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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

2008

Open to Public Inspection

| A Fo   | r the 2   | 2008 cale                  | ndar yea              | r, or tax year beginning 07-01-2008  | and ending 06-30-200                  | 9                     |                                |                            |
|--|-----------|----------------------------|-----------------------|--|---------------------------------------|-----------------------|--------------------------------|----------------------------|
| Che  | eck if ap |                            | Please                | <b>C</b> Name of organization<br>Field Neurosciences Institute                                   |                                       |                       | D Employer ide                 | ntification number         |
| _  | dress cha | lange                      | ıse IRS<br>abel or    | Doing Business As  |                                       |                       | 38-279070<br>E Telephone nu    |                            |
| Naı  | me char   |                            | orint or<br>type. See | bolling business As  |                                       |                       |                                |                            |
| Inıt   | al retur  | rn S                       | Specific<br>Instruc-  | Number and street (or P O box if mail is n   | not delivered to street addre         | ss) Room/suite        | (989) 907-3<br>G Gross receipt |                            |
| Ter  | mınatıoı  |                            | ions.                 | 800 South Washington Avenue  |                                       |                       | d dioss recapt                 | . <b>3</b> φ 542,015       |
| –<br>Am  | ended r   | return                     |                       | City or town, state or country, and ZIP + 4<br>Saginaw, MI 48601                                 | 1                                     |                       |                                |                            |
| -<br>App   | olication | pending                    |                       | Sagillaw, MI 46601   |                                       |                       |                                |                            |
|  |           | _                          | <b>F</b> Nan          | ne and address of Principal Officer  |                                       | H(a) Is thi           | s a group return               | for                        |
|  |           |                            | Gary D                | unbar<br>uth Washington Avenue   |                                       | affilia               |                                | ΓYes <b>∨</b> No           |
|  |           |                            |                       | w, MI 48601  |                                       | H(h) Are all          | l affiliates include           | ed?                        |
| Та   | x-exem    | pt status                  | 「 501(c)              | (3) ◀ (insert no )   | 527                                   |                       |                                | See instructions )         |
| w  | eb site   | <b>e: ►</b> N/A            |                       |  |                                       | 1                     | p Exemption Nu                 |                            |
| <b>С</b> Тур   | e of org  | janization 🔽               | Corporat              | on trust association other F   |                                       | L Year of Fo          | rmation 1988 M                 | State of legal domicile MI |
| Da   | rt I      | Summ                       | arv                   |  |                                       |                       |                                |                            |
| Γα   |           |                            |                       | e organization's mission or most sign  | ıfıcant actıvıtıes                    |                       |                                |                            |
| υ  |           |                            |                       | port in the provision of neurological &  |                                       | earch                 |                                |                            |
| ፟  |           |                            |                       | ,  |                                       |                       |                                |                            |
| <u> </u>   |           |                            |                       |  |                                       |                       |                                |                            |
| ankellidlike   | 2         | Check thi                  | ıs box ┌              | if the organization discontinued its op  | perations or disposed o               | f more than 2         |                                |                            |
|  | 3         | Number o                   | f voting r            | nembers of the governing body (Part \  | VI, line 1a)                          |                       | 3 _                            | 22                         |
| o<br>O   | 4         | Number o                   | fındepen              | dent voting members of the governing   | g body (Part VI, line 11              | o)                    | . 4 _                          | 18                         |
|  | 5         | Total num                  | nber of en            | nployees (Part V , line 2a)  |                                       |                       | 5 _                            | 0                          |
| e callulles e  | 6         | Total num                  | nber of vo            | lunteers (estimate if necessary) .   |                                       |                       | 6 _                            | 22                         |
| t  |           |                            |                       | ted business revenue from Part VIII,   |                                       | •                     | 7a _                           | 0                          |
|  | ь         | Net unrela                 | ated busi             | ness taxable income from Form 990-   | T, line 34                            |                       | 7b                             | 0                          |
|  |           |                            |                       |  |                                       |                       | or Year                        | Current Year               |
| a)   | 8         |                            |                       | I grants (Part VIII, line 1h)  |                                       |                       | 1,532,192                      | 1,147,182                  |
