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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150 2009

Department of the Treasury

Open to Public

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Part			Addres	Use IRS JEFFERSON COUNTY HEALTH CENTER			
Second Source Sou] Name] change	print or FOUNDATION, INC.	4	2-1	469958
			Initial	Number and street (or P.O. hoy if mail is not delivered to street address) Poom/s	ute E Telo	ephone	number
City or town, state or country, and 2P+4 F. Group Exemption		F	Termi	- Specific 2000 SOUTH MAIN STREET	6	41-	472-4111
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Section 501(c)(3) organizations and 4947(a)(1) nonexcempt charitable trusts must attach a completed Schedule (Form 990 or 990-E2). Website: ►N/A Website: ■N/A Website:		\vdash	Jretum.				
Website: N N / A H Check N / A H Check M Tax-exempt status (check only one) X 501(c) (3)							
Website: ►N/A Tax-exempt tables (check only one) = X 501(c) (3) (insert no.) 4947(a)(1) or 527 required to attach Schedule 8 (en. 1991 1994; 2 1994)		,	• Sect	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-		X Cash Accrual
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Add lines 5b, 6b, and 7b, to line 9th determine gross receptist, if \$500,000 or more, the form 990 instead of Form 990-EZ		K C	heck 🕽	▶ ☐ If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally	not more	than \$2	5,000. A Form 990-EZ or
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02.08-10 LHA FOI Privacy act and Paperwork Reduction act notice see the separate instructions			71	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.			Form 990-EZ (2009)

Form **990-EZ** (2009)

JEFFERSON COUNTY HEALTH CENTER

For	n 990-EZ (2009) FOUNDATION, INC.			42-1	14699	58 Page 2
P	art III Statement of Program Service Accomplishme	nts (See the instructions for	Part III.)			penses
Wh	at is the organization's primary exempt purpose? SEE STATEMENT	r 4				r section 501(c)(3)
	scribe what was achieved in carrying out the organization's exempt pu		ise manner, descr	ا ماد) organizations and 7(a)(1) trusts, optional
the	services provided, the number of persons benefited, and other relevan	nt information for each prog	gram title.		for others)	(4), 7 2 2 3 15, 0 5 110 112
28	TO RAISE FUNDS TO SUPPORT JEFFERSON	N COUNTY HOSPI	TAL			
	(Grants \$) If this amount includes foreign	grants, check here .	•		28a	65,538.
29		-				
	(Grants \$) If this amount includes foreign	grants, check here	🕨		29a	
30						
			·			
	(Grants \$) If this amount includes foreign	grants, check here			30a	
31	Other program services (attach schedule)			-		
	(Grants \$) If this amount includes foreign	grants, check here	•		31a	
32	Total program service expenses (add lines 28a through 31a)		<u>, </u>		32	65,538.
	art IV List of Officers, Directors, Trustees, and Key B	Employees. List each one ev	en if not compensated	(See the in	structions f	or Part IV)
					tributions	
		(b) Title and average hours	(c) Compensation	, ,	nployee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		t plans &	account and other allowances
		position	-0)		erred ensation	other allowances
TC	M KUNKLE, 2000 SOUTH MAIN STREET,	MEMBER		Jones	modulon	
_	AIRFIELD, IA 52556	0.50	0.		0.	0.
	Y WEBBER, 2000 SOUTH MAIN STREET,	MEMBER	0.			- •
	AIRFIELD, IA 52556	0.50	0.		0.	0.
	ARRY PETTIT, 2000 SOUTH MAIN	VICE-PRESIDEN				
	REET, FAIRFIELD, IA 52556	0.50	ľ o.		0.	0.
			0.	 	<u> </u>	U.
	NNY HUGHES, 2000 SOUTH MAIN REET, FAIRFIELD, IA 52556	MEMBER	۸ ا		0	
		0.50	0.	-	0.	0.
	UREL WOODY, 2000 SOUTH MAIN	MEMBER	_		0	
	REET, FAIRFIELD, IA 52556	0.50	0.	 	0.	0.
	NEE REBLING, 2000 SOUTH MAIN	MEMBER	_		^	
	REET, FAIRFIELD, IA 52556	0.50	0.	-	0.	0.
	ORIAN DICKEY, 2000 SOUTH MAIN	PRESIDENT			^	
_	REET, FAIRFIELD, IA 52556	0.50	0.		0.	0.
	ARB MC MAHON, 2000 SOUTH MAIN	SECRETARY			•	۱ .
	REET, FAIRFIELD, IA 52556	0.50	0.		0.	0.
	B CARDIN, 2000 SOUTH MAIN STREET,	MEMBER			•	
	AIRFIELD, IA 52556	0.50	0.		0.	0.
	RAIG FOSS, 2000 SOUTH MAIN STREET,	MEMBER			•	
	AIRFIELD, IA 52556	0.50	0.	_	0.	0.
_	EN DAILY, 2000 SOUTH MAIN STREET,	MEMBER			_	
<u>F</u> /	AIRFIELD, IA 52556	0.50	0.	ļ	0.	0.
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665	170		L	<u> </u>		<u> </u>
932 02-0	172 18-10				Form	990-EZ (2009)

