b>		
<b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11</b>	Yes	
<b>11A</b> Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .			
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	Yes	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	Yes	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b>	Yes	
<b>13</b> Does the organization have a written whistleblower policy? . . . . .	<b>13</b>	Yes	
<b>14</b> Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	Yes	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b>	Yes	
<b>b</b> Other officers or key employees of the organization . . . . .	<b>15b</b>	Yes	
If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>		No
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b>		

### Section C. Disclosure

**17** List the States with which a copy of this Form 990 is required to be filed ►

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply  
 Own website  Another's website  Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►  
LAURIE MCCRACKEN  
1111 DUFF AVENUE  
AMES, IA 50010  
(515) 239-2068

## **Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

Check this box if the organization did not compensate any current or former officer, director, trustee or key employee.

<b>1b Total</b>	294,381	0	39,023
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**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **2**

		Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	<b>3</b>		No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	<b>4</b>	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	<b>5</b>	Yes	

## Section B. Independent Contractors

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization <b>0</b>		

**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	58,565			
	<b>d</b> Related organizations . . . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	31,160			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	648,997			
	<b>g</b> Noncash contributions included in lines 1a-1f \$		98,914			
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .		738,722			
<b>Program Service Revenue</b>	Business Code					
			<b>2a</b>			
			<b>b</b>			
			<b>c</b>			
			<b>d</b>			
			<b>e</b>			
			<b>f</b> All other program service revenue			
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .					
<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . .		150,708		150,708		
<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
<b>5</b> Royalties . . . . .						
<b>6a</b> Gross Rents	(I) Real	(II) Personal				
<b>b</b> Less rental expenses						
<b>c</b> Rental income or (loss)						
<b>d</b> Net rental income or (loss) . . . . .						
<b>7a</b> Gross amount from sales of assets other than inventory	(I) Securities	(II) Other				
	7,768,903					
<b>b</b> Less cost or other basis and sales expenses	7,916,600					
<b>c</b> Gain or (loss)	-147,697					
<b>d</b> Net gain or (loss) . . . . .						
			-147,697	-147,697		
<b>8a</b> Gross income from fundraising events (not including \$ 58,565 of contributions reported on line 1c) See Part IV, line 18 . . . . .						
	<b>a</b> 107,981					
<b>b</b> Less direct expenses . . . . .	<b>b</b> 34,395					
<b>c</b> Net income or (loss) from fundraising events . . . . .		73,586		73,586		
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .						
	<b>a</b> 3,364					
<b>b</b> Less direct expenses . . . . .	<b>b</b> 4,482					
<b>c</b> Net income or (loss) from gaming activities . . . . .		-1,118		-1,118		
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .						
	<b>a</b>					
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue		Business Code				
<b>11a</b> K-1 PASSIVE INCOME - D		999,999	30,187	30,187		
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue . . . . .						
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .		30,187				
<b>12</b> <b>Total revenue.</b> See Instructions . . . . .		844,388	0	0		
				105,666		

**Part IX Statement of Functional Expenses****Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,314,037	1,314,037		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	32,303	32,303		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees . . . . .	104,583		18,825	85,758
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7 Other salaries and wages	124,726		74,218	50,508
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	14,551		13,096	1,455
9 Other employee benefits . . . . .				
10 Payroll taxes . . . . .	16,223		6,489	9,734
11 Fees for services (non-employees)				
a Management . . . . .				
b Legal . . . . .				
c Accounting . . . . .	6,481		6,481	
d Lobbying . . . . .				
e Professional fundraising See Part IV, line 17 . . . . .				
f Investment management fees . . . . .				
g Other . . . . .	60,785	31,160	29,625	
12 Advertising and promotion . . . . .				
13 Office expenses . . . . .	4,444	4,444		
14 Information technology . . . . .				
15 Royalties . . . . .				
16 Occupancy . . . . .	72	72		
17 Travel . . . . .	71	71		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19 Conferences, conventions, and meetings . . . . .				
20 Interest . . . . .				
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .				
23 Insurance . . . . .				
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a PURCHASE SVC GENERAL	9,474	640		8,834
b OTHER SUPPLIES	9,308	9,308		
c SOFTWARE CONTRACT	2,342	2,342		
d MAINTENANCE CONTRACT	1,670	1,670		
e DUES & SUBSCRIPTIONS	934	934		
f All other expenses	702	702		
25 Total functional expenses. Add lines 1 through 24f	1,702,706	1,397,683	148,734	156,289
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	618,707	<b>2</b> 181,834
	<b>3</b> Pledges and grants receivable, net . . . . .	317,582	<b>3</b> 287,956
	<b>4</b> Accounts receivable, net . . . . .	<b>4</b>	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .		<b>6</b>
	<b>7</b> Notes and loans receivable, net . . . . .	<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	<b>9</b>	
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b>	
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b>	<b>10c</b>
	<b>11</b> Investments—publicly traded securities . . . . .	8,326,325	<b>11</b> 9,000,622
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>
	<b>14</b> Intangible assets . . . . .		<b>14</b>
	<b>15</b> Other assets See Part IV, line 11 . . . . .	5,312	<b>15</b> 3,242
	<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	9,267,926	<b>16</b> 9,473,654
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .		<b>17</b>
	<b>18</b> Grants payable . . . . .		<b>18</b>
	<b>19</b> Deferred revenue . . . . .		<b>19</b>
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>
	<b>25</b> Other liabilities Complete Part X of Schedule D . . . . .	280,479	<b>25</b> 176,110
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	280,479	<b>26</b> 176,110
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
	<b>27</b> Unrestricted net assets . . . . .	979,737	<b>27</b> 2,190,371
	<b>28</b> Temporarily restricted net assets . . . . .	7,764,952	<b>28</b> 6,864,415
	<b>29</b> Permanently restricted net assets . . . . .	242,758	<b>29</b> 242,758
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>		
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>
	<b>33</b> Total net assets or fund balances . . . . .	8,987,447	<b>33</b> 9,297,544
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	9,267,926	<b>34</b> 9,473,654

**Part XI Financial Statements and Reporting**

**1** Accounting method used to prepare the Form 990       Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .

**b** Were the organization's financial statements audited by an independent accountant? . . . . .

**c** If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . . .

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both  
 Separate basis       Consolidated basis       Both consolidated and separated basis

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . . . .

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

2009

Open to Public  
Inspection**SCHEDULE A**  
(Form 990 or 990EZ)**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.

Department of the Treasury  
Internal Revenue ServiceName of the organization  
Mary Greeley Medical Center Foundation

Employer identification number

23-7064009

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

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

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

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

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

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

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

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

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

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

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

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

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

e  **a**  Type I      **b**  Type II      **c**  Type III - Functionally integrated      **d**  Type III - Other

f  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)

g  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

h  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?

(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?

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,081,812	1,092,297	746,686	1,180,434	738,722	4,839,951
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 <b>Total.</b> Add lines 1 through 3	1,081,812	1,092,297	746,686	1,180,434	738,722	4,839,951
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)						309,054
6 <b>Public Support.</b> Subtract line 5 from line 4						4,530,897

**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	1,081,812	161,531	746,686	1,180,434	738,722	4,839,951
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	160,265	161,531	217,582	223,533	150,524	913,435
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 <b>Total support</b> (Add lines 7 through 10)						5,753,386
12 Gross receipts from related activities, etc (See instructions)					12	266,317

**13 First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** 

**Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	78 750 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	75 640 %
16a <b>33 1/3% support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization 		
b <b>33 1/3% support test—2008.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization 		
17a <b>10%-facts-and-circumstances test—2009.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization 		
b <b>10%-facts-and-circumstances test—2008.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization 		
18 <b>Private Foundation</b> 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 IRC 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
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						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (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						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12 )						
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						

**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
<b>19a 33 1/3% support tests—2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	
<b>b 33 1/3% support tests—2008.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	
<b>20 Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	

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

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## **SCHEDULE C**

## Political Campaign and Lobbying Activities

## For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.  
► Attach to Form 990 or Form 990-EZ. ► See separate instructions

2009

**Open to Public  
Inspection**

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

• Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization

Name of the organization  
Mary Greeley Medical Center Foundation

Employer identification number

23-7064009

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

**1** Provide a description of the organization's direct and indirect political campaign activities in Part IV

**2** Political expenditures

**3** Volunteer hours

**Part I-B Complete if the organization is exempt under section 501(c)(3)**

**1** Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ \_\_\_\_\_

**2** Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ \_\_\_\_\_

**3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No

**4a** Was a correction made?  Yes  No

**b** If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).**

**1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ \_\_\_\_\_

**2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ \_\_\_\_\_

**3** Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ \_\_\_\_\_

**4** Did the filing organization file **Form 1120-POL** for this year?  Yes  No

**5** State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check <input type="checkbox"/> if the filing organization belongs to an affiliated group	B Check <input type="checkbox"/> if the filing organization checked box A and "limited control" provisions apply		
<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		<b>(a) Filing Organization's Totals</b>	<b>(b) Affiliated Group Totals</b>
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)			
<b>d</b> Other exempt purpose expenditures			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)			
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns			
<b>If the amount on line 1e, column (a) or (b) is:</b> Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000		<b>The lobbying nontaxable amount is:</b> 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000	
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)			
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-			
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-			
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**4-Year Averaging Period Under Section 501(h)**

**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)**

**Lobbying Expenditures During 4-Year Averaging Period**

<b>Calendar year (or fiscal year beginning in)</b>	<b>(a) 2006</b>	<b>(b) 2007</b>	<b>(c) 2008</b>	<b>(d) 2009</b>	<b>(e) Total</b>
<b>2a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

	(a)		(b)
	Yes	No	
			Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?	Yes	No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes	No	
<b>c</b> Media advertisements?	Yes	No	
<b>d</b> Mailings to members, legislators, or the public?	Yes	No	
<b>e</b> Publications, or published or broadcast statements?	Yes	No	
<b>f</b> Grants to other organizations for lobbying purposes?	Yes	No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes	No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes	No	
<b>i</b> Other activities? If "Yes," describe in Part IV	Yes	No	
<b>j</b> Total lines 1c through 1i	Yes	No	
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	Yes	No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912	Yes	No	
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912	Yes	No	
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	Yes	No	

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".**

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) non-deductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).	2a	
<b>a</b> Current year	2b	
<b>b</b> Carryover from last year	2c	
<b>c</b> Total	3	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	5	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)		

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	BOARD MEMBER SARAH BUCK HAS COMMUNICATED WITH STATE AND NATIONAL SENATORS AND REPRESENTATIVES REGARDING THE POTENTIAL IMPACT OF LEGISLATION ON MARY GREELEY MEDICAL CENTER, INCLUDING EMAIL AND PERSONAL VISITS BOARD MEMBER RICHARD OLIVE IS A STATE SENATOR

2009

Open to Public  
Inspection**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
► Attach to Form 990. ► See separate instructions.

Department of the Treasury  
Internal Revenue Service**Name of the organization**

Mary Greeley Medical Center Foundation

**Employer identification number**

23-7064009

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically importantly land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

**a**  Public exhibition  
**b**  Scholarly research  
**c**  Preservation for future generations

**d**  Loan or exchange programs  
**e**  Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	<b>Amount</b>
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	<b>(a) Current Year</b>	<b>(b) Prior Year</b>	<b>(c) Two Years Back</b>	<b>(d) Three Years Back</b>	<b>(e) Four Years Back</b>
<b>1a</b> Beginning of year balance . . . . .	7,903,298	9,467,865			
<b>b</b> Contributions . . . . .	101,297	805,905			
<b>c</b> Investment earnings or losses . . . . .	-397,774	-1,970,251			
<b>d</b> Grants or scholarships . . . . .	757,500	6,000			
<b>e</b> Other expenditures for facilities and programs . . . . .	249,912	394,221			
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	6,599,409	7,903,298			

2 Provide the estimated percentage of the year end balance held as

**a** Board designated or quasi-endowment ► 95 080 % %

**b** Permanent endowment ► 4 920 % %

**c** Term endowment ► 0 % %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

**(i)** unrelated organizations . . . . .  
**(ii)** related organizations . . . . .

	<b>Yes</b>	<b>No</b>
<b>3a(i)</b>	Yes	
<b>3a(ii)</b>		No
<b>3b</b>		

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

	<b>Description of investment</b>	<b>(a) Cost or other basis (investment)</b>	<b>(b) Cost or other basis (other)</b>	<b>(c) Accumulated depreciation</b>	<b>(d) Book value</b>
<b>1a</b> Land . . . . .					
<b>b</b> Buildings . . . . .					
<b>c</b> Leasehold improvements . . . . .					
<b>d</b> Equipment . . . . .					
<b>e</b> Other . . . . .					