| Đ.   | 9         | -                          |                       | revenue (Part VIII, line 2g)   |                                       |                       |                                | 0                          |
| Revenue  | 10        |                            |                       | ne (Part VIII, column (A), lines 3, 4,   | •                                     |                       | 185,464                        | -299,517                   |
| _  | 11        |                            | -                     | art VIII, column (A), lines 5, 6d, 8c,   |                                       |                       |                                | 0                          |
|  | 12        | 10tairev                   | venue—a               | dd lines 8 through 11 (must equal Par  | rt VIII, column (A), lin              | e                     | 1,717,656                      | 847,665                    |
|  | 13        | Grants a                   | and simila            | r amounts paid (Part IX, column (A),   | lines 1-3)                            |                       |                                | 0                          |
|  | 14        | Benefits                   | paid to o             | r for members (Part IX, column (A), lı   | ne 4)                                 |                       |                                | 0                          |
| øs.  | 15        |                            | , other co            | mpensation, employee benefits (Part  | IX, column (A), lines !               | 5 –                   |                                |                            |
| Expenses   |           | 10)                        |                       |  | 4.4                                   |                       | 44.550                         | 0                          |
| <u>ক</u>   | 16a       |                            |                       | raising fees (Part IX, column (A), line  | 11e)                                  |                       | 41,559                         | 0                          |
| 五  | b         | ,                          |                       | penses, Part IX, column (D), line 25 16,852  | )                                     |                       |                                |                            |
|  | 17        |                            |                       | Part IX, column (A), lines 11a-11d,  | •                                     |                       | 1,069,944                      | 890,634                    |
|  | 18        |                            |                       | add lines 13-17 (must equal Part IX  | , line 25, column (A))                |                       | 1,111,503                      | 890,634                    |
| to é   | 19        | Kevenue                    | e iess exp            | enses Subtract line 18 from line 12  |                                       |                       | 606,153                        | -42,969                    |
| ည်း<br>ရောက်   |           |                            |                       |  |                                       | Beginni               | ng of Year                     | End of Year                |
| 3.45<br>3.45<br>3.45<br>3.45<br>3.45<br>3.45<br>3.45<br>3.45 | 20        |                            |                       | t X, line 16)  |                                       |                       | 3,847,867                      | 3,536,678                  |
| net Assets or<br>Fund Balances                               | 21        |                            | ·                     | art X, line 26)  |                                       |                       |                                | 0                          |
|  | 22        |                            |                       | d balances Subtract line 21 from line  | 20                                    |                       | 3,847,867                      | 3,536,678                  |
| Pai  | rt II     |                            | ture Blo              |  |                                       |                       |                                |                            |
|  |           |                            |                       | rjury, I declare that I have examined this retu<br>correct, and complete Declaration of preparer |                                       |                       |                                |                            |
| Plea   | se        | <b> </b>                   | ,                     |  | ,                                     | 1                     | -05-10                         | . ,                        |
| Sign   |           | Signatu                    | ure of office         | r  |                                       | Date                  |                                |                            |
| dere   | е         | Sara O'                    | 'Brien Inter          | m CFO  |                                       |                       |                                |                            |
|  |           |                            | r print nam           |  |                                       |                       |                                |                            |
|  |           | Preparer's                 | <u> </u>              |  | · · · · · · · · · · · · · · · · · · · | Check If              | Preparer's PTIN (              | See Gen Inst )             |
| Paid   |           | signature                  | P                     |  | · · · · · · · · · · · · · · · · · · · | self-<br>empolyed 🕨 🦵 |                                |                            |
|  | arer's    | Fırm's nam                 | ne (or yours          | ■ DELOITTE TAX LLP   |                                       | · ' I                 |                                |                            |
| Jse (  |           | ıf self-emp<br>address, ar |                       | 250 EAST FIFTH SUITE 1900  |                                       |                       | EIN Þ                          |                            |
|  |           | , ai                       | 4                     |  |                                       |                       | Phone no ▶ (5                  | 13) 784-7100               |
| / a.v. f   | the IDC   | L<br>S discuss             | thic retir            | CINCINNATI, OH 45202   | no instructions.\                     |                       |                                | Vas ENO                    |