Page 3

	Other Information (Note the statement requirements in the instructions for Part					,
	•				Yes	+
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed des	cription of e	ach activity	. 33_		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the	ie changes		34	<u></u>	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (amoi	ng others), l	out not		İ	
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on F	orm 990-T.		ļ	_	l
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6	033(e) notic	ce, reporting,	1		
	and proxy tax requirements?			35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?			35b	N/	Α
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets of	during the ye	ear? If "Yes,"			
	complete applicable parts of Sch. N			36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a		0.		Ī
b	Did the organization file Form 1120-POL for this year?			37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or we	ere any such	loans made			Ι.
	in a prior year and still outstanding at the end of the period covered by this return?			38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A			
39	Section 501(c)(7) organizations. Enter:				· -	, •
a	Initiation fees and capital contributions included on line 9	39a	N/A			
ь	Gross receipts, included on line 9, for public use of club facilities	39b	N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	,				,,,
	section 4911 ▶ 0 . ; section 4912 ▶ 0 . ; section 4955	5 >	0.	15 d 15 d 16 - 2		1.1
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess ber	-		1 2 2		, "
	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year,		-	3 382		· ·
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule			40ь		x
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	-,			ر الاح. المالية	1 (
	or disqualified persons during the year under sections 4912, 4955, and 4958	•	0	. -	1 1	, 15 5 45 - 74
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the	-		-	*	
	organization	•	0		- 1	\$-5°
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	-				1
	transaction? If "Yes," complete Form 8886-T			40e		X
41	List the states with which a copy of this return is filed. NONE					
42 a	The organization's books are in care of ►GINNY HUGHES	Teleph	one no. ► 641-	472-4	111	
	Located at ► 2000 SOUTH MAIN STREET, FAIRFIELD, IA		ZIP+4 ▶			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authorit	γ				
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	•			Yes	No
	account)?			42b		X
	If "Yes," enter the name of the foreign country:			نان الله	13 134	s ar
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	and Financ	ial Accounts.	_	1	rarr.
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?			42c	~~~	X
	If "Yes," enter the name of the foreign country:					
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			-	•	\square
	and enter the amount of tax-exempt interest received or accrued during the tax year		▶ 43	N/A		
			10		•	
					Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of					1
• •	Form 990-EZ			44		<u>~</u>
				44		 ^
45		If "Vec " For	m 990 must be			
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? completed instead of Form 990-EZ	If "Yes," For	m 990 must be	45		X

	organizations and section 4947(a)(1) nonexempt charitable and 51.	e trusts must answer questio	ns 46-49b and con	nplete the tables	for	lines 5	5 0
46 Di	id the organization engage in direct or indirect political campaign activities	s on behalf of or in opposition to	candidates for public			Yes	No
of	ffice? If "Yes," complete Schedule C, Part I				46		Х
47 Di	id the organization engage in lobbying activities? If "Yes," complete Sc	hedule C, Part II		. [47		X
48 Is	the organization a school as described in section 170(b)(1)(A)(ii)? If "Ye	es," complete Schedule E			48		X
49a Di	id the organization make any transfers to an exempt non-charitable relate	d organization?			49a		X
b If	"Yes," was the related organization a section 527 organization?				49b		
	omplete this table for the organization's five highest compensated employ ian \$100,000 of compensation from the organization. If there is none, ent		s, trustees and key en	nployees) who ead	ch red	erved (more
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	e (e	e) Expe count r allow	
51 Co	otal number of other employees paid over \$100,000 complete this table for the organization's five highest compensated independent on the second state of the second		ved more than \$100,	·		om the	
d To	Under penalties of perjury, I declare that I have examined this return, including correct, and complete Declaration of preparer (other than officer) is based on all Signature of officer. GLOOV HV6h65 H0501+41	accompanying schedules and statemen	knowledge	//-//~	f, it is	true,	
Paid Prepare	Preparer's signature Oamo O Henritur CPA	Date (1) Che	ck if self-	arer's identifying nun	nber (S	ee ınstr)
Use Onl	DENMAN C COMPANY LLD						
	Firm's name (or yours DENMAN & COMPANY, LLP	TT 400	EIN D				
	d self-employed), 1601 22ND STREET, SUIT		Phone no.	•	2 -	0.4	00
Moss 45 -	MEST DES MOTRES, IN 30	0266-1453		(515)2	_		$\overline{}$
iviay the	IRS discuss this return with the preparer shown above? See instructions	<u> </u>		<u> </u>			No
				For	m 99	90-EZ	(2009)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Inspection Name of the organization **Employer identification number** JEFFERSON COUNTY HEALTH CENTER FOUNDATION, INC. 42-1469958 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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). 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 **b** ___ Type II c Type III - Functionally integrated a ____ Type I d Type III · Other 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). 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 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, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii h Provide the following information about the supported organization(s) (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization organization in col. in col. (i) listed in your organization in col. organization support (i) organized in the (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions))