**Total.** Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ► 0

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
</		

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**Total.** (Column (b) should equal Form 990, Part X, col (B) line 12)

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13

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**Total** (Column (b)) should equal Form 990, Part X, col (B), line 13

**Part IX Other Assets** See Form 990 Part X line 15

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**Total.** (Column (b) should equal Form 990, Part X, col.(B) line 15.)

**Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )** **176,110**

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	844,388
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,702,706
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-858,318
4	Net unrealized gains (losses) on investments	4	1,198,786
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-30,371
9	Total adjustments (net) Add lines 4 - 8	9	1,168,415
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	310,097

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	2,051,680
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	1,198,786
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	38,877
e	Add lines 2a through 2d . . . . .	2e	1,237,663
3	Subtract line 2e from line 1 . . . . .	3	814,017
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	30,371
c	Add lines 4a and 4b . . . . .	4c	30,371
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	844,388

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements . . . . .	1	1,741,583
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	38,877
e	Add lines 2a through 2d . . . . .	2e	38,877
3	Subtract line 2e from line 1 . . . . .	3	1,702,706
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	1,702,706

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information			
Identifier	Return Reference	Explanation	

Part V, Line 4	Description of Intended Use of Endowment Funds		FRANK AND BESSIE STRATHMAN ENDOWMENT SUPPORTS THE ONGOING OPERATION OF THE ISRAEL FAMILY HOSPICE HOUSE. THE HOSPICE HOUSE HAS 12 PRIVATE ROOMS AND PROVIDES INPATIENT HOSPICE SERVICES TO PATIENTS AND THEIR FAMILIES AS WELL AS RESPITE CARE AND BEREAVEMENT SUPPORT. THE ENDOWMENT HELPS TO ENSURE THAT THESE VALUABLE SERVICES ARE AVAILABLE TO SERVE PATIENTS WELL INTO THE FUTURE. WILLIAM R. BLISS ENDOWMENT SUPPORTS THE WILLIAM R. BLISS CANCER CENTER EDUCATION AND CAPITAL NEEDS. THE WILLIAM R. BLISS CANCER CENTER AT MARY GREELEY MEDICAL CENTER OFFERS PATIENTS IN CENTRAL IOWA THE BEST CANCER CARE AVAILABLE, CLOSE TO HOME, WITH A MISSION TO PROVIDE MULTIDISCIPLINARY, INTEGRATED AND COMPREHENSIVE ONCOLOGY SERVICES USING INNOVATIVE, HIGH-TECH DIAGNOSTICS AND TREATMENTS. J. BEN BUCK ENDOWMENT SUPPORTS ONE ANNUAL SCHOLARSHIP AWARD OF \$500 TO A STUDENT PURSUING A HEALTH RELATED CAREER. RECIPIENTS MUST BE ENROLLED FULL-TIME IN A COURSE OF STUDY LEADING TOWARD A CAREER IN THE HEALTHCARE FIELD AT A FOUR-YEAR ACCREDITED COLLEGE OR UNIVERSITY OR A ONE-YEAR OR TWO-YEAR COLLEGE ASSOCIATE OF ARTS OR SCIENCE PROGRAM. PREFERENCE IS GIVEN TO STUDENTS WHO ARE GRADUATES OFAMES HIGH SCHOOL. CANCER RESOURCE CENTER ENDOWMENT SUPPORTS THE CANCER RESOURCE CENTER AT THE WILLIAM R. BLISS CANCER CENTER, ONE OF THE MOST COMPREHENSIVE RESOURCES OF INFORMATION AND SUPPORT FOR CANCER PATIENTS, FAMILIES AND THE COMMUNITY. SUPPORTED BY DONOR DESIGNATED GIFTS TO THE FOUNDATION, THE CANCER RESOURCE CENTER OFFERS A FULL LIBRARY OF BOOKS, A FULL SERVICE BOUTIQUE WITH WIGS, HATS, BRAS, SWIMWEAR, PROSTHETICS AND OTHER SPECIALTY SUPPLIES FOR CANCER PATIENTS, GENETIC RISK EDUCATION, SUPPORT GROUPS AND MONTHLY EDUCATION SEMINARS. HELEN SIDLES UNDERGRADUATE NURSING SCHOLARSHIP SUPPORTS TWO ANNUAL \$1,000 SCHOLARSHIPS TO NURSING STUDENTS IN NEED OF FINANCIAL ASSISTANCE WHO ARE ENTERING INTO THEIR FINAL YEAR OF NURSING SCHOOL. ONE SCHOLARSHIP IS AWARDED TO A MARY GREELEY MEDICAL CENTER EMPLOYEE WHO IS CURRENTLY A NURSING STUDENT AND ONE IS AWARDED TO A NURSING STUDENT WHO IS NOT EMPLOYED AT MARY GREELEY MEDICAL CENTER. PHYLLIS CROUSE NURSING EDUCATION FUND SUPPORTS NURSING EDUCATION AT MARY GREELEY MEDICAL CENTER AUXILIARY ENDED BIRTHWAYS SCHOLARSHIP SUPPORTS ONE ANNUAL \$1,000 SCHOLARSHIP TO A NURSING STUDENT EMPLOYED AT MARY GREELEY MEDICAL CENTER TO PURSUE HIS/HER EDUCATION AND CERTIFICATION RELATED TO OBSTETRICS. MARY GREELEY MEDICAL CENTER AUXILIARY HEALTH CAREER SCHOLARSHIP SUPPORTS TWO ANNUAL \$1,000 SCHOLARSHIP TO A HIGH SCHOOL SENIOR FROM SELECT AREA HIGH SCHOOLS PLANNING A CAREER IN HEALTHCARE. APPLICANTS MUST BE ENROLLED FULL-TIME IN A COURSE OF STUDY LEADING TOWARD A CAREER IN THE HEALTHCARE FIELD AT A FOUR-YEAR ACCREDITED COLLEGE OR UNIVERSITY OR A ONE-YEAR OR TWO-YEAR COLLEGE ASSOCIATE OF ARTS OR SCIENCE PROGRAM. HEGSTROM ENDOWMENT SUPPORTS THE ANNUAL GEORGE HEGSTROM DIABETES SYMPOSIUM. THIS EDUCATIONAL EVENT ALTERNATES ANNUALLY BETWEEN A PHYSICIAN/PROVIDER FOCUSED SYMPOSIUM AND COMMUNITY SYMPOSIUM AND HELPS TO INCREASE KNOWLEDGE OF THE NEWEST METHODS OF TREATMENT AND THE MANAGEMENT OF DIABETES. DIABETES AND NUTRITION EDUCATION CENTER THE DIABETES AND NUTRITION EDUCATION CENTER IS A RESOURCE FOR PEOPLE WITH DIABETES AND THEIR FAMILIES. THE CENTER IS CERTIFIED BY THE AMERICAN DIABETES ASSOCIATION AND LICENSED BY THE STATE OF IOWA, SERVING CHILDREN AND ADULTS WITH TYPE I, TYPE II, GESTATIONAL DIABETES AND OTHER NUTRITIONAL DISORDERS. ANNA MAY ALLAN ENDOWED NURSING SCHOLARSHIP SUPPORTS ONE \$2,500 SCHOLARSHIP TO AN IOWA HIGH SCHOOL GRADUATE PURSUING THE STUDY OF NURSING. TO QUALIFY, THE APPLICANT MUST BE ACCEPTED IN A NURSING PROGRAM AND ENROLLED