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

| 1  | Briefly describe the organization's mission  The Field Neurosciences Institute is formed to neurological and related services and research  |   | enhance, support, and ma   | ıntaın health care providers an  | d institutions in the provision of  |
|----|---|---|--|--|---|
|    |   |   |  |  |   |
| 2  | Did the organization undertake any s<br>the prior Form 990 or 990-EZ? .   |   | ces during the year wh   | ich were not listed on   | ┌ Yes ┌ No  |
| 3  | If "Yes," describe these new service:  Did the organization cease conductir services?   |   | anges in how it conduc   | cts any program  | ┌ Yes ┌ No  |
|    | If "Yes," describe these changes on   | Schedule O  |  |  | , 100 , 110   |
| 4  | Describe the exempt purpose achiev<br>Section 501(c)(3) and (4) organizati<br>others, the total expenses, and rever   | ons and 4947(a)(1) trus   | ts are required to repo  |  |   |
| 4a | (Code ) (Expenses   | \$ 749,346 ind  | cluding grants of \$   | ) (Revenue \$  | )   |
|    | The Field Neurosciences Institute is formed neurological and related services and resea provided for the neuro nurses to attend the Michigan, and (2) Fall Fundraiser, where provided the wan will be used for clinical health screen | rch During the current year th<br>National Neuroscience Nurses<br>oceeds are used to purchase | le Institute held two special<br>s Conference and for the loc<br>an FNI Sprinter Van, fully ac | events (1) Golf outing, where<br>al Neuro Nursing Conference h<br>ccessible and adaptive for staff | e proceeds are used support is<br>seld annually at St Mary's of<br>and volunteers with disabilities |
|    |   |   |  |  |   |
| 4b | (Code ) (Expenses   | \$ inc  | luding grants of \$  | ) (Revenue \$  | )   |
|    |   |   |  |  |   |
| 4c | (Code ) (Expenses   | \$ inc  | luding grants of \$  | ) (Revenue \$  | )   |
|    |   |   |  |  |   |
| 4d | Other program services (Describe  | ın Schedule O )   |  |  |   |
| _  | (Expenses \$  | including grants of \$  |  | ) (Revenue \$  | )   |
| 4e | Total program service expenses \$   | 749,346   | Must equal Part IX, Lin  | e 25, column (B).  |   |

| art TV | Check | list of | Required | Schedules |
|--------|-------|---------|----------|-----------|
|        | CHECK | เมรเบเ  | Reuulleu | Scheuules |

|     |   |     | Yes | No |
|-----|---|-----|-----|----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A   | 1   | Yes |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors? 🕏  | 2   | Yes |    |
| 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  | 3   |     | Νο |
| 4   | Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  | 4   |     | No |
| 5   | Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III   | 5   |     |    |
| 6   | Did the organization maintain any donor advised funds or any 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   | 6   |     | No |
| 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   | 7   |     | No |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   | 8   |     | Νο |
| 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                           | 9   |     | No |
| 10  | Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part 🕬  | 10  |     | Νο |
| 11  | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable  | 11  | Yes |    |
| 12  | Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .   | 12  |     | No |
| 13  | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13  |     | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the U S ?  | 14a |     | Νο |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$  | 14b |     | No |
| 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 United States? <i>If "Yes," complete Schedule F, Part II</i>  | 15  |     | No |
| 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 United States? If "Yes," complete Schedule F, Part III   | 16  |     | No |
| 17  | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I  | 17  |     | No |
| 18  | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18  | Yes |    |
| 19  | Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III   | 19  |     | Νο |
| 20  | Did the organization operate one or more hospitals? If "Yes," complete Schedule H   | 20  |     | No |
| 21  | Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | 21  |     | No |
| 22  | Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22  |     | No |
| 23  | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J  | 23  | Yes |    |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25 | 24a |     | No |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b |     |    |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | 24c |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d |     |    |
| 25a | Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a |     | No |
| b   | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? 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, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III  | 27  |     | No |

### Part IV Checklist of Required Schedules (Continued)

|    |  |     | Yes | No |
|----|--|-----|-----|----|
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee   |     |     |    |
| а  | Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part |     |     |    |
|    |  | 28a |     | Νο |
| b  | Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV  | 28b |     | Νο |
| С  | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.   | 28c |     | Νο |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29  |     | Νo |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M   | 30  |     | Νο |
| 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 section 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  | Yes |    |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35  | Yes |    |
| 36 | 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  | 36  |     | Νο |
| 37 | Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 37  |     | No |

