

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)

2005

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2005 calendar year, or tax year beginning **OCT 1, 2005** and ending **SEP 30, 2006**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization FRIENDS OF GLENCOE REGIONAL HEALTH SERVICES FOUNDATION, INC.		D Employer identification number 41-1625505
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1805 HENNEPIN AVENUE NORTH		E Telephone number 320-864-7758
		City or town, state or country, and ZIP + 4 GLENCOE, MN 55336-1416		F Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)
		• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).		

G Website: **GRHSONLINE.ORG**

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

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates **N/A**
H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number **N/A**

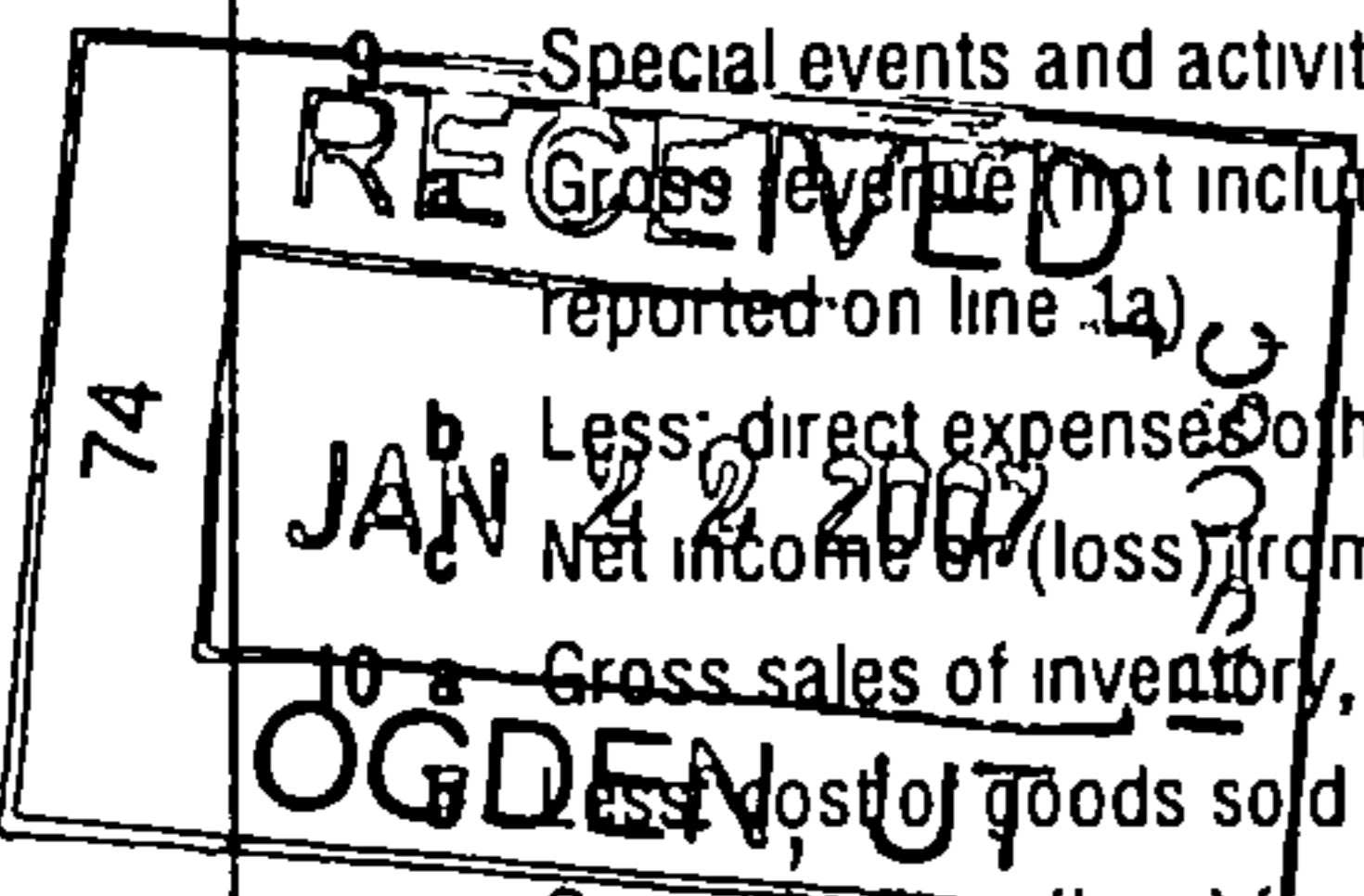
L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **32,390.**