FULL-TIME IN A FOUR-YEAR ACCREDITED COLLEGE OR UNIVERSITY OR A ONE-YEAR OR TWO-YEAR COLLEGE ASSOCIATE OF ARTS OR SCIENCE PROGRAM, HAVE ACHIEVED A CUMULATIVE 3.0 GPA IN THEIR MOST RECENT LEVEL OF EDUCATION, AND DEMONSTRATE A FINANCIAL NEED. KIMBERLY A. RUSSEL ENDOWMENT IS DESIGNATED TO SUPPORT MARY GREELEY MEDICAL CENTER'S FINANCIAL ASSISTANCE FUND. KIMBERLY A. RUSSEL AUXILIARY ENDED SCHOLARSHIP SUPPORTS ONE \$500 SCHOLARSHIP TO A MARY GREELEY MEDICAL CENTER EMPLOYEE PURSUING GRADUATE LEVEL STUDY. NURSING LEGACY SCHOLARSHIP SUPPORTS ONE \$500 SCHOLARSHIP TO A MARY GREELEY MEDICAL CENTER REGISTERED NURSE PURSUING A BACHELOR OF SCIENCE OF NURSING. TO QUALIFY, THE APPLICANT MUST BE ACCEPTED AND ENROLLED INTO A BSN PROGRAM WITH AN ACCREDITED COLLEGE OR UNIVERSITY. PREFERENCE IS GIVEN TO APPLICANTS ENROLLED IN MARY GREELEY MEDICAL CENTER'S ON-SITE BSN PROGRAM.	
Part X	Description of Uncertain Tax Positions Under FIN 48		THE FOUNDATION ADOPTED THE ACCOUNTING GUIDANCE FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES OF ACCOUNTING STANDARDS CODIFICATION (ASC) 740 (FORMERLY FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) INTERPRETATION NO. 48) ON JULY 1, 2009. THE FOUNDATION FILES A FORM 990 (RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX) ANNUALLY. WHEN THE RETURNS ARE FILED, IT IS HIGHLY CERTAIN THAT SOME POSITIONS TAKEN WOULD BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES. THE MERITS OF THE TAX POSITION TAKEN OR THE AMOUNT OF THE POSITION THAT WOULD ULTIMATELY BE NONPROFIT ORGANIZATIONS INCLUDE SUCH MATTERS AS THE FOLLOWING: THE TAX EXEMPT STATUS OF EACH ENTITY AND VARIOUS POSITIONS RELATIVE TO POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (UBTI). UBTI IS REPORTED ON FORM 990T, AS APPROPRIATE. THE BENEFIT OF A TAX POSITION IS THE RECOGNITION DURING WHICH, BASED ON ALL AVAILABLE EVIDENCE, MANAGEMENT BELIEVES THAT IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION. THE APPLICANT MUST BE ACCEPTED IN A NURSING PROGRAM AND ENROLLED FULL-TIME IN A FOUR-YEAR ACCREDITED COLLEGE OR UNIVERSITY OR A ONE-YEAR OR TWO-YEAR COLLEGE ASSOCIATE OF ARTS OR SCIENCE PROGRAM, HAVE ACHIEVED A CUMULATIVE 3.0 GPA IN THEIR MOST RECENT LEVEL OF EDUCATION, AND DEMONSTRATE A FINANCIAL NEED. KIMBERLY A. RUSSEL ENDOWMENT IS DESIGNATED TO SUPPORT MARY GREELEY MEDICAL CENTER'S FINANCIAL ASSISTANCE FUND. KIMBERLY A. RUSSEL AUXILIARY ENDED SCHOLARSHIP SUPPORTS ONE \$500 SCHOLARSHIP TO A MARY GREELEY MEDICAL CENTER EMPLOYEE PURSUING GRADUATE LEVEL STUDY. NURSING LEGACY SCHOLARSHIP SUPPORTS ONE \$500 SCHOLARSHIP TO A MARY GREELEY MEDICAL CENTER REGISTERED NURSE PURSUING A BACHELOR OF SCIENCE OF NURSING. TO QUALIFY, THE APPLICANT MUST BE ACCEPTED AND ENROLLED INTO A BSN PROGRAM WITH AN ACCREDITED COLLEGE OR UNIVERSITY. PREFERENCE IS GIVEN TO APPLICANTS ENROLLED IN MARY GREELEY MEDICAL CENTER'S ON-SITE BSN PROGRAM.	
Part XI, Line 8 - Other Adjustments			THE FOUNDATION ADOPTED THE ACCOUNTING GUIDANCE FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES OF ACCOUNTING STANDARDS CODIFICATION (ASC) 740 (FORMERLY FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) INTERPRETATION NO. 48) ON JULY 1, 2009. THE FOUNDATION FILES A FORM 990 (RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX) ANNUALLY. WHEN THE RETURNS ARE FILED, IT IS HIGHLY CERTAIN THAT SOME POSITIONS TAKEN WOULD BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES. THE MERITS OF THE TAX POSITION TAKEN OR THE AMOUNT OF THE POSITION THAT WOULD ULTIMATELY BE NONPROFIT ORGANIZATIONS INCLUDE SUCH MATTERS AS THE FOLLOWING: THE TAX EXEMPT STATUS OF EACH ENTITY AND VARIOUS POSITIONS RELATIVE TO POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (UBTI). UBTI IS REPORTED ON FORM 990T, AS APPROPRIATE. THE BENEFIT OF A TAX POSITION IS THE RECOGNITION DURING WHICH, BASED ON ALL AVAILABLE EVIDENCE, MANAGEMENT BELIEVES THAT IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION. THE APPLICANT MUST BE ACCEPTED IN A NURSING PROGRAM AND ENROLLED FULL-TIME IN A FOUR-YEAR ACCREDITED COLLEGE OR UNIVERSITY OR A ONE-YEAR OR TWO-YEAR COLLEGE ASSOCIATE OF ARTS OR SCIENCE PROGRAM, HAVE ACHIEVED A CUMULATIVE 3.0 GPA IN THEIR MOST RECENT LEVEL OF EDUCATION, AND DEMONSTRATE A FINANCIAL NEED. KIMBERLY A. RUSSEL ENDOWMENT IS DESIGNATED TO SUPPORT MARY GREELEY MEDICAL CENTER'S FINANCIAL ASSISTANCE FUND. KIMBERLY A. RUSSEL AUXILIARY ENDED SCHOLARSHIP SUPPORTS ONE \$500 SCHOLARSHIP TO A MARY GREELEY MEDICAL CENTER EMPLOYEE PURSUING GRADUATE LEVEL STUDY. NURSING LEGACY SCHOLARSHIP SUPPORTS ONE \$500 SCHOLARSHIP TO A MARY GREELEY MEDICAL CENTER REGISTERED NURSE PURSUING A BACHELOR OF SCIENCE OF NURSING. TO QUALIFY, THE APPLICANT MUST BE ACCEPTED AND ENROLLED INTO A BSN PROGRAM WITH AN ACCREDITED COLLEGE OR UNIVERSITY. PREFERENCE IS GIVEN TO APPLICANTS ENROLLED IN MARY GREELEY MEDICAL CENTER'S ON-SITE BSN PROGRAM.	
Part XI, Line 2d - Other Adjustments			THE FOUNDATION ADOPTED THE ACCOUNTING GUIDANCE FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES OF ACCOUNTING STANDARDS CODIFICATION (ASC) 740 (FORMERLY FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) INTERPRETATION NO. 48) ON JULY 1, 2009. THE FOUNDATION FILES A FORM 990 (RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX) ANNUALLY. WHEN THE RETURNS ARE FILED, IT IS HIGHLY CERTAIN THAT SOME POSITIONS TAKEN WOULD BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES. THE MERITS OF THE TAX POSITION TAKEN OR THE AMOUNT OF THE POSITION THAT WOULD ULTIMATELY BE NONPROFIT ORGANIZATIONS INCLUDE SUCH MATTERS AS THE FOLLOWING: THE TAX EXEMPT STATUS OF EACH ENTITY AND VARIOUS POSITIONS RELATIVE TO POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (UBTI). UBTI IS REPORTED ON FORM 990T,	

