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2010

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Inspection

Form 990

Department of the Treasury  
Internal Revenue Service

## 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 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

C Name of organization  
MARY GREELEY MEDICAL CENTER FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address)  
1111 DUFF AVENUE

Room/suite

City or town, state or country, and ZIP + 4  
AMES, IA 50010F Name and address of principal officer  
MELISSA JOHANSEN  
1111 DUFF AVENUE  
AMES, IA 50010H(a) Is this a group return for affiliates?  Yes  NoH(b) Are all affiliates included?  Yes  No  
If "No," attach a list (see instructions)

H(c) Group exemption number ►

I Tax-exempt status  501(c)(3)  501(c) ( ) (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 individuals employed in calendar year 2010 (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	80
7a Total 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)	738,722	1,544,565
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,011	474,231
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	102,655	94,791
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	844,388	2,113,587

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,346,340	710,307
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	260,083	244,284
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ► 139,568		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	96,283	77,611
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,702,706	1,032,202
19 Revenue less expenses Subtract line 18 from line 12	-858,318	1,081,385

Beginning of Current Year	End of Year
9,473,654	12,078,867
176,110	169,272
9,297,544	11,909,595

## 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	2012-03-29 Date
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Paid Preparer Use Only	Print/Type preparer's name VIRGINIA M STRIEGEL	Preparer's signature VIRGINIA M STRIEGEL	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ► MCGLADREY & PULLEN LLP				Firm's EIN ►
	Firm's address ► 400 LOCUST ST STE 640 DES MOINES, IA 503092354				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**Check if Schedule O contains a response to any question in this Part III  **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

**4a (Code ) (Expenses \$ 316,576 including grants of \$ 316,576 ) (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 GIFTS TO THE FRANK AND BESSIE STRATHMAN ENDOWMENT AND OTHER FUNDS. THE FOUNDATION PROVIDES ONGOING SUPPORT FOR ISRAEL FAMILY HOSPICE HOUSE. THE HOSPICE HOUSE STAFF PROVIDES INPATIENT HOSPICE SERVICES TO PATIENTS AND THEIR FAMILIES, RESPITE CARE FOR PATIENTS, AS WELL AS BEREAVEMENT SERVICES. DURING THE PERIOD OF JULY 1, 2010 TO JUNE 30, 2011, STAFF AND VOLUNTEERS SERVED 1,411 PATIENT DAYS. DURING THAT SAME TIME PERIOD, PAYMENTS WERE MADE TO MARY GREELEY MEDICAL CENTER BY THE FOUNDATION, TOTALING \$316,576 SUPPORTING PROGRAM, EDUCATION AND OPERATIONAL EXPENSES.

**4b (Code ) (Expenses \$ 131,738 including grants of \$ 131,738 ) (Revenue \$ )**

THE DIABETES AND NUTRITION EDUCATION CENTER IS ONE OF THE MOST COMPREHENSIVE RESOURCES FOR DIABETES INFORMATION AND EDUCATION IN CENTRAL IOWA. SUPPORTED BY GIFTS TO THE FOUNDATION, THE DIABETES AND NUTRITION EDUCATION CENTER IS A VALUABLE RESOURCE FOR PEOPLE WITH DIABETES, PREDIABETES, CELIAC DISEASE, EATING DISORDERS AND OTHER NUTRITIONAL CONCERN. STAFF MEMBERS PROVIDE THE EDUCATION AND SUPPORT NEEDED TO SELF-MANAGE DISEASE AND MAINTAIN A HEALTHY LIFESTYLE. DURING THE PERIOD OF JULY 1, 2010 - JUNE 30, 2011 STAFF AND VOLUNTEERS SERVED 1,183 PATIENTS DURING 2,908 VISITS. DURING THE SAME PERIOD, PAYMENTS WERE MADE FROM THE FOUNDATION TO MARY GREELEY MEDICAL CENTER TOTALING \$131,738 SUPPORTING PROGRAM, EDUCATIONAL AND OPERATIONAL EXPENSES.