M Check if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support	1a	3,275.	
	b Indirect public support	1b		
	c Government contributions (grants)	1c		
	d Total (add lines 1a through 1c) (cash \$ 3,275. noncash \$)	1d	3,275.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		
	5 Dividends and interest from securities	5	10,736.	
	6 a Gross rents	6a		
	b Less: rental expenses	6b		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7 Other investment income (describe)	7			
8 a Gross amount from sales of assets other than inventory	(A) Securities	8a		
	(B) Other	8b		
		8c		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	18,379.		
Less: direct expense other than fundraising expenses	9b	5,333.		
Net income or (loss) from special events (subtract line 9b from line 9a)	9c	13,046.		
10 a Gross sales of inventory, less returns and allowances	10a			
Less: cost of goods sold	10b			
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11 Other revenue (from Part VII, line 103)	11			
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	27,057.		
Expenses	13 Program services (from line 44, column (B))	13	55,686.	
	14 Management and general (from line 44, column (C))	14	2,184.	
	15 Fundraising (from line 44, column (D))	15		
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses (add lines 16 and 44, column (A))	17	57,870.	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	-30,813.		
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	370,105.		
20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	20	18,261.		
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	357,553.		

SCANNED FEB 01 2007



FRIENDS OF GLENCOE REGIONAL HEALTH
SERVICES FOUNDATION, INC.

Form 990 (2005)

41-1625505 Page 2

Part II Statement of
Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>55,686.</u> noncash \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22 55,686.	55,686.	STATEMENT 3	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25 0.	0.	0.	0.
26 Other salaries and wages	26			
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33			
34 Telephone	34			
35 Postage and shipping	35			
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38 320.		320.	
39 Travel	39			
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42			
43 Other expenses not covered above (itemize).				
a REGISTRATION FEE	43a 25.		25.	
b BANK CHARGES	43b 1,839.		1,839.	
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 57,870.	55,686.	2,184.	0.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Form 990 (2005)

FRIENDS OF GLENCOE REGIONAL HEALTH
SERVICES FOUNDATION, INC.

Form 990 (2005)

41-1625505 Page 3

Part III Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

What is the organization's primary exempt purpose? ► SEE STATEMENT 4	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a <u>CARL SANKEN SCHOLARSHIP PROGRAM- \$30,000 GIVEN TO AREA STUDENTS TO ASSIST IN FINACING HIGHER EDUCATION IN THE PURSUIT OF A CAREER IN HEALTH CARE.</u>	
(Grants and allocations \$ 30,000.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30,000.
b <u>DONATION FOR PURCHASE OF TELESTROKE EQUIPMENT FOR GLENCOE REGIONAL HEALTH SERVICES-DONATION TO THE HOSPITAL TO BUY A TELEMEDICINE SYSTEM THAT HELPS DIAGNOSE AND TREAT STROKE VICTIMS QUICKLY TO PREVENT FURTHER DAMAGE.</u>	
(Grants and allocations \$ 25,686.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	25,686.
c	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	55,686.

Form 990 (2005)

FRIENDS OF GLENCOE REGIONAL HEALTH
SERVICES FOUNDATION, INC.

Form 990 (2005)

41-1625505 Page 4

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year	
Assets	45	Cash - non-interest-bearing	2,401.	45	5,860.
	46	Savings and temporary cash investments	25,351.	46	
	47 a	Accounts receivable		47a	
	b	Less: allowance for doubtful accounts		47b	47c
	48 a	Pledges receivable		48a	
	b	Less: allowance for doubtful accounts		48b	48c
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees		50	
	51 a	Other notes and loans receivable		51a	
	b	Less: allowance for doubtful accounts		51b	51c
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		53	
	54	Investments - securities \$TMT 5 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	342,353.	54	351,693.
	55 a	Investments - land, buildings, and equipment: basis		55a	
	b	Less: accumulated depreciation		55b	55c
	56	Investments - other	0.	56	0.
57 a	Land, buildings, and equipment: basis		57a		
b	Less: accumulated depreciation		57b	57c	
58	Other assets (describe <input type="checkbox"/>)		58		
59	Total assets (must equal line 74) Add lines 45 through 58	370,105.	59	357,553.	
Liabilities	60	Accounts payable and accrued expenses		60	
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities		64a	
	b	Mortgages and other notes payable		64b	
	65	Other liabilities (describe <input type="checkbox"/>)		65	
66	Total liabilities. Add lines 60 through 65	0.	66	0.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	120,105.	67	107,553.
	68	Temporarily restricted	250,000.	68	250,000.
	69	Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19, column (B) must equal line 21)	370,105.	73	357,553.	
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	370,105.	74	357,553.	