**Supplemental Information Regarding  
Fundraising or Gaming Activities**
**2009****Open to Public  
Inspection**SCHEDULE G  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service

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.

Name of the organization  
Mary Greeley Medical Center Foundation

Employer identification number

23-7064009

**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

<b>a</b> <input checked="" type="checkbox"/> Mail solicitations	<b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants
<b>b</b> <input type="checkbox"/> Internet and e-mail solicitations	<b>f</b> <input checked="" type="checkbox"/> Solicitation of government grants
<b>c</b> <input type="checkbox"/> Phone solicitations	<b>g</b> <input checked="" type="checkbox"/> Special fundraising events
<b>d</b> <input checked="" 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 activities?  Yes  No

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

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total . . . . .</b>						

**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	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		<b>GALA ANNUAL BENEFIT</b> (event type)	<b>HOPE RUN</b> (event type)	<b>1</b> (total number)	
Revenue	1 Gross receipts . . .	146,560	11,361	8,625	166,546
	2 Less Charitable contributions . . .	56,849	1,716		58,565
	3 Gross income (line 1 minus line 2) . . .	89,711	9,645	8,625	107,981
Direct Expenses	4 Cash prizes . . .				
	5 Non-cash prizes . . .		352	990	1,342
	6 Rent/facility costs . . .	480			480
	7 Food and beverages . . .				
	8 Entertainment . . .				
	9 Other direct expenses . .	16,017	4,989	11,567	32,573
	10 Direct expense summary Add lines 4 through 9 in column (d) . . . . .				34,395
	11 Net income summary Combine lines 3, column d, and line 10. . . . .				73,586

**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 . . . .			3,364	3,364
Direct Expenses	2 Cash prizes . . . .				
	3 Non-cash prizes . . . .			3,663	3,663
	4 Rent/facility costs . . . .			480	480
	5 Other direct expenses . . .			339	339
	6 Volunteer labor . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 000 % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) . . . . .				4,482
	8 Net gaming income summary Combine lines 1, column d, and line 7 . . . . .				-1,118