**4c (Code ) (Expenses \$ 35,214 including grants of \$ 35,214 ) (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 GIFTS TO THE FOUNDATION, THE CANCER RESOURCE CENTER OFFERS A LIBRARY, A FULL SERVICE BOUTIQUE WITH A COMPLIMENTARY WIG PROGRAM FOR PATIENTS, GENETIC RISK EDUCATION, SUPPORT GROUPS AND EDUCATIONAL PROGRAMS. DURING THE PERIOD OF JULY 1, 2010 - JUNE 30, 2011, STAFF AND VOLUNTEERS SERVED 2,490 INDIVIDUALS. DURING THE SAME PERIOD, PAYMENTS WERE MADE FROM THE FOUNDATION TO MARY GREELEY MEDICAL CENTER TOTALING \$35,214.

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

(Expenses \$ 248,120 including grants of \$ 226,779 ) (Revenue \$ )

**4e Total program service expenses \$ 731,648**

**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 (see instruction)?

**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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.

**5** Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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** If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

**a** Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.

**b** 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.

**c** 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.

**d** 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.

**e** Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.

**f** 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 (ASC 740)? If "Yes," complete Schedule D, Part XI.

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

**b** Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then 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, Parts I and IV.

**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, Parts II and IV.

**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, Parts III and IV.

**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 (see instructions)

**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.

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

**b** If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

	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>11a</b>		No
<b>11b</b>		No
<b>11c</b>		No
<b>11d</b>		No
<b>11e</b>	Yes	
<b>11f</b>	Yes	
<b>12a</b>	Yes	
<b>12b</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>20a</b>		No
<b>20b</b>		

**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 lines 24b-24d and complete Schedule K. If "No," go to line 25	24a	No	
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
24c	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		
24d	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	
25b	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	
28b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	No	
28c	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	No	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	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	32	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	33	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	34	No	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	No	
36	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	36	No	
37	<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	
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	38	Yes	

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

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	12
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	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	2a	0
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	
<p><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
<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)?	4a	No
<b>b</b>	If "Yes," enter the name of the foreign country ► See instructions for 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?	5a	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
<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?	6a	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7a	Yes
<b>a</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?	7b	Yes
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7e	No
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
<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?	9a	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>	9b	
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter	10a	
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10b	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter	11a	
<b>a</b>	Gross income from members or shareholders	11b	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	13a	
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state?		
<p><b>Note.</b> See the instructions for additional information the organization must report on Schedule O</p>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

**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.

Check if Schedule O contains a response to any question in this Part VI

### Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year . . . . .

1b Enter the number of voting members included in line 1a, above, who are independent . . . . .

2 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? . . . . .

3 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? . . . . .

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .

5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .

6 Does the organization have members or stockholders? . . . . .

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .

b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body? . . . . .

b Each committee with authority to act on behalf of the governing body? . . . . .

9 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 . . . . .

	Yes	No
1a		26
1b		26
2		No
3	Yes	
4		No
5		No
6		No
7a		No
7b		No
8a	Yes	
8b	Yes	
9		No

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

10a Does the organization have local chapters, branches, or affiliates? . . . . .

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? . . . . .

11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .

b Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .

12a Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .

b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .

c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .

13 Does the organization have a written whistleblower policy? . . . . .

14 Does the organization have a written document retention and destruction policy? . . . . .

15 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?

a The organization's CEO, Executive Director, or top management official . . . . .

b Other officers or key employees of the organization . . . . .

If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )

16a 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 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? . . . . .

	Yes	No
10a		No
10b		
11a	Yes	
12a	Yes	
12b	Yes	
12c	Yes	
13	Yes	
14	Yes	
15a		No
15b		No
16a		No
16b		

### 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 ►  
 CFO CONTROLLER  
 1111 DUFF AVENUE  
 AMES, IA 50010  
 (515) 239-2011

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

 Check if Schedule O contains a response to any question in this Part VII 
**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.