Form 990 (2005)

FRIENDS OF GLENCOE REGIONAL HEALTH SERVICES FOUNDATION, INC.

Form 990 (2005)

41-1625505 Page 7

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)		
	82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
85	501(c)(4), (5), or (6) organizations		
a	Were substantially all dues nondeductible by members?		
	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
	N/A		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members		
	85c N/A		
d	Section 162(e) lobbying and political expenditures		
	85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
	86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
	87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)		
	87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
b	501(c)(3) and 501(c)(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," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed MN		
b	Number of employees employed in the pay period that includes March 12, 2005	90b	0
91 a	The books are in care of ANGELA ERICKSON Telephone no. 320-864-7797 Located at 1805 HENNEPIN AVENUE NORTH, GLENCOE, MN ZIP + 4 55336-1416		
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 N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	Yes	No
		91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country N/A		X
		91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year		
		92	N/A

Form 990 (2005)

FRIENDS OF GLENCOE REGIONAL HEALTH SERVICES FOUNDATION, INC.

Part VII Analysis of Income-Producing Activities (See the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	10,736.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	13,046.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		23,782.	0.
105 Total (add line 104, columns (B), (D), and (E))					23,782.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here: 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.

Signature of officer: *Mary Skolberg* Date: 1/10/07 Type or print name and title: Mary Skolberg

Paid Preparer's Use Only: Preparer's signature: *Robert Elchert* Date: 12/21/06 Check if self-employed: Preparer's SSN or PTIN: P00369682

Firm's name (or yours if self-employed), address, and ZIP + 4: LARSON ALLEN WEISHAIR & CO., LLP P.O. BOX 217 AUSTIN, MN 55912

EIN: 41-0746749 Phone no.: 507-434-7000

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2005

Name of the organization **FRIENDS OF GLENCOE REGIONAL HEALTH SERVICES FOUNDATION, INC.** Employer identification number **41 1625505**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(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
NONE				
Total number of other employees paid over \$50,000	▶ 0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	▶ 0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	▶ 0	

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.</p>		X
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)</p> <p>a Sale, exchange, or leasing of property?</p>		X
<p>b Lending of money or other extension of credit?</p>		X
<p>c Furnishing of goods, services, or facilities?</p>		X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>		X
<p>e Transfer of any part of its income or assets?</p>		X
<p>3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)</p>	X	
<p>b Do you have a section 403(b) annuity plan for your employees?</p>		X
<p>c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?</p>		X
<p>4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?</p>		X
<p>b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?</p>		X

SEE STATEMENT 7

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

FRIENDS OF GLENCOE REGIONAL HEALTH

Schedule A (Form 990 or 990-EZ) 2005 SERVICES FOUNDATION, INC.

41-1625505 Page 3

Part IV-A

Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	6,355.	27,791.	26,904.	25,854.	86,904.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	16,279.				16,279.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	10,836.	12,288.	11,437.	11,567.	46,128.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	33,470.	40,079.	38,341.	37,421.	149,311.
24 Line 23 minus line 17	17,191.	40,079.	38,341.	37,421.	133,032.
25 Enter 1% of line 23	335.	401.	383.	374.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 2,661.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 2,839.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 133,032.
d Add: Amounts from column (e) for lines: 18 46,128. 19 _____ 22 _____ 26b 2,839.					26d 48,967.
e Public support (line 26c minus line 26d total)					26e 84,065.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 63.1916%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
<hr/> <hr/> <hr/>			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	
<hr/> <hr/> <hr/>			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
<hr/> <hr/> <hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

FRIENDS OF GLENCOE REGIONAL HEALTH

Schedule A (Form 990 or 990-EZ) 2005 SERVICES FOUNDATION, INC.

41-1625505 Page 5

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group.

Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
		N/A													
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
37	Total lobbying expenditures to influence a legislative body (direct lobbying)														
38	Total lobbying expenditures (add lines 36 and 37)														
39	Other exempt purpose expenditures														
40	Total exempt purpose expenditures (add lines 38 and 39)														
41	Lobbying nontaxable amount. Enter the amount from the following table -														
	<table border="0"> <tr> <td>If the amount on line 40 is -</td> <td>The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 40 is -	The lobbying nontaxable amount is -	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 40 is -	The lobbying nontaxable amount is -														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41)														
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36														
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38														

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

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 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 1