|          |   |          | Yes | No |
|----------|---|----------|-----|----|
| 1a       | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal   |          |     |    |
|          | of U.S. Information Returns. Enter -0- if not applicable  |          |     |    |
| <b>L</b> | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  |          |     |    |
| D        | There the number of Forms w-2G included in line 1a Enter -0- if not applicable 1b 0   |          |     |    |
| c        | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable   | _        |     |    |
| 2-       | gaming (gambling) winnings to prize winners?  | 1c       | Yes |    |
| 2a       | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return   |          |     |    |
| b        | If at least one is reported in 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.  | 2b       |     |    |
| 3a       | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this  | 3a       |     | No |
| h        | return?   | 3b       |     | NO |
| 4a       | At any time during the calendar year, did the organization have an interest in, or a signature or other authority   | - JD     |     |    |
|          | over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  | 4a       |     | Νo |
| b        | If "Yes," enter the name of the foreign country   |          |     |    |
|          | See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1,</b> Report of Foreign Bank and Financial Accounts.  |          |     |    |
| 5a       | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\cdot$ .   | 5a       |     | Νo |
| Ь        | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5b       |     | No |
| c        | If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited  Tax Shelter Transaction?  | 5c       |     |    |
| 6a       | Did the organization solicit any contributions that were not tax deductible?  | 6a       |     | No |
| b        | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   | 6b       |     |    |
| 7        | Organizations that may receive deductible contributions under section 170(c).   |          |     |    |
| а        | Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?   | 7a       |     | No |
| b        | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b       |     |    |
| C        | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  | 7c       |     | No |
| d        | If "Yes," indicate the number of Forms 8282 filed during the year   |          |     |    |
| e        | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | 7e       |     | Νο |
| f        | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7f       |     | No |
| g        | For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  | 7g       | Yes |    |
| h        | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as   |          |     |    |
| _        | required?   | 7h       | Yes |    |
| 8        | Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the | 8        |     |    |
|          | year?   |          |     |    |
| 9        | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 49662  | 9a       |     |    |
| a<br>b   | Did the organization make any taxable distributions under section 4966?   | 9a<br>9b |     |    |
| 10       | Section 501(c)(7) organizations. Enter  | 90       |     |    |
|          | Initiation fees and capital contributions included on Part VIII, line 12   10a  |          |     |    |
|          | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   |          |     |    |
| 4.4      | Section FO1/aV12) arganizations. Enter  |          |     |    |
|          | Section 501(c)(12) organizations Enter  Gross income from members or shareholders   |          |     |    |
|          | 11a   |          |     |    |
| b        | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )  |          |     |    |
| 12a      | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a      |     |    |
| b        | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   |          |     |    |

# Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

| Section A. Gov | erning Body a | nd Manag | ement |
|----------------|---------------|----------|-------|

|    |   |        |                         |    | Yes | No |
|----|---|--------|-------------------------|----|-----|----|
|    | For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.                           | , desc | ribe the circumstances, |    |     |    |
| 1a | Enter the number of voting members of the governing body  | 1a     | 22                      |    |     |    |
| Ь  | Enter the number of voting members that are independent   | 1b     | 18                      |    |     |    |
| 2  | Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?                                  |        |                         | 2  |     | Νο |
| 3  | Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co       |        |                         | 3  |     | Νο |
| 4  | Did the organization make any significant changes to its organizational documents sfiled? $\cdot$   | ince t | he prior Form 990 was   | 4  |     | Νο |
| 5  | Did the organization become aware during the year of a material diversion of the organization   | anızat | on's assets?            | 5  |     | Νο |
| 6  | Does the organization have members or stockholders?   |        |                         | 6  | Yes |    |
| 7a | Does the organization have members, stockholders, or other persons who may elect governing body?  |        |                         | 7a | Yes |    |
| Ь  | Are any decisions of the governing body subject to approval by members, stockhold   | ers, o | rother persons?         | 7b | Yes |    |
| 8  | Did the organization contemporaneously document the meetings held or written active year by the following   | ons ur | ndertaken during the    |    |     |    |
| а  | the governing body?   |        |                         | 8a | Yes |    |
| Ь  | each committee with authority to act on behalf of the governing body?   |        |                         | 8b | Yes |    |
| 9a | Does the organization have local chapters, branches, or affiliates?   |        |                         | 9a |     | Νο |
| b  | If "Yes," does the organization have written policies and procedures governing the a affiliates, and branches to ensure their operations are consistent with those of the o |        | ' '                     | 9b |     |    |
| 10 | Was a copy of the Form 990 provided to the organization's governing body before it must describe in Schedule O the process, if any, the organization uses to review the     |        |                         | 10 | Yes |    |
| 11 | Is there any officer, director or trustee, or key employee listed in Part VII, Section Athe organization's mailing address? If "Yes," provide the names and addresses in Sc |        |                         | 11 | Yes |    |