• 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, if any. 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, and 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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	
		Or director	Individual trustee	Institutional Trustee	Officer	Key employee	Highest compensated employee			
(1) TANYA ANDERSON PRESIDENT	1 00	X		X				0	0	0
(2) JOHN LANGELAND PAST PRESIDENT	1 00	X		X				0	0	0
(3) LEO MILLEMAN MD PRESIDENT ELECT	1 00	X		X				0	0	0
(4) ANN MARTIN SECRETARY TREASURER	1 00	X		X				0	0	0
(5) VERLE BURGASON BOARD MEMBER	1 00	X						0	0	0
(6) TERRY CROSS BOARD MEMBER	1 00	X						0	0	0
(7) JON FLEMING MD BOARD MEMBER	1 00	X						0	0	0
(8) KATHY GEOFFROY BOARD MEMBER	1 00	X						0	0	0
(9) STEVE GOODHUE BOARD MEMBER	1 00	X						0	0	0
(10) STEVEN HALLBERG MD BOARD MEMBER	1 00	X						0	0	0
(11) PHYLLIS HEFFRON BOARD MEMBER	1 00	X						0	0	0
(12) CHARLES JONS MD BOARD MEMBER	1 00	X						0	0	0
(13) RICH OLIVE BOARD MEMBER	1 00	X						0	0	0
(14) CAROLE OTTEMAN BOARD MEMBER	1 00	X						0	0	0
(15) DENNIS PYLE BOARD MEMBER	1 00	X						0	0	0
(16) AMIE ROCKOW-NELSON DDS BOARD MEMBER	1 00	X						0	0	0

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O )	(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	Officer	Key employee	Highest compensated employee			
(17) SCOTT SAIENGA BOARD MEMBER	1 00	X					0	0	0
(18) KAREN SHIRK BOARD MEMBER	1 00	X					0	0	0
(19) JERRY SLOAN BOARD MEMBER	1 00	X					0	0	0
(20) DON WANDLING BOARD MEMBER	1 00	X					0	0	0
(21) SARAH BUCK MGMC BOARD OF TRUSTEES PRESIDENT	1 00	X					0	0	0
(22) JOHN PASCHEN MGMC CHIEF OF STAFF	1 00	X					0	0	0
(23) DEB FENNELLY BOARD MEMBER	1 00	X					0	0	0
(24) JEFFERY JOHNSON BOARD MEMBER	1 00	X					0	0	0
(25) YVONNE KINZLER BOARD MEMBER	1 00	X					0	0	0
(26) THOMAS POHLMAN BOARD MEMBER	1 00	X					0	0	0
(27) MELISSA JOHANSEN EXECUTIVE DIRECTOR, MGMC FOUNDATION	30 00			X			115,107	0	14,462
(28) MICHAEL TRETINA MGMC CFO	1 00			X			275,963	0	35,101
<b>1b Sub-Total</b>									
<b>c Total from continuation sheets to Part VII, Section A</b>									
<b>d Total (add lines 1b and 1c)</b>							391,070	0	49,563

**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 or individual 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		
Contributions, gifts, grants and other similar amounts	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	91,588				
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,452,977				
	<b>g</b> Noncash contributions included in lines 1a-1f \$		105,790				
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .		►	1,544,565			
Program Service Revenue		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 . . . . .		►				
Other Revenue	<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . .						
			►	212,216		212,216	
	<b>4</b> Income from investment of tax-exempt bond proceeds		►				
	<b>5</b> Royalties . . . . .		►				
		(I) Real	(II) Personal				
	<b>6a</b> Gross Rents						
	<b>b</b> Less rental expenses						
	<b>c</b> Rental income or (loss)						
<b>d</b> Net rental income or (loss) . . . . .		►					
Other Revenue	<b>7a</b> Gross amount from sales of assets other than inventory	(I) Securities	(II) Other				
		4,706,356					
	<b>b</b> Less cost or other basis and sales expenses	4,444,341					
	<b>c</b> Gain or (loss)	262,015					
	<b>d</b> Net gain or (loss) . . . . .		►	262,015		262,015	
	<b>8a</b> Gross income from fundraising events (not including \$ 91,588 of contributions reported on line 1c) See Part IV, line 18 . . . . .						
	<b>a</b>	113,587					
	<b>b</b> Less direct expenses . . . . .	52,212					
<b>c</b> Net income or (loss) from fundraising events . . . . .		►	61,375		61,375		
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>	8,911					
<b>b</b> Less direct expenses . . . . .	<b>b</b>	5,866					
<b>c</b> Net income or (loss) from gaming activities . . . . .		►	3,045		3,045		
<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 DB POWERSHARES		900099				30,371	
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue . . . . .							
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .		►	30,371				
<b>12</b> <b>Total revenue.</b> See Instructions . . . . .		►	2,113,587	0	0	569,022	

