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Short Form Return of Organization Exempt From Income Tax

2008

Open to Public Inspection

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2008 calendar year, or tax year beginning 1-1, 2008, and ending 12-31, 2008

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

C Name of organization
Bates County Community Health Foundation
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
615 W. Nursing Str
 City or town, state or country and ZIP + 4
Butler MO Bates Co. 64730

D Employer identification number
43-19642440

E Telephone number
(660) 200-7008

F Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
Other (specify) ▶

I Website: ▶

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

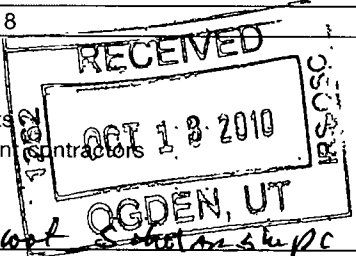
J Organization type (check only one) 501(c) (3) (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21																	
Revenue	1	Contributions, gifts, grants, and similar amounts received <i>See Attachment</i>															16,460.73																												
	2	Program service revenue including government fees and contracts															0																												
	3	Membership dues and assessments															0																												
	4	Investment income															0																												
	5a	Gross amount from sale of assets other than inventory															0																												
	5b	Less: cost or other basis and sales expenses															0																												
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)															0																												
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>																																											
	6a	Gross revenue (not including \$ <u>0</u> of contributions reported on line 1)															0																												
6b	Less: direct expenses other than fundraising expenses															0																													
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)															0																													
7a	Gross sales of inventory, less returns and allowances															0																													
7b	Less: cost of goods sold															0																													
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)															16460.76																													
8	Other revenue (describe ▶)															0																													
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8															16460.76																													
Expenses	10	Grants and similar amounts paid (attach schedule)															0																												
	11	Benefits paid to or for members															0																												
	12	Salaries, other compensation, and employee benefits															0																												
	13	Professional fees and other payments to independent contractors															0																												
	14	Occupancy, rent, utilities, and maintenance															0																												
	15	Printing, publications, postage, and shipping															0																												
	16	Other expenses (describe ▶ <u>bold, travel cost</u>)															11,986.68																												
17	Total expenses. Add lines 10 through 16															11,986.68																													
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)															4474.08																												
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)															2955.85																												
	20	Other changes in net assets or fund balances (attach explanation)															0																												
	21	Net assets or fund balances at end of year. Combine lines 18 through 20															7429.90																												



Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments <u>Edward Jones Acct w/ bank</u>	26220.74	30694.76
23	Land and buildings	37052.78	
24	Other assets (describe ▶)		
25	Total assets	37052.78	30694.76
26	Total liabilities (describe ▶)	0	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	37052.78	30694.76

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Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		N
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		N
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		N
b	If "Yes," has it filed a tax return on Form 990-T for this year?		N
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		N
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a _____		
b	Did the organization file Form 1120-POL for this year?		N
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		N
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b _____		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 39a _____		
b	Gross receipts, included on line 9, for public use of club facilities 39b _____		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		N
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		N
41	List the states with which a copy of this return is filed ▶ <u>None</u>		
42a	The books are in care of ▶ <u>GWA Inc Ranley copies Attached</u> Telephone no ▶ <u>(660) 266-796385</u> Located at ▶ <u>#3 N Main St Butler Mo 64730</u> ZIP + 4 ▶ <u>64730</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country. ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42b			✓
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country. ▶ _____		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43 _____ <input type="checkbox"/>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- | | Yes | No |
|-----|--------------------------|-------------------------------------|
| 46 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 47 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 48 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 49a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 49b | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization(s) a section 527 organization?
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				
Total number of other employees paid over \$100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
N/A		
Total number of other independent contractors each receiving over \$100,000 ▶		

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: *Joanne Arney* Date: *10-6-10*

Type or print name and title: *Joanne Arney*

Paid Preparer's Use Only

Preparer's signature: *Joanne Arney* Date: *10-6-10* Check if self-employed: Preparer's Identifying Number (See instructions): *48662234*

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____ Phone no: _____

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

Bates County Community Health Foundation 2008 Financial Statement

Starting Balance \$2955.85

Date	Item Description	Received	Payment	Balance
01/10/08	JENNINGS (TURKEY) CK#1156		\$77.76	\$2,878.09
01/10/08	COUNTRY MART (TURKEY) CK#1157		17.03	2,861.06
01/10/08	DEPOSIT TRAIL OF MEMORIES	\$50.00		2,911.06
01/10/08	DEPOSIT CHRISTMAS ORNAMENTS	485.00		3,396.06
01/11/08	DEPOSIT UNITED WAY	777.43		4,173.49
01/11/08	COUNTRY MART (TURKEY) CK#1158		46.96	4,126.53
02/20/08	DEPOSIT CHRISTMAS ORNAMENTS	315.00		4,441.53
03/11/08	DEPOSIT TRAIL OF MEMORIES	100.00		4541.53
04/08/08	DANA BRIDGES TRAIL OF MEM CK#1159		129.70	4,411.83
04/21/08	STOP LIGHT 20 TREES TRAIL OF MEM CK#1160		300.00	4,111.83
04/30/08	DANA BRIDGES TRAI OF MEM CK#1161		237.00	3,874.83
05/20/08	DEPOSIT GOLF	1,265.00		5,139.83
05/21/08	DEPOSIT TRAIL OF MEM	350.00		5,489.83
06/09/08	J SCHOWENGERDT TRAI OF MEM CK#1162		501.00	4,988.83
06/09/08	STOP LIGHT TRAIL OF MEM CK#1163		60.00	4,928.83
06/16/08	DEPOSIT GOLF	250.00		5,178.83
06/19/08	KAREN MINICH TRAIL OF MEM SCHOLARSHIP CK#1164		500.00	4,678.83
07/09/08	DANA BRIDGES TRAIL OF MEM CK#1165	79.00		4,599.83
07/09/08	DEPOSIT GUN RAFFLE	120.00		4,719.83
07/09/08	DEPOSIT TRAIL OF MEM	255.00		4,974.83
07/10/08	SHANNON BJERKE SEC OF STATE CK#1166		10.00	4,964.83
07/10/08	XCHANGER ADS TURKEY CK#1167		28.25	4,936.58
07/10/08	DEPOSIT GOLF	100.00		5,036.58
07/10/08	DEPOSIT UNITED WAY	387.30		5,423.88
07/10/08	DEPOSIT BCMH	4,000.00		9,423.88
07/21/08	CROWER COLLEGE K. MINICH BCCHF SCHOLARSHIP CK# 1168		500.00	8,923.88
07/21/08	PITTSBURG STATE UNV. J MARKEL BCCHF SCHOLARSHIP CK# 1169		500.00	8,423.88
07/21/08	BATES CO JR LIVESTOCK SALE CK#1170		3,350.00	5,073.88
07/21/08	KUSTOM SIGNS TRAIL OF MEN CK#1171		190.00	4,883.88
07/21/08	MHA CK#1172		800.00	4,083.88
07/21/08	DEPOSIT GOLF	100.00		4,183.88