#### Section B. Policies

|     |  |     | Yes | No |
|-----|--|-----|-----|----|
| 12a | Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .   | 12a | Yes |    |
| b   | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b | Yes |    |
| c   | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done   | 12c | Yes |    |
| 13  | Does the organization have a written whistleblower policy?   | 13  | Yes |    |
| 14  | Does the organization have a written document retention and destruction policy?  | 14  | Yes |    |
| 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  |     |     |    |
| а   | The organization's CEO, Executive Director, or top management official?  | 15a | Yes |    |
| b   | Other officers or key employees of the organization?   | 15b | Yes |    |
|     | Describe the process in Schedule O   |     |     |    |
| 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?  | 16a |     | No |
| 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? | 16b |     |    |

#### Section C. Disclosure

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

Chris Frick 800 S Washington Saginaw, MI 48601 (989) 907-7609

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

#### Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

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

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

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

| The check this box in the organization and i | ·                                      | Posit                             | (C                    | )<br>chec | :k al        |                              |        |   | (E)  | (F)  |
|--|--|-----------------------------------|-----------------------|-----------|--------------|------------------------------|--------|---|--|--|
| (A)<br>Name and Title                        | (B)<br>Average<br>hours<br>per<br>week | Individual Trustee<br>or Chrector | Institutional Trustee | Officei   | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W- 2/1099MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | Estimated amount of other compensation from the organization and related organizations |
|  |  |                                   |                       |           |              |                              |        |   |  |  |
|  |  |                                   |                       |           |              |                              | _      |   |  |  |
|  |  |                                   |                       |           |              |                              |        |   |  |  |
|  |  |                                   |                       |           |              |                              |        |   |  |  |
|  |  |                                   |                       |           |              |                              |        |   |  |  |
|  |  |                                   |                       |           |              |                              |        |   |  |  |
|  |  |                                   |                       |           |              |                              |        |   |  |  |
|  |  |                                   |                       |           |              |                              |        |   |  |  |
|  |  |                                   |                       |           |              |                              |        |   |  |  |
|  |  |                                   |                       |           |              |                              |        |   |  |  |
|  |  |                                   |                       |           |              |                              |        |   |  |  |
|  |  |                                   |                       |           |              |                              |        |   |  |  |
|  |  |                                   |                       |           |              |                              |        |   |  |  |
|  |  |                                   |                       |           |              |                              |        |   |  |  |
|  |  |                                   |                       |           |              |                              |        |   |  |  |

| Part VII | Continue | 7 |
|----------|----------|---|
| rait vii | Continue | u |