**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	689,552	689,552		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	20,755	20,755		
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 . . .	100,797		18,143	82,654
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	112,792		66,851	45,941
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	14,888		13,399	1,489
9 Other employee benefits . . .				
10 Payroll taxes . . . . .	15,807		6,323	9,484
a Fees for services (non-employees) Management . . . . .				
b Legal . . . . .				
c Accounting . . . . .	2,870		2,870	
d Lobbying . . . . .				
e Professional fundraising services See Part IV, line 17 . . .				
f Investment management fees . . . . .				
g Other . . . . .	44,549		44,549	
12 Advertising and promotion . . .				
13 Office expenses . . . . .	23,140	14,289	8,851	
14 Information technology . . . . .	3,244	3,244		
15 Royalties . . .				
16 Occupancy . . . . .				
17 Travel . . . . .	262	262		
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 (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a DUES & SUBSCRIPTIONS	1,355	1,355		
b MAINTENANCE CONTRACT	1,276	1,276		
c STAFF T & T	915	915		
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	1,032,202	731,648	160,986	139,568
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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
Assets	1 Cash—non-interest-bearing . . . . .	1	
	2 Savings and temporary cash investments . . . . .	181,834	232,606
	3 Pledges and grants receivable, net . . . . .	287,956	875,603
	4 Accounts receivable, net . . . . .	4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L . . . . .	6	
	7 Notes and loans receivable, net . . . . .	7	
	8 Inventories for sale or use . . . . .	8	
	9 Prepaid expenses and deferred charges . . . . .	9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	
	b Less accumulated depreciation . . . . .	10b	10c
	11 Investments—publicly traded securities . . . . .	9,000,622	11
	12 Investments—other securities See Part IV, line 11 . . . . .	12	
	13 Investments—program-related See Part IV, line 11 . . . . .	13	
	14 Intangible assets . . . . .	14	
	15 Other assets See Part IV, line 11 . . . . .	3,242	15
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	9,473,654	16
			12,078,867
Liabilities	17 Accounts payable and accrued expenses . . . . .	17	
	18 Grants payable . . . . .	18	
	19 Deferred revenue . . . . .	19	
	20 Tax-exempt bond liabilities . . . . .	20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D . . . . .	21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .	22	
	23 Secured mortgages and notes payable to unrelated third parties . . . . .	23	
	24 Unsecured notes and loans payable to unrelated third parties . . . . .	24	
	25 Other liabilities Complete Part X of Schedule D . . . . .	176,110	25
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	176,110	26
			169,272
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
	27 Unrestricted net assets . . . . .	2,190,371	27
	28 Temporarily restricted net assets . . . . .	6,864,415	28
	29 Permanently restricted net assets . . . . .	242,758	29
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>		
	30 Capital stock or trust principal, or current funds . . . . .	30	
	31 Paid-in or capital surplus, or land, building or equipment fund . . . . .	31	
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .	32	
	33 Total net assets or fund balances . . . . .	9,297,544	33
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	9,473,654	34
			12,078,867

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,113,587
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,032,202
3	Revenue less expenses Subtract line 2 from line 1	3	1,081,385
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,297,544
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,530,666
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	11,909,595

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII 

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? <input type="checkbox"/>	2a	No
2b Were the organization's financial statements audited by an independent accountant? <input type="checkbox"/>	2b	Yes
2c 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 <input type="checkbox"/>	2c	Yes
2d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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? <input type="checkbox"/>	3a	No
3b 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 <input type="checkbox"/>	3b	

**SCHEDULE A**  
(Form 990 or 990EZ)**Public Charity Status and Public Support****2010****Open to Public  
Inspection****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 described in **section 170(b)(1)(A)(i)**.

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

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

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

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

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

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

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

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

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

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

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?