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
FUNDAY SUNDAY GOLF EVENT	16,149.	0.	16,149.	5,285.	10,864.
TREE OF LIGHTS FUNDRAISER	2,230.	0.	2,230.	48.	2,182.
TO FM 990, PART I, LINE 9	18,379.	0.	18,379.	5,333.	13,046.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 2

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	18,261.
TOTAL TO FORM 990, PART I, LINE 20	18,261.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 3

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
CASH GRANT	GLENCOE REGIONAL HEALTH SERVICES	1805 HENNEPIN AVENUE NORTH, GLENCOE, MN	NONE	25,686.
CASH GRANT	ALICIA DOETKOTT	209 EAST ALDEN STREET, ARLINGTON, MN 55307	NONE	500.
CASH GRANT	CAITLIN IDE	1408 ELM AVENUE, GLENCOE, MN 55336	NONE	500.
CASH GRANT	LAURA KLOECKL	502 EAST CIRCLE LANE, ARLINGTON, MN 55307	NONE	500.
CASH GRANT	KALLYNE MARSHALL	28751 411TH AVENUE, ARLINGTON, MN 55307	NONE	500.
CASH GRANT	MIRANDA MATOUSEK	13819 COUNTY ROAD 2, GLENCOE, MN 55336	NONE	500.

CASH GRANT	ERIN MCCARTHY	P.O. BOX 887, ARLINGTON, MN 55307	NONE	500.
CASH GRANT	CRYSTAL MEYER	35968 501ST AVENUE, LAFAYETTE, MN 56054	NONE	500.
CASH GRANT	AMY OTT	18858 351ST LANE, GREEN ISLE, MN 55338	NONE	500.
CASH GRANT	ALAINA OTTO	19969 COUNTY ROAD 9, LESTER PRARIE, MN 56054	NONE	500.
CASH GRANT	MIRANDA PUDWILL	P.O. BOX 175, STEWART, MN 55385	NONE	500.
CASH GRANT	BRIANNA RADTKE	21615 CABLE AVENUE, WINSTED, MN 55395	NONE	500.
CASH GRANT	KATIE SCHAUFLE	80416 COUNTY ROAD 20, STEWART, MN 55385	NONE	500.
CASH GRANT	DANIELLE SCHUETTE	8818 LEAF AVENUE, GLENCOE, MN 55336	NONE	500.
CASH GRANT	BENJAMIN SCHUTH	8708 BABCOCK AVENUE, PLATO, MN 55370	NONE	500.
CASH GRANT	LAURA SENST	710 1ST STREET EAST, GLENCOE, MN 55336	NONE	500.
CASH GRANT	LEAH BELTER	43540 180TH STREET, GLENCOE, MN 55336	NONE	1,000.
CASH GRANT	TARA BELTER	43540 180TH STREET, GLENCOE, MN 55336	NONE	1,000.
CASH GRANT	JOY BRABAND	201 DOUGLAS DRIVE, GLENCOE, MN 55336	NONE	1,000.
CASH GRANT	KARENE DONNAY	8202 DOVE AVENUE, GLENCOE, MN 55336	NONE	1,000.
CASH GRANT	EMILY DUNCAN	P.O. BOX 745, LESTER PRARIE, MN 56054	NONE	1,000.

CASH GRANT	TRACEY ENGELMANN	2027 122ND STREET, PLATO, MN 55370	NONE	1,000.
CASH GRANT	ADAM FOSS	P.O. BOX 622, WINSTED, MN 55395	NONE	500.
CASH GRANT	MARISA HLAVKA	P.O. BOX 249, SILVER LAKE, MN 55381	NONE	1,000.
CASH GRANT	PATRICIA HUESER	8355 88TH STREET, GLENCOE, MN 55336	NONE	500.
CASH GRANT	BENJAMIN KNICK	P.O. BOX 444, BROWNTON, MN 55312	NONE	500.
CASH GRANT	JENNIFER LANO	323 CASPER STREET , NORWOOD-YMA, MN 55368	NONE	500.
CASH GRANT	JENNA LINSMEIER	51884 300TH STREET, WINTHROP, MN 55396	NONE	1,000.
CASH GRANT	TIFFANY ROBERTS	302 ANDREW DRIVE, GLENCOE, MN 55336	NONE	1,000.
CASH GRANT	EMILY ROSE	13093 110TH STREET, GLENCOE, MN 55336	NONE	500.
CASH GRANT	TERESA WERTH	5713 HIGHWAY 212, GLENCOE, MN 55336	NONE	1,000.
CASH GRANT	KERRY ZAJICEK	800 WEST COLLEGE AVENUE, ST. PETER, MN 56082	NONE	1,000.
CASH GRANT	KELSEY PAUTZ	8545 IMPERIAL AVENUE, GLENCOE, MN 55336	NONE	500.
CASH GRANT	BRIANNA KACZMAREK	16558 COUNTY ROAD 2 , GLENCOE, MN 55336	NONE	500.
CASH GRANT	JENNIFER LONG	17585 EAGLE AVENUE, LESTER PRARIE, MN 56054	NONE	500.
CASH GRANT	NICOLE LINDEMAN	6637 NATURE AVENUE, BROWNTON, MN 55312	NONE	500.