|                  |  |  |   | (tion<br>that a            |                            |                    | all                              |              |  | (E)   |          | (F)  |  |
|------------------|--|--|---|----------------------------|----------------------------|--------------------|----------------------------------|--------------|--|---|----------|--|--|
|                  | <b>(A)</b><br>Name and Title   | (B)<br>Average<br>hours<br>per<br>week   | Individual Trustee<br>or Director                                 | Institutional Trustee      | Officei                    | Key employee       | Highest compensated employee     | Former       | (D) Reportable compensation from the organization (W- 2/1099MISC)  | Reportable<br>compensation<br>from related<br>organizations<br>(W- 2/1099-<br>MISC) | 0        | Estima<br>amount o<br>compens<br>from t<br>rganizati<br>relati<br>organiza | f other<br>sation<br>the<br>on and<br>ed |
|                  |  |  |   |                            |                            |                    |                                  |              |  |   |          |  |  |
|                  |  |  |   |                            |                            |                    |                                  |              |  |   |          |  |  |
|                  |  |  |   |                            |                            |                    |                                  |              |  |   |          |  |  |
|                  |  |  |   |                            |                            |                    |                                  |              |  |   |          |  |  |
|                  |  |  |   |                            |                            |                    |                                  |              |  |   |          |  |  |
|                  |  |  |   |                            |                            |                    |                                  |              |  |   |          |  |  |
|                  |  |  |   |                            |                            |                    |                                  |              |  |   |          |  |  |
|                  |  |  |   |                            |                            |                    |                                  |              |  |   |          |  |  |
|                  |  |  |   |                            |                            |                    |                                  |              |  |   |          |  |  |
| 1b               | Total  |  |   |                            |                            |                    | i                                | •            |  | 0 2,514,9   | 964      |  | 39,637                                   |
| 1b<br>2          | Total number of individuals (including compensation from the organization  | ng those in 1  |   |                            |                            |                    |                                  |              | 00,000 in reportab   |   | 964      |  | 39,637                                   |
|                  | Total number of individuals (including   | ng those in 1  |   |                            |                            |                    |                                  |              | 00,000 in reportab   |   | 964      | Yes  | 39,637<br><b>No</b>                      |
|                  | Total number of individuals (including compensation from the organization but the organization list any former   | ng those in 1<br>►0<br>officer, direc  | a) who  | recei                      | ved                        | mor                | e thar                           | n \$1        | or highest compen  | ole   |          | Yes  | No                                       |
| 3                | Total number of individuals (including compensation from the organization but the organization list any former on line 1a? If "Yes," complete Schedu   | ng those in 1<br>▶0<br>officer, direc  | a) who  | recei<br>ruste             | ved                        | mor                | e thar                           | n \$1        | or highest compen  | sated employee  | <b>3</b> | Yes  | · · · · · · · · · · · · · · · · · · ·    |
| 2                | Total number of individuals (including compensation from the organization but the organization list any former on line 1a? If "Yes," complete Schedus For any individual listed online 1a, if organization and related organization  | officer, directive J for such  | a) who  | ruste                      | ved<br>e, k                | ey e               | employ                           | yee,         | or highest compen  | sated employee  | 3        |  | No                                       |
| 3 4              | Total number of individuals (including compensation from the organization but the organization list any <b>former</b> on line 1a? If "Yes," complete Schedut For any individual listed online 1a, if organization and related organization individual  | officer, directive J for such sthe sum of ns greater the sum of ns | a) who  tor or t  individu  reporta  nan \$15                     | ruste ual ble c 0,00       | e, k                       | ey e               | employ ation (es," co            | yee,<br>and  | or highest compen  other compensation  lete Schedule J for s   | sated employee on from the  |          | Yes  | No                                       |
| 3                | Total number of individuals (including compensation from the organization but the organization list any former on line 1a? If "Yes," complete Schedus For any individual listed online 1a, if organization and related organization  | officer, directive J for such sthe sum of ns greater the surective or accre  | a) who  | ruste ual ble c 0,00       | ved<br>e, k<br>omp<br>0? l | ey e ens fror      | employ ation (es," co            | yee, and omp | or highest compen  other compensation  lete Schedule J for s  other compensation   | sated employee  in from the  uch  for services                                      | 3        |  | No                                       |
| 2<br>3<br>4<br>5 | Total number of individuals (including compensation from the organization of the organization and related organization of the organization of the organization of the organization? If "Yestendered to the organization? If "Yestendered to the organization?  | officer, directive J for such sthe sum of ns greater the sum of ns | a) who  | ruste ual ble c 0,00       | ved<br>e, k<br>omp<br>0? l | ey e ens fror      | employ ation (es," co            | yee, and omp | or highest compen  other compensation  lete Schedule J for s  other compensation   | sated employee  in from the  uch  for services                                      | 3        |  | No<br>No                                 |
| 2<br>3<br>4<br>5 | Total number of individuals (including compensation from the organization of the organ | officer, directive J for such sthe sum of ns greater the sum of ns | a) who  | ruste ual ble c 0,00  ensa | omp<br>0? )                | ey e ens f "Y from | employ ation (es," co many erson | yee, and omp | or highest compen  other compensation lete Schedule J for s  elated organization   | sated employee  in from the  uch  for services                                      | 3        |  | No<br>No                                 |
| 3<br>4<br>5      | Total number of individuals (including compensation from the organization of the organ | officer, directive J for such sthe sum of ns greater the sum of ns greater the sum of ns greater the sum of th | a) who  tor or t  individu  reporta  nan \$15   ue comp  Schedule | ruste ual ble c 0,00  ensa | omp<br>0? )                | ey e ens f "Y from | employ ation (es," co many erson | yee, and omp | or highest compensation other compensation is a second compensation of the compensatio | sated employee In from the uch for services   | 3        | Yes  | No<br>No                                 |
| 3<br>4<br>5      | Total number of individuals (including compensation from the organization of the organ | officer, directle J for such sthe sum of ns greater the sum of ns greater the sum of ns greater the sum of the | a) who  tor or t  individu  reporta  nan \$15   ue comp  Schedule | ruste ual ble c 0,00  ensa | omp<br>0? )                | ey e ens f "Y from | employ ation (es," co many erson | yee, and omp | or highest compensation other compensation is a second compensation of the compensatio | sated employee  in from the  uch  for services                                      | 3        | Yes  | No<br>No                                 |
| 3<br>4<br>5      | Total number of individuals (including compensation from the organization of the organ | officer, directive J for such sthe sum of ns greater the sum of ns greater the sum of ns greater the sum of th | a) who  tor or t  individu  reporta  nan \$15   ue comp  Schedule | ruste ual ble c 0,00  ensa | omp<br>0? )                | ey e ens f "Y from | employ ation (es," co many erson | yee, and omp | or highest compensation other compensation is a second compensation of the compensatio | sated employee In from the uch for services   | 3        | Yes  | No<br>No                                 |
| 3<br>4<br>5      | Total number of individuals (including compensation from the organization of the organ | officer, directive J for such sthe sum of ns greater the sum of ns greater the sum of ns greater the sum of th | a) who  tor or t  individu  reporta  nan \$15   ue comp  Schedule | ruste ual ble c 0,00  ensa | omp<br>0? )                | ey e ens f "Y from | employ ation (es," co many erson | yee, and omp | or highest compensation other compensation is a second compensation of the compensatio | sated employee In from the uch for services   | 3        | Yes  | No<br>No                                 |