	<b>Yes</b>	<b>No</b>
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

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

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,092,297	746,686	1,180,434	738,722	1,544,565	5,302,704
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	1,092,297	746,686	1,180,434	738,722	1,544,565	5,302,704
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)						549,909
6 <b>Public Support.</b> Subtract line 5 from line 4						4,752,795

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	1,092,297	746,686	1,180,434	738,722	1,544,565	5,302,704
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	161,531	217,582	223,533	180,895	242,587	1,026,128
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
11 <b>Total support</b> (Add lines 7 through 10)						6,328,832
12 Gross receipts from related activities, etc (See instructions )					12	388,615

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 2010 (line 6 column (f) divided by line 11 column (f))	14	75 100 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	78 750 %
16a <b>33 1/3% support test—2010.</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—2009.</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—2010.</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—2009.</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 Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> 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 section 501(c)(3) organization, check this box and <b>stop here</b> ►						

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

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16 Public support percentage from 2009 Schedule A, Part III, line 15	16

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18
<b>19a 33 1/3% support tests—2010.</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—2009.</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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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### **Facts And Circumstances Test**

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## 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 \$ 18,512 including grants of \$ 18,512 ) (Revenue \$ )

THE WILLIAM R BLISS CANCER CENTER OFFERS PATIENTS IN CENTRAL IOWA THE BEST CANCER CARE AVAILABLE, CLOSE TO HOME THE CANCER CENTER PROVIDES MULTIDISCIPLINARY, INTEGRATED AND COMPREHENSIVE ONCOLOGY SERVICES USING INNOVATIVE, HIGH-TECH DIAGNOSTIC TREATMENTS GIFTS TO THE FOUNDATION SUPPORT THE NEEDS ON THE INPATIENT ONCOLOGY UNIT, RADIATION ONCOLOGY, AND THE CANCER RESOURCE CENTER, AS WELL AS NUMEROUS COMMUNITY EDUCATION AND SCREENING PROGRAMS SUPPORT FROM THE FOUNDATION DURING THE PERIOD OF JULY 1, 2010 - JUNE 30, 2011 TOTALS \$18,512

(Code ) (Expenses \$ 16,147 including grants of \$ 16,147 ) (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 THEY 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 COMMUNITIES WITHIN A 50 MILE RADIUS HOMEWARD HOSPICE ALSO OFFERS BEREAVEMENT SUPPORT AND FAMILY COUNSELING DURING THE PERIOD OF JULY 1, 2010 TO JUNE 30, 2011, STAFF SERVED 9,461 PATIENT DAYS DURING THAT SAME TIME PERIOD, PAYMENTS WERE MADE TO MARY GREELEY MEDICAL CENTER BY THE FOUNDATION, TOTALING \$16,147

(Code ) (Expenses \$ 18,475 including grants of \$ 18,475 ) (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, IN THE MARY GREELEY MEDICAL CENTER'S BESSIE MYERS AUDITORIUM, WITH AN AVERAGE ATTENDANCE OF 75 - 100 PHYSICIANS, SPECIALISTS, HOSPITALISTS, NURSES, PARAMEDICS, PHARMACISTS, AND OTHER HEALTHCARE PROVIDERS MEDICAL STAFF MEMBERS ARE ELIGIBLE TO RECEIVE UP TO ONE HOUR OF CONTINUING MEDICAL EDUCATION (CME) CREDIT PER PROGRAM DURING THE PERIOD OF JULY 1, 2010 - JUNE 30, 2011, THE FOUNDATION MADE HONORARIUM PAYMENTS TOTALING \$18,475, SUPPORTING 44 GRAND ROUNDS PROGRAMS, EDUCATING 3,295 MEDICAL PROFESSIONALS AND AWARDING 330 CME CREDIT HOURS

(Code ) (Expenses \$ 194,986 including grants of \$ 173,645 ) (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

**SCHEDULE C**  
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities****2010****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.

**Open to Public  
Inspection**

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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, Part V, line 35a (Proxy Tax), then

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

Name of the organization MARY GREELEY MEDICAL CENTER FOUNDATION	Employer identification number 23-7064009
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**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 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments 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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

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

<b>A</b> Check <input type="checkbox"/> if the filing organization belongs to an affiliated group	<b>B</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) 2007</b>	<b>(b) 2008</b>	<b>(c) 2009</b>	<b>(d) 2010</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		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities? If "Yes," describe in Part IV		No	
<b>j</b> Total lines 1c through 1i			0
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**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 11. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
EXPLANATION OF OTHER LOBBYING ACTIVITIES	PART II-B, LINE 1I	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