9	Enter the state(s) in which the organization operates gaming activities	IA	Yes	No
a	Is the organization licensed to operate gaming activities in each of these states?	.....	9a	Yes
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		10a	No
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	.....	11	Yes
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	.....	12	No

	<b>Yes</b>	<b>No</b>
<b>13</b> Indicate the percentage of gaming activity operated in		
a The organization's facility . . . . .	<b>13a</b>	0 %
b An outside facility . . . . .	<b>13b</b>	100 000 %
<b>14</b> Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►	MELISSA JOHANSEN CO MARY GREELEY MEDICAL CENTER	
Address ►	1111 DUFF AVENUE AMES, IA 50010	
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<b>15a</b>	No
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c If "Yes," enter name and address		
Name ►		
Address ►		
<b>16</b> Gaming manager information		
Name ►	MELISSA JOHANSEN CO MARY GREELEY MEDICAL CENTER	
Gaming manager compensation ► \$ _____		
Description of services provided ►	DIRECTOR OF FOUNDATION WHO OVERSEES PLANNING OF THE FUNDRAISING EVENT	
<input checked="" type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> Independent contractor
<b>17</b> Mandatory distributions		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	<b>17a</b>	Yes
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ 2,523		

**Schedule I  
(Form 990)****2009****Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States**

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

► Attach to Form 990

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceName of the organization  
Mary Greeley Medical Center FoundationEmployer identification number  
23-7064009**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ►

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARY GREELEY MEDICAL CENTER1111 DUFF AVENUE AMES, IA 50010	421347891	115	33,374				SUPPORT OF MARY GREELEY MEDICAL CENTER CANCER RESOURCE CENTER
MARY GREELEY MEDICAL CENTER1111 DUFF AVENUE AMES, IA 50010	421347891	115	26,252				SUPPORT OF MARY GREELEY MEDICAL CENTER'S HOMEWARD HOME HEALTH PROGRAM AND HOME-BASED HOSPICE CARE
MARY GREELEY MEDICAL CENTER1111 DUFF AVENUE AMES, IA 50010	421347891	115	337,365				SUPPORT MARY GREELEY MEDICAL CENTER'S ISRAEL FAMILY HOSPICE HOUSE
MARY GREELEY MEDICAL CENTER1111 DUFF AVENUE AMES, IA 50010	421347891	115	753,112				SUPPORT OF MGMC'S DIABETES AND NUTRITION EDUCATION CENTER (CAPIATL CAMPAIGN)
MARY GREELEY MEDICAL CENTER1111 DUFF AVENUE AMES, IA 50010	421347891	115	37,391				SUPPORT OF MGMC'S BIRTHWAYS PROGRAM
MARY GREELEY MEDICAL CENTER1111 DUFF AVENUE AMES, IA 50010	421347891	115	100,000				SUPPORT OF MGMC'S DIABETES AND NUTRITION EDUCATION CENTER
MARY GREELEY MEDICAL CENTER1111 DUFF AVENUE AMES, IA 50010	421347891	115	16,025				SUPPORT OF STAFF EDUCATION AND EDUCATIONAL PROGRAMS AT MGMC
MARY GREELEY MEDICAL CENTER1111 DUFF AVENUE AMES, IA 50010	421347891	115	4,410				Support of other services and programs at MGMC
MARY GREELEY MEDICAL CENTER1111 DUFF AVENUE AMES, IA 50010	421347891	115	3,276				Support of MGMC's Financial Assistance program

2 Enter total number of section 501(c)(3) and government organizations . . . . . ► 1

3 Enter total number of other organizations . . . . . ► 0

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
GRAND ROUNDS MEDICAL EDUCATION PROGRAM	36	25,803			
COLLEGE SCHOLARSHIPS	6	6,500			
See Additional Data Table					

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the US	Part I, Line 2	Schedule I, Part I, Line 2 GRANTS PROVIDED SUPPORT PROGRAMS AND SERVICES OF MARY GREELEY MEDICAL CENTER A WRITTEN REQUEST FOR FOUNDATION SUPPORT IS REQUIRED, INCLUDING MULTIPLE LEVELS OF INTERNAL APPROVAL, PRIOR TO MAKING THE REQUEST TO THE FOUNDATION BOARD MONITORING ACTIVITIES INCLUDE PRESENTATIONS TO THE BOARD, PURCHASE ORDERS/INVOICES AND WRITTEN DOCUMENTATION

**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

**2009****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
**► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.**  
**► Attach to Form 990. ► See separate instructions.**

**Name of the organization**

Mary Greeley Medical Center Foundation

**Employer identification number**

23-7064009

**Part I Questions Regarding Compensation**

Yes

No

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

**a** Receive a severance payment or change-of-control payment?

No

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

No

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

No

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

No

**a** The organization?

No

**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

No

**a** The organization?

No

**b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

No

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

No

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

No

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information

Identifier	Return Reference	Explanation
Supplemental Information	Part III	THE EXECUTIVE DIRECTOR AND CFO OF THE ORGANIZATION ARE EMPLOYED BY AN AFFILIATED BUT UNRELATED ORGANIZATION, MARY GREELEY MEDICAL CENTER (MGMC) COMPENSATION REPORTED REPRESENTS TOTAL COMPENSATION FOR SERVICES PERFORMED FOR BOTH THE ORGANIZATION AND MGMC IN CONFORMITY WITH THE IRS REPORTING REQUIREMENTS ON A CALENDAR YEAR BASIS AS OF 12/31/09 EXECUTIVE DIRECTOR'S TIME IS DEDICATED 75% TO THE ORGANIZATION AND 25% TO MGMC AS DIRECTOR FOR EXTERNAL DEVELOPMENT THE CFO OF THE ORGANIZATION IS ALSO THE CFO OF MGMC THE CFO OPERATES IN A VOLUNTEER CAPACITY FOR THE ORGANIZATION MELISSA JOHANSEN AVERAGE HOURS PER WEEK DEVOTED TO MGMC - 10 HOURS MIKE TRETINA AVERAGE HOURS PER WEEK DEVOTED TO MGMC - 40 HOURS

SCHEDULE M  
(Form 990)

## NonCash Contributions

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service►Complete if the organization answered "Yes" on Form  
990, Part IV, lines 29 or 30.  
► Attach to Form 990.