BCCHF 2008 FINANCIAL STATEMENT

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DATE	ITEM DESCRIPTION	RECEIVED	PAYMENT	BALANCE
07/21/08	DEPOSIT TRAIL OF MEM	\$50.00		\$4,233.88
07/30/08	SCHOWENGERDT BENCH CARVINGS CK#1173		60.00	4,173.88
07/30/08	WALMART GOLF CK#1174		155.70	4,018.18
08/22/08	BUTLER COUNTRY CLUB GOLF CK#1175		1,154.00	2,864.18
08/22/08	CASH FOR THE GOLF TOURN CK#1176		1600.00	1,264.18
08/22/08	BATES CO SIGNS GOLF CK#1177		16.00	1,248.18
08/24/08	DEPOSIT GOLF	865.00		2,113.18
08/24/08	DEPOSIT GOLF	3,292.50		5,405.68
08/24/08	DEPOSIT TRAIL OF MEM	259.50		5,665.18
08/25/08	RETRUNED CK#1172	800.00		6,465.18
08/25/08	DEPOSIT TRAIL OF MEM	100.00		6,565.18
08/26/08	BUDS & BERRIES 3 BENCHES CK#1178		45.00	6,520.18
08/26/08	XGROUP GOLF AD CK# 1179		146.91	6,373.28
08/26/08	BUDS & BERRIES 8 TREES CK#1180		112.00	6,261.27
09/10/08	POSTMASTER POSTAGE CK#1181		42.00	6,219.27
09/15/08	KINGS MART GOLF CK#1182		350.00	5,859.27
09/15/08	DEPOSIT TRAIL OF MEM	100.00		5,969.27
09/15/08	DEPOSIT GOLF	340.00		6,309.27
09/15/08	DR. HAYNIE 2 GUNS 5 CASE CK#1183		599.50	5,709.77
10/12/08	SETTLES FORD TURKEY CK#1184		110.00	5,599.77
10/14/08	DEPOSIT TURKEY SHOOT	943.00		6,542.77
10/14/08	DEPOSIT TRAIL OF MEM	200.00		6,742.77
10/14/08	ADRIAN JOURNAL AD TURKEY CK#1185		41.00	6,701.77
11/13/08	TREE LIGHTS PATTY BRUTO CK#1186		40.00	6,661.77
12/01/08	DEPOSIT TRAIL OF MEM	50.00		6,711.77
12/01/08	DEPOSIT TURKEY SHOOT	126.00		6,837.77
12/01/08	DEPOSIT ORNAMENTS	780.00		7,617.77
12/10/08	YOSS THRIFTWAY TURKEYS CK#1187		120.07	7,497.70
12/10/08	XGROUP AD TURKEY CK#1188		67.80	7,429.90

ENDING BALANCE 12-31-08 \$7,429.90

Beginning balance \$2,955.85 + \$16,460.73(received) - \$11,986.68(payments) =
\$7,429.90

**BATES COUNTY COMMUNITY HEALTH FOUNDATION
BOARD OF DIRECTORS
2008-2009**

President
Class "A"

Jerry Jones
Route 4, Box 468
Butler, MO 64730
816/404-8115 (work)
660/679-4027 (home)

Vice President.
Class "B"

Terry Bledsoe
Route 1, Box 627
Butler, MO 64730
660/679-3457 (home)

Secretary
Class "B"

Carol Ann Winburn
109 Ranch Dr.
Butler, MO 64730
660/679-5535 (home)
660/679-5696 (work)

Treasurer
Class "B"

Gwaine Arney
415 S. Fulton
Butler, MO 64730
660/679-6385 (home)
660/679-3155 (work)

Class "B"

Jay Payne
Route 1, Box 54
Butler, MO 64730
660/679-4508 (home)
660/679-1220 (cell)

Class "A"

Wendell Harris, FACHE
Interim Chief Executive Officer
Bates County Memorial Hospital
PO Box 370
Butler, MO 64730
660-200-7001

Class "A"

Patti Bruto
PO Box 502
Adrian, MO 64720
816/297-4202 (home)
660/227-9871 (cell)

Class "B"

Marci Beckley
Route 1, Box 274
Butler, MO 64730
660/679-3409 (home)

Class "A"

Hazel Lesmeister
Route 5, Box 249
Butler, MO 64730
660/679-4686 (home)