2010

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      d  Loan or exchange programs  
 b  Scholarly research      e  Other  
 c  Preservation for future generations

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

	Amount
1c	
1d	
1e	
1f	

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.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance . . . . .	8,297,854	7,903,298	9,467,865		
b Contributions . . . . .	71,408	101,297	805,905		
c Investment earnings or losses . . . . .	1,408,466	1,300,671	-1,970,251		
d Grants or scholarships . . . . .	3,000	757,500	6,000		
e Other expenditures for facilities and programs . . . . .	264,305	249,912	394,221		
f Administrative expenses . . . . .	208,864				
g End of year balance . . . . .	9,301,559	8,297,854	7,903,298		

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

a Board designated or quasi-endowment ► 96 240 %

b Permanent endowment ► 3 760 %

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

	Yes	No
3a(i) unrelated organizations . . . . .	Yes	
3a(ii) related organizations . . . . .		No

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.

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

<b>(a) Description of security or category (including name of security)</b>	<b>(b) Book value</b>	<b>(c) Method of valuation Cost or end-of-year market value</b>
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
<b>Total</b> (Column (b) should equal Form 202, Part X, col (B), line 12.)		

**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

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

**Part X Other Liabilities.** See Form 990, Part X, line 25.

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b> 1,032,202
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b> 1,081,385
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b> 1,561,037
<b>5</b>	Donated services and use of facilities	<b>5</b>
<b>6</b>	Investment expenses	<b>6</b>
<b>7</b>	Prior period adjustments	<b>7</b>
<b>8</b>	Other (Describe in Part XIV)	<b>8</b> -30,371
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b> 1,530,666
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b> 2,612,051

<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV)	<b>4b</b>	136,161
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	136,161
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 )	<b>5</b>	2,113,587

## **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 1, Part V, line 4, Part V, Part VI, line 2, Part VII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	FRANK AND BESSIE STRATHMAN ENDOWMENT SUPPORTS THE ONGOING OPERATION OF THE ISRAEL FAMILY HOSPICE HOUSE. THE HOSPICE HOUSE INCLUDES 12 PRIVATE ROOMS AND PROVIDES INPATIENT HOSPICE SERVICES TO PATIENTS AND THEIR FAMILIES AS WELL AS RESPIRE 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 OF AMES HIGH SCHOOL.

CANCER CENTER, ONE OF THE MOST COMPREHENSIVE RESOURCES OF INFORMATION AND SUPPORT FOR CANCER PATIENTS, THEIR FAMILIES AND MEMBERS. THE COMMUNITY SUPPORTED BY GIFTS TO THE FOUNDATION, THE CANCER RESOURCE CENTER OFFERS A LIBRARY, A FULL SERVICE BOUTIQUE WITH A