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (c) 2007 **(b)** 2006 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 17,664. 18,405 15,775 include any "unusual grants.") 39,848 73,369. 165,061. 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 18,405 17,664 15,775 39,848 73,369. 165,061. 4 Total, Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, £ 53 column (f) 39,309. , 15 m CEPE. 6 Public support. Subtract line 5 from line 125,752. Section B. Total Support (c) 2007 (a) 2005 (b) 2006 (d) 2008 Calendar year (or fiscal year beginning in) (e) 2009 (f) Total 18,405. 17,664 15,775 39,848. 73,369 165,061. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 6,109 10,145 14,601 27,030 7,493. and income from similar sources 65,378. Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital 797 assets (Explain in Part IV) .100 2,428 2,259 8,584. -K 1803 10 45, 55-239,023. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 31,505. 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 52.61 14 % 45.27 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization $\triangleright X$ b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ightharpoons17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

Schedule A (Form 990 or 990-EZ) 2009

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Or Section A. Public Support	gamzauons	Described in	Section 509(a	(Complete on	ly if you checked the bo	ox on line 9 of Part
Calendar year (or fiscal year beginning in)	(a) 2005	(h) 2006	(-) 2007	/-n 2000	(-) 0000	(0.T.)
	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not						
include any "unusual grants ")						
· · · · · · · · · · · · · · · · · · ·						
2 Gross receipts from admissions, merchandise sold or services per-						
formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities			1			
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						-
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b		-		 		
· · ·	*		· (2) - 42 - 42 - 4 - 7	2 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	32 199 65 67	
8 Public support (Subtract line 7c from line 6) Section B. Total Support	the action to the	1 . 3 ^	3 1372-94 BE 2514 5.1	758 274. 1 dg"	19185-57,3-77	
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	(4) 2000	(6) 2000	(6) 2001	(4) 2000	(e) 2003	(I) IO(a)
10a Gross income from interest,				 		···-
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income			1			
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b			ļ			
11 Net income from unrelated business activities not included in line 10b.						
whether or not the business is				1	ľ	
regularly carried on						
12 Other income Do not include gain or loss from the sale of capital					İ	
assets (Explain in Part IV.)				1		
13 Total support (Add lines 9, 10c, 11, and 12)						-
14 First five years. If the Form 990 is for the	ne organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sect	ion 501(c)(3) organiz	ation,
check this box and stop here						
Section C. Computation of Public	Support Pe	rcentage				
15 Public support percentage for 2009 (lin	e 8, column (f) d	ivided by line 13,	column (f))		15	9
16 Public support percentage from 2008 S	chedule A, Part	III, line 15	•		16	9
Section D. Computation of Invest	ment Incom	e Percentage)			
17 Investment income percentage for 2009	9 (line 10c, colur	nn (f) divided by li	ne 13, column (f))		17	9
49 Investment income percentage from 00	08 Schedule A,	Part III, line 17		•	18	9
18 Investment income percentage from 20	=	•	on line 14, and lin	e 15 is more than		
. •	rganization did r	not check the box				
19a 33 1/3% support tests - 2009. If the o				supported organi	zation	▶
19a 33 1/3% support tests - 2009. If the omore than 33 1/3%, check this box and	stop here. The	organization qual	rfies as a publicly s			▶ □
19a 33 1/3% support tests - 2009. If the o more than 33 1/3%, check this box and b 33 1/3% support tests - 2008. If the o	d stop here. The rganization did n	organization qual not check a box or	ifies as a publicly s n line 14 or line 19	a, and line 16 is n	nore than 33 1/3%, a	and
19a 33 1/3% support tests - 2009. If the omore than 33 1/3%, check this box and	d stop here. The rganization did n k this box and s t	organization qual not check a box or cop here. The orga	ifies as a publicly s n line 14 or line 19 anization qualifies a	a, and line 16 is n as a publicly supp	nore than 33 1/3%, a ported organization	and

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1		
DESCRIPTION		AMOUNT		
CONTRIBUTIONS OTHER PROGRAMS ADVERTISING CRUTCHES NURSING STUDENT OFFICE SUPPLIES	56,988. 1,764. 702. 266. 4,902. 916.			
TOTAL TO FORM 990-EZ, LINE 16		65,538.		
FORM 990-EZ	OTHER REVENUE	STATEMENT 2		
DESCRIPTION		AMOUNT		
CRUTCHES TUITON REIMBURSEMENT		440. 1,819.		
TOTAL TO FORM 990-EZ, LINE 8		2,259.		

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	:	STATEMEN'	r 3
DIRECTLY OF	SANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL STRACT?	[] YES [X] NO
-	SANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?.	. [] YES (X] NO

990-EZ PG 2

STATEMENT 4

TO RECEIVE CONTRIBUTIONS AND GIFTS AND TO DISBURSE FUNDS TO ASSIST IN SUPPORTING JEFFERSON COUNTY HOSPITAL, JEFFERSON COUNTY, IOWA.