2009

Open to Public  
InspectionName of the organization  
Mary Greeley Medical Center Foundation

Employer identification number

23-7064009

## Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art . . . . .	X	3	1,981	DONOR STATED VALUE
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .	X		185	DONOR STATED VALUE
5 Clothing and household goods . . . . .	X		20,378	DONOR STATED VALUE
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( <u>VARIOUS</u> ) . . . . .	X	168	76,370	DONOR STATED VALUE
26 Other ► ( _____ ) . . . . .				
27 Other ► ( _____ ) . . . . .				
28 Other ► ( _____ ) . . . . .				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .			29	

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .	30a	No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .	32a	No
b If "Yes," describe in Part II		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

**Part II**

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 23-7064009  
**Name:** Mary Greeley Medical Center Foundation

**efile GRAPHIC print - DO NOT PROCESS** **As Filed Data -** **DLN: 93493103000011**

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

**SCHEDULE O**  
(Form 990)**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
► Attach to Form 990.

**Name of the organization**  
Mary Greeley Medical Center Foundation

**Employer identification number**  
23-7064009

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 3		THE EXECUTIVE DIRECTOR AND CFO OF THE ORGANIZATION ARE EMPLOYED BY AN AFFILIATED BUT UNRELATED ORGANIZATION MARY GREELEY MEDICAL CENTER (MGMC) THE EXECUTIVE DIRECTOR'S TIME IS DEDICATED 75% TO THE ORGANIZATION AND 25% TO MGMC AS THE DIRECTOR FOR EXTERNAL RELATIONS THE CFO OF THE ORGANIZATION IS ALSO CFO OF MGMC AND OPERATES IN A VOLUNTEER CAPACITY FOR THE ORGANIZATION

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		A DRAFT COPY OF THE FORM 990 WAS REVIEWED BY THE EXECUTIVE DIRECTOR WITH THE EXTERNAL ACCOUNTANTS AND A COPY PROVIDED TO THE INVESTMENT COMMITTEE FOR REVIEW A FINAL COPY OF THE FORM 990 WAS PROVIDED TO THE FOUNDATION BOARD OF DIRECTORS FOR THE BOARD MEETING PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		AT THE BEGINNING OF EACH BOARD MEETING, THE BOARD CHAIRPERSON REVIEWS THE CONFLICT OF INTEREST POLICY AND NOTES ANY CONFLICTS THE BOARD MEMBER(S) WITH A CONFLICT OF INTEREST WILL RECUSE THEMSELVES DURING DISCUSSION OF THESE MATTERS AND ABSTAIN FROM VOTING

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		COMPENSATION OF THE DEVELOPMENT DIRECTOR IS DETERMINED BY MARY GREELEY MEDICAL CENTER MARY GREELEY MEDICAL CENTER ENGAGES AN INDEPENDENT CONSULTANT FOR DETERMINING COMPENSATION

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AUDITED FINANCIAL STATEMENTS AND FORM 990S AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
FORM 990, PART I, LINE 6		THE VOLUNTEERS ARE COMPRISED OF INDIVIDUALS THAT SERVE AS BOARD MEMBERS, COMMITTEE MEMBERS AND EVENT VOLUNTEERS

Identifier	Return Reference	Explanation
FORM 990, PART VII, LINE 5		THE EXECUTIVE DIRECTOR AND CFO OF THE ORGANIZATION ARE EMPLOYED BY AN AFFILIATED BUT UNRELATED ORGANIZATION, MARY GREELEY MEDICAL CENTER (MGMC) COMPENSATION REPORTED REPRESENTS TOTAL COMPENSATION FOR SERVICES PERFORMED FOR BOTH THE ORGANIZATION AND MGMC IN CONFORMITY WITH THE IRS REPORTING REQUIREMENTS ON A CALENDAR YEAR BASIS AS OF 12/31/09 EXECUTIVE DIRECTOR'S TIME IS DEDICATED 75% TO THE ORGANIZATION AND 25% TO MGMC AS DIRECTOR FOR EXTERNAL DEVELOPMENT THE CFO OF THE ORGANIZATION IS ALSO THE CFO OF MGMC THE CFO OPERATES IN A VOLUNTEER CAPACITY FOR THE ORGANIZATION MELISSA JOHANSEN AVERAGE HOURS PER WEEK DEVOTED TO MGMC - 10 HOURS MIKE TRETINA AVERAGE HOURS PER WEEK DEVOTED TO MGMC - 40 HOURS

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 23-7064009  
**Name:** Mary Greeley Medical Center Foundation

### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

#### 4d. Other program services

(Code ) (Expenses \$ 25,803 including grants of \$ ) (Revenue \$ )

THE GRAND ROUNDS CONTINUING MEDICAL EDUCATION PROGRAM PROVIDES QUALITY EDUCATIONAL PROGRAMS THAT SERVE THE NEEDS OF PHYSICIANS AND ADVANCE THE PRACTICE OF HEALTHCARE PROVIDERS WHO SERVE AMES AND THE SURROUNDING AREA. GRAND ROUNDS SESSIONS ARE OFFERED ON A WEEKLY BASIS, WITH AN AVERAGE OF 75 - 100 ATTENDEES INCLUDING PHYSICIANS, SPECIALISTS, HOSPITALISTS, NURSES, PARAMEDICS, PHARMACISTS, AND OTHER HEALTHCARE PROVIDERS. THE SESSIONS ARE HOSTED IN MARY GREELEY MEDICAL CENTER'S BESSIE MYERS AUDITORIUM AND ARE ALSO OFFERED VIA TELEMEDICINE TO REGIONAL MEDICAL CENTERS. MEDICAL STAFF IS ELIGIBLE TO RECEIVE UP TO ONE HOUR OF CONTINUING EDUCATION CREDIT. DURING THE PERIOD OF JULY 1, 2009 - JUNE 30, 2010, GRAND ROUNDS OFFERED 44 PROGRAMS, EDUCATED 3,009 MEDICAL PROFESSIONALS AND AWARDED 310 CME HOURS.