		COMPLIMENTARY WIG PROGRAM, GENETIC RISK EDUCATION, SUPPORT GROUPS AND EDUCATIONAL PROGRAMS HELEN SIDLES UNDERGRADUATE NURSING SCHOLARSHIP ENDOWMENT 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 AUXILIARY ENDOWED 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 ANN CARR AUXILIARY ENDOWED SCHOLARSHIP SUPPORTS ONE 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 LINDA K DASHER AUXILIARY ENDOWED SCHOLARSHIP SUPPORTS ONE 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 ENDOWMENT SUPPORTS EDUCATION, OPERATIONAL EXPENSES AND CAPITAL NEEDS FOR THE MARY GREELEY MEDICAL CENTER DIABETES AND NUTRITION EDUCATION CENTER THE DIABETES AND NUTRITION EDUCATION CENTER IS A RESOURCE FOR PEOPLE WITH DIABETES, PRE-DIABETES, CELIAC DISEASE, EATING DISORDERS AND OTHER NUTRITIONAL CONCERN 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 ENDOWED 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 THE ORGANIZATION ADJUSTED THE PRIOR YEAR BALANCE TO REPORT AT FAIR MARKET VALUE WHICH IS CONSISTENT WITH FINANCIAL STATEMENT REPORTING THE NET INVESTMENT EARNINGS, GAINS, LOSSES AMOUNT REPORTED IN COLUMN B INCLUDES A FAIR MARKET VALUE ADJUSTMENT OF 1,698,445
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	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, WHILE OTHERS ARE SUBJECT TO UNCERTAINTY ABOUT THE MERITS OF THE TAX POSITION TAKEN OR THE AMOUNT OF THE POSITION THAT WOULD ULTIMATELY BE SUSTAINED. EXAMPLES OF TAX POSITIONS COMMON TO 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 RECOGNIZED IN THE FINANCIAL STATEMENTS IN THE PERIOD DURING WHICH, BASED ON ALL AVAILABLE EVIDENCE, MANAGEMENT BELIEVES THAT IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING THE RESOLUTION OF APPEALS OR LITIGATION PROCESSES, IF ANY. TAX POSITIONS ARE NOT OFFSET OR AGGREGATED WITH OTHER POSITIONS. TAX POSITIONS THAT MEET THE "MORE LIKELY THAN NOT" RECOGNITION THRESHOLD ARE MEASURED AS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS MORE THAN 50% LIKELY TO BE REALIZED ON SETTLEMENT WITH THE APPLICABLE TAXING AUTHORITY. THE PORTION OF THE BENEFITS ASSOCIATED WITH TAX POSITIONS TAKEN THAT EXCEEDS THE AMOUNT MEASURED AS DESCRIBED ABOVE IS REFLECTED AS A LIABILITY FOR UNCERTAIN TAX BENEFITS IN THE ACCOMPANYING STATEMENT OF FINANCIAL POSITION ALONG WITH ANY ASSOCIATED INTEREST AND PENALTIES THAT WOULD BE PAYABLE TO THE TAXING AUTHORITIES UPON EXAMINATION. UPON THE ADOPTION OF THIS ACCOUNTING STANDARD ON JULY 1, 2009 AND AS OF JUNE 30, 2010, AND JUNE 30, 2011, THERE WERE NO UNCERTAIN TAX BENEFITS IDENTIFIED AND RECORDED AS A LIABILITY. THE FORM 990 FILED BY THE FOUNDATION IS SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE (IRS) UP TO THREE YEARS FROM THE ORIGINAL DUE DATE OR EXTENDED FILED DATE, WHICHEVER IS LATER, FOR EACH RETURN. FORM 990 FILED BY THE FOUNDATION IS NO LONGER SUBJECT TO EXAMINATION FOR THE YEARS ENDED JUNE 30, 2007 AND PRIOR.
PART XI, LINE 8 - OTHER ADJUSTMENTS		K-1 INCOME INCLUDED ON FORM 990 - 30,371
PART XII, LINE 2D - OTHER ADJUSTMENTS		FUNDRAISING EXP REP'TD AS FUNDRAISING INCOME DIRECT EXP ON FORM 990 52,212 GAMING EXP REP'TD AS GAMING INCOME DIRECT EXP ON FORM 990 5,866
PART XIII, LINE 4B - OTHER ADJUSTMENTS		K-1 INCOME INCLUDED ON FORM 990 30,371. NONCASH CONTRIBUTIONS NOT RECORDED FOR BOOKS 105,790
PART XIII, LINE 2D - OTHER ADJUSTMENTS		FUNDRAISING EXP REP'TD AS FUNDRAISING INCOME DIRECT EXP ON FORM 990 52,212 GAMING EXP REP'TD AS GAMING INCOME DIRECT EXP ON FORM 990 5,866

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

2010

**Open to Public  
Inspection**

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.

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

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

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

Name of the organization

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.

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

- a Mail solicitations
- b Internet and e-mail solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

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

Yes  No

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

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 FOR HOSPICE</b> (event type)	<b>1</b> (total number)	
Revenue	1 Gross receipts . . .	171,284	21,866	12,025	205,175
	2 Less Charitable contributions . . .	88,792	2,796		91,588
	3 Gross income (line 1 minus line 2) . . .	82,492	19,070	12,025	113,587
Direct Expenses	4 Cash prizes . . .				
	5 Non-cash prizes . . .	5,043	392	1,550	6,985
	6 Rent/facility costs . . .	823			823
	7 Food and beverages . . .				
	8 Entertainment . . .				
	9 Other direct expenses . .	22,932	9,116	12,356	44,404
	10 Direct expense summary Add lines 4 through 9 in column (d) . . . . .				52,212
	11 Net income summary Combine lines 3 and 10 in column (d) . . . . .				61,375