| Statement | of Revenu |
|-----------|-----------|
|-----------|-----------|

|                                |          |  |   |                     | <b>(A)</b><br>Total Revenue | (B)<br>Related or<br>Exempt<br>Function<br>Revenue | (C)<br>Unrelated<br>Business<br>Revenue | (D) Revenue Excluded from Tax under IRC 512, 513, or 514 |
|--------------------------------|----------|--|---|---------------------|-----------------------------|--|---|--|
| * & &                          | 1a       | Federated camp                               | paigns 1a   |                     |                             |  |   | 514  |
| gifts, grants<br>illar amounts | ь        | Membership du                                | es <b>. 1b</b>                                      |                     |                             |  |   |  |
| s,g<br>m                       | С        | Fundraising eve                              | ents <b>1c</b>                                      | 89,961              |                             |  |   |  |
| 慧定                             | d        | Related organiz                              | ations 1 <b>d</b>                                   |                     |                             |  |   |  |
| E,S                            | e        | Government grants                            | s (contributions) <b>1e</b>                         |                     |                             |  |   |  |
| ation<br>er s                  | f        | All other contribution<br>similar amounts no | ons, gifts, grants, and <b>1f</b> of included above | 1,057,221           |                             |  |   |  |
| 들듣                             | g        |  | butions included in                                 |                     |                             |  |   |  |
| Contributions, and other simil | h        |  | s 1a-1f)  | ▶                   | 1,147,182                   |  |   |  |
| O a                            | -"       | Total (Add line:                             |   | 1                   |                             |  |   |  |
| Ξe                             | 2a       |  |   | Business Code       |                             |  |   |  |
| eve                            | ь        |  |   |                     |                             |  |   |  |
| er<br>Er                       | c        |  |   |                     |                             |  |   |  |
| 7.                             | d        | -  |   |                     |                             |  |   |  |
| ૐ<br>⊆                         | e        |  |   |                     |                             |  |   |  |
| Program Serwce Revenue         | f        | All other progra                             | m service revenue                                   |                     |                             |  |   |  |
| Š                              | g        | Total. Add lines                             | s 2a-2f   | \$                  |                             |  | 1                                       |  |
|                                | 3        |  | ome (ıncludıng dıvıden                              |                     |                             |  |   |  |
|                                |          |  | nounts)   |                     | -299,517                    |  |   | -299,517   |
|                                | 4        |  | tment of tax-exempt bond                            | _                   |                             |  |   |  |
|                                | 5        | Royalties                                    | (ı) Real  | (II) Personal       |                             |  |   |  |
|                                | 6a       | Gross Rents                                  | (i) iteal   | (II) I ersonar      |                             |  |   |  |
|                                | ь        | Less rental expenses                         |   |                     |                             |  |   |  |
|                                | с        | Rental income                                |   |                     |                             |  |   |  |
|                                | d        | or (loss)<br>Net rental incor                | me or (loss)  |                     |                             |  |   |  |
|                                |          |  | (ı) Securities                                      | (II) O ther         |                             |  |   |  |
|                                | 7a       | Gross amount<br>from sales of                |   |                     |                             |  |   |  |
|                                |          | assets other<br>than inventory               |   |                     |                             |  |   |  |
|                                | ь        | Less cost or other basis and                 |   |                     |                             |  |   |  |
|                                |          | sales expenses<br>Gain or (loss)             |   |                     |                             |  |   |  |
|                                | c<br>d   |  | s)  | <u> </u>            |                             |  |   |  |
|                                | 8a       | Gross income fi                              |   |                     |                             |  |   |  |
|                                |          | events (not incl                             |   |                     |                             |  |   |  |
| ě                              |          | Ψ <u> </u>                                   | reported on line 1c)                                |                     |                             |  |   |  |
| Other Revenue                  |          | See Part IV, lin                             | e 18<br><i>G if total exceeds</i>                   |                     |                             |  |   |  |
| æ                              |          |  | a   | 89,961              |                             |  |   |  |
| ₫                              | ь        |  | penses b  |                     |                             |  |   |  |
| ₹                              | С        |  | loss) from fundraising                              | events 🟲            |                             |  |   |  |
|                                | 9a       | Gross income fi<br>See part IV, lin          | rom gaming activities<br>e 19                       |                     |                             |  |   |  |
|                                |          | Complete Schedu<br>\$15,000                  | ule G ıf total exceeds                              |                     |                             |  |   |  |
|                                |          | <i>413,000</i>                               | а   |                     |                             |  |   |  |
|                                | ь        | Less direct exp                              | penses b  |                     |                             |  |   |  |
|                                | С        |  | loss) from gamıng actı                              | vities              |                             |  |   |  |
|                                | 10a      | Gross sales of returns and allo              |   |                     |                             |  |   |  |
|                                |          |  | a   |                     |                             |  |   |  |
|                                | ь        |  | oods sold <b>b</b>                                  |                     |                             |  |   |  |
|                                | С        | · ·  | loss) from sales of inv                             |                     |                             |  |   |  |
|                                | 11a      | Miscellaneous                                | S Kevenue   | Business Code       |                             |  |   |  |
|                                | 11a<br>b |  |   |                     |                             |  |   |  |
|                                |          |  |   |                     |                             |  |   |  |
|                                | [        |  |   |                     |                             |  |   |  |
|                                | d        | All other revenu                             |   |                     |                             |  |   |  |
|                                | 12       | Total Pevenue                                | Add lines 1h, 2g, 3, 4,                             | \$                  | 847,665                     | 0  | 0                                       | -299,517   |
|                                | **       | 9c 10c and 11                                | Add lines In, 2g, 3, 4,<br>Le                       | 5, ou, /u, oc,<br>▶ | 217,000                     |  |   |  |