(Code ) (Expenses \$ 31,160 including grants of \$ ) (Revenue \$ )

THE STORY COUNTY PLANNING GRANT SUPPORTS THE EFFORTS OF THE MID IOWA QUALITY OF LIFE ALLIANCE (MIQLA) TO GAIN INSIGHT IN TO THE NEED FOR A STORY COUNTY COMMUNITY HEALTH CENTER AND TO PLAN FOR IMPLEMENTING A COMMUNITY HEALTH CENTER. BECAUSE STORY COUNTY HAS MANY UNINSURED AND UNDERINSURED PEOPLE WITHOUT ACCESS TO HEALTHCARE, THE MIQLA IS WORKING WITH THE IOWA/NEBRASKA PRIMARY CARE ASSOCIATION, THE MARY GREELEY MEDICAL CENTER FOUNDATION, THE AMES FREE CLINIC, THE IOWA PRIMARY CARE OFFICE AND OTHER COMMUNITY COLLABORATORS TO GATHER INPUT, ANALYZE DATA AND CONDUCT OUTREACH ACTIVITIES TO MOVE FORWARD WITH PLANS FOR THE COMMUNITY HEALTH CENTER. THIS PLANNING GRANT PROJECT HAS HELPED TO DETERMINE THE NEED FOR A COMMUNITY HEALTH CENTER IN THE COUNTY, THE APPROPRIATE SERVICE AREA AND TARGET POPULATION. THE PLANNING GRANT FUNDING WILL CONTINUE THROUGH AUGUST 2010.

(Code ) (Expenses \$ 25,213 including grants of \$ ) (Revenue \$ )

HOMEWARD HOSPICE OFFERS A SPECIAL KIND OF CARE FOR TERMINALLY ILL PATIENTS BY OFFERING DIGNITY, COMPASSION, COMFORT AND SYMPTOM MANAGEMENT. THE MISSION FOCUSES ON PROVIDING MEDICAL AND EMOTIONAL SUPPORT TO PATIENTS, CAREGIVERS AND FAMILIES. HOSPICE STAFF VISITS THE PATIENT WHEREVER SHE OR HE MAY BE, WHETHER AT HOME, IN THE HOSPITAL OR IN A NURSING HOME. MARY GREELEY MEDICAL CENTER'S HOME-BASED HOSPICE CARE SERVES AMES AND A 50 MILE RADIUS AROUND IT. HOMEWARD HOSPICE ALSO OFFERS BEREAVEMENT SUPPORT AND FAMILY COUNSELING. DURING THE PERIOD OF JULY 1, 2009 TO JUNE 30, 2010, STAFF SERVED 11,111 PATIENT DAYS DURING THAT SAME TIME PERIOD. PAYMENTS WERE MADE TO MARY GREELEY MEDICAL CENTER BY THE FOUNDATION, TOTALING \$25,213.

(Code ) (Expenses \$ 102,629 including grants of \$ ) (Revenue \$ )

OTHER PROGRAMS AND SERVICES INCLUDE STAFF AND COMMUNITY EDUCATION, SCHOLARSHIPS, BIRTHWAYS SERVICES, AND GENERAL SUPPORT OF MARY GREELEY MEDICAL CENTER'S PROGRAMS AND SERVICES.

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)				(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Office	Key employee Highest compensated employee			
JOHN LANGELAND PRESIDENT	1 00	X	X			0	0	0
YVONNE KINZLER PAST PRESIDENT	1 00	X	X			0	0	0
TANYA ANDERSON PRESIDENT ELECT	1 00	X	X			0	0	0
BILL BURKE SECRETARY TREASURER	1 00	X	X			0	0	0
VERLE BURGASON BOARD MEMBER	1 00	X				0	0	0
TERRY CROSS BOARD MEMBER	1 00	X				0	0	0
JON FLEMING MD BOARD MEMBER	1 00	X				0	0	0
KATHY GEOFFROY BOARD MEMBER	1 00	X				0	0	0
STEVE GOODHUE BOARD MEMBER	1 00	X				0	0	0
COLLEEN GRYTE BOARD MEMBER	1 00	X				0	0	0
STEVEN HALLBERG MD BOARD MEMBER	1 00	X				0	0	0
PHYLLIS HEFFRON BOARD MEMBER	1 00	X				0	0	0
CHARLES JONS MD BOARD MEMBER	1 00	X				0	0	0
DAN KRIEGER BOARD MEMBER	1 00	X				0	0	0
ANN MARTIN BOARD MEMBER	1 00	X				0	0	0
LEO MILLEMAN MD BOARD MEMBER	1 00	X				0	0	0
RICH OLIVE BOARD MEMBER	1 00	X				0	0	0
CAROLE OTTEMAN BOARD MEMBER	1 00	X				0	0	0
DENNIS PYLE BOARD MEMBER	1 00	X				0	0	0
AMIE ROCKOW-NELSON DDS BOARD MEMBER	1 00	X				0	0	0
SCOTT SAIENGA BOARD MEMBER	1 00	X				0	0	0
KAREN SHIRK BOARD MEMBER	1 00	X				0	0	0
JERRY SLOAN BOARD MEMBER	1 00	X				0	0	0
DON WANDLING BOARD MEMBER	1 00	X				0	0	0
SARAH BUCK MGMC BOARD OF TRUSTEES PRESIDENT	1 00	X				0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Office	Key employee	Highest compensated employee			
JOHN PASCHEN MGMC CHIEF OF STAFF	1 00	X					0	0	0
MELISSA JOHANSEN DIRECTOR, MGMC FOUNDATION	30 00			X			112,847	0	18,212
MIKE TRETINA CFO, MGMC	1 00			X			181,534	0	20,811

**Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses**

<i><b>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</b></i>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
PURCHASE SVC GENERAL	9,474	640		8,834
OTHER SUPPLIES	9,308	9,308		
SOFTWARE CONTRACT	2,342	2,342		
MAINTENANCE CONTRACT	1,670	1,670		
DUES & SUBSCRIPTIONS	934	934		