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

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No

b If "No," Explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

b If "Yes," Explain \_\_\_\_\_

**11** Does the organization operate gaming activities with nonmembers? . . . . .  Yes  No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .  Yes  No

**13** Indicate the percentage of gaming activity operated in

<b>13a</b>	
<b>13b</b>	

**a** The organization's facility . . . . .

**b** An outside facility . . . . .

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .  Yes  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 ►

**16** Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

 Director/officer Employee Independent contractor**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .  Yes  No

**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 ► \$

**Part IV** Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier

ReturnReference

Explanation

## Schedule I (Form 990)

## **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**

2010

## Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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Name of the organization

MARY GREELEY MEDICAL CENTER FOUNDATION

**Employer 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. Part II can be duplicated if additional space is needed.  

**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.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	<b>(d)</b> Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	<b>(f)</b> Description of non-cash assistance
(1) GRAND ROUNDS MEDICAL EDUCATION PROGRAM	21	14,255			
(2) COLLEGE SCHOLARSHIPS	6	6,500			

**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 U S	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

**2010**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.**

**Open to Public Inspection****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 from the organization or a related organization?

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

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

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

**a** The organization?

**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

**a** The organization?

**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

**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

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

<b>1b</b>		
<b>2</b>		
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is 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.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MELISSA JOHANSEN	(i) 114,454 (ii) 0	196 0	457 0	7,809 0	6,653 0	129,569 0	0 0
(2) MICHAEL TRETINA	(i) 226,018 (ii) 0	20,425 0	29,520 0	15,925 0	19,176 0	311,064 0	0 0
( 3 )							
( 4 )							
( 5 )							
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							

**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 12/31/11 EXECUTIVE DIRECTOR'S TIME IS DEDICATED 75% TO THE ORGANIZATION AND 25% TO MGMC AS DIRECTOR OF EXTERNAL RELATIONS 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

## NonCash Contributions

OMB No 1545-0047

2010

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art . . .	X	6	3,613	DONOR STATED VALUE
2 Art—Historical treasures .				
3 Art—Fractional interests .				
4 Books and publications .	X		1,525	DONOR STATED VALUE
5 Clothing and household goods . . . . .	X		34,070	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	172	66,582	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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**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

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

**2010****Open to Public  
Inspection****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 AUDIT 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	EACH BOARD MEMBER ANNUALLY COMPLETES A GOVERNING BODY QUESTIONNAIRE TO IDENTIFY ANY CONFLICTS OF INTEREST TRANSACTIONS WITH THE ORGANIZATION OR ANY RELATIONSHIPS WITH OTHER BOARD MEMBERS. IN ADDITION, AT THE BEGINNING OF EACH BOARD MEETING, THE BOARD PRESIDENT 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 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
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 1,561,037 K-1 INCOME INCLUDED ON FORM 990 -30,371 TOTAL TO FORM 990, PART XI, LINE 5 1,530,666

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
OVERSIGHT OF FINANCIAL STATEMENT	FORM 990, PART XI, LINE 2C	THERE WAS NO CHANGE IN THE PROCESS DURING THE YEAR

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

Identifier	Return Reference	Explanation
COMPENSATION	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED BY MARY GREELEY MEDICAL CENTER MARY GREELEY MEDICAL CENTER DETERMINES COMPENSATION BASED ON AGGREGATE DATA COLLECTED FROM SIX OR MORE SALARY SURVEYS SURVEY DATA IS COMPILED AND BENCHMARKED AGAINST EXISTING PAY RANGES ON AN ANNUAL BASIS THE LAST SALARY BENCHMARKING WAS COMPLETED IN 2011

Identifier	Return Reference	Explanation
ESTABLISHING COMPENSATION	SCHEDULE J, PART I, LINE 3	THE FILING ORGANIZATION RELIES ON MARY GREELEY MEDICAL CENTER FOR ESTABLISHING THE TOP MANAGEMENT OFFICIAL AND TOP FINANCIAL OFFICIAL'S COMPENSATION SEE CORE FORM 990, PART VI, SECTION B, LINE 15 SCHEDULE O DISCLOSURE FOR FURTHER INFORMATION REGARDING THE PROCESS UTILIZED