CASH GRANT	MAEMIE HOESE	7614 DAIRY AVENUE, GLENCOE, MN 55336	NONE	500.
CASH GRANT	KARA VASKO	18455 FALCON AVENUE, LESTER PRARIE, MN 56054	NONE	500.
CASH GRANT	JEREMY MARTIN	11723 MAJOR AVENUE, GLENCOE, MN 55336	NONE	500.
CASH GRANT	SARA TODD	431 6TH AVENUE SOUTH, BROWNTON, MN 55312	NONE	500.
CASH GRANT	SHANNON ANDERSON	12729 EAGLE AVENUE, GLENCOE, MN 55336	NONE	500.
CASH GRANT	ANNE AUSTAD	620 DESOTO AVENUE N, GLENCOE, MN 55336	NONE	500.
CASH GRANT	EMILY ARCHER	821 WEST CHANDLER STREET, ARLINGTON, MN 55307	NONE	500.
CASH GRANT	JOSLIN THIEMANN	3231 VALLEY RIDGE DRIVE, EAGAN, MN 55121	NONE	500.
CASH GRANT	KATHERINE KIELKUCKI	5667 STATE HWY 7, LESTER PRARIE, MN 56054	NONE	500.
CASH GRANT	CHRISTINE STUTSMAN	P.O. BOX 351, WINTHROP, MN 55396	NONE	500.
CASH GRANT	NICOLE KRUSE	55059 CO RD 38, BUFFALO LAKE, MN 55314	NONE	500.
CASH GRANT	DANIEL KUPHAL	505 15TH STREET, GLENCOE, MN 55336	NONE	500.
CASH GRANT	TIFFANY RAUSCH	1209 18TH STREET E, GLENCOE, MN 55336	NONE	500.
CASH GRANT	JACQUILINE COX	2307 11TH STREET EAST, GLENCOE, MN 55336	NONE	500.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22

55,686.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4
PART III

EXPLANATION

TO PROVIDE OPPORTUNITIES FOR COMMUNITY-BASED HEALTH CARE SUPPORT AND TO PROMOTE GLENCOE REGIONAL HEALTH SERVICES.

FORM 990 OTHER SECURITIES STATEMENT 5

SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
FRIENDS OF GRHS, INC ENDOWMENT	FMV	351,693.
TO FORM 990, LINE 54, COL B		351,693.

FORM 990 PART V-A - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 6

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ROGER HILGERS	DIRECTOR 0.50	0.	0.	0.
MARY LEMKE	PRESIDENT 0.50	0.	0.	0.
MARLYS PINSKE	DIRECTOR 0.50	0.	0.	0.
MARY OTT	VICE-PRESIDENT 0.50	0.	0.	0.
MARY SKOLBERG	SECRETARY 0.50	0.	0.	0.

LARRY HERRMANN	DIRECTOR 0.50	0.	0.	0.
TOM SCHWICHTENBERG	DIRECTOR 0.50	0.	0.	0.
JANEL TENGEN	DIRECTOR 0.50	0.	0.	0.
ALL MEMBERS OF THE BOARD OF DIRETORS MAY BE CONTACTED AT THE ORGANIZATIONS ADDRESS		0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>0.</u>	<u>0.</u>	<u>0.</u>

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 7
 PART III, LINE 3A

FRIENDS OF GRHS FOUNDATION, INC. PROVIDES SCHOLARSHIPS TO ASSIST IN FINANCING HIGHER EDUCATION FOR COMMUNITY MEMBERS WHO ARE PURSUING A CAREER IN HEALTHCARE. APPLICANTS MUST BE MEMBERS OF THE GLENCOE REGIONAL HEALTH SERVICES SERVICE AREA. THEY MUST BE ENROLLED IN A FULL-TIME COURSE OF STUDY IN AN APPROVED HEALTHCARE CAREER AT AN ACCREDITED VOCATIONAL/ TECHNICAL SCHOOL, COLLEGE OR UNIVERSITY. AWARDS ARE UP TO \$2,000 EACH PER SCHOOL YEAR.