# Part IX Statement of Functional Expenses

|            | Il other organizations must complete column (A) but are not re<br>not include amounts reported on lines 6b, 7b,   |                       | (B)                         | (B), (C), and (D                | <b>).</b><br>(D)        |
|------------|---|-----------------------|-----------------------------|---------------------------------|-------------------------|
| D0 1       | 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | Program service<br>expenses | Management and general expenses | Fundraising<br>expenses |
| 1          | Grants and other assistance to governments and organizations in the U S $$ See Part IV, line 21 $$  |                       |                             |                                 |                         |
| 2          | Grants and other assistance to individuals in the U.S. See Part IV, line 22   |                       |                             |                                 |                         |
| 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  |                       |                             |                                 |                         |
| 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  |                       |                             |                                 |                         |
| 8          | Pension plan contributions (include section 401(k) and section 403(b) employer contributions)   |                       |                             |                                 |                         |
| 9          | Other employee benefits   |                       |                             |                                 |                         |
| 10         | Payroll taxes   |                       |                             |                                 |                         |
| L1         | Fees for services (non-employees)   |                       |                             |                                 |                         |
| а          | Management  |                       |                             |                                 |                         |
| b          | Legal   |                       |                             |                                 |                         |
| c          | Accounting  |                       |                             |                                 |                         |
| d          | Lobbying  |                       |                             |                                 |                         |
| e          | Professional fundraising See Part IV, line 17   |                       |                             |                                 |                         |
| f          | Investment management fees  | 14,565                |                             | 14,565                          |                         |
| g          | Other   | 61,359                | 61,359                      |                                 |                         |
| .2         | Advertising and promotion   |                       |                             |                                 |                         |
| .3         | Office expenses   | 10,152                | 10,152                      |                                 |                         |
| .4         | Information technology  |                       |                             |                                 |                         |
| .5         | Royalties   |                       |                             |                                 |                         |
| .6         | Occupancy   | 17,748                | 17,748                      |                                 |                         |
| . <b>7</b> | Travel  | 4,316                 | 4,316                       |                                 |                         |
| <b>18</b>  | Payments of travel or entertainment expenses for any Federal, state or local public officials   |                       |                             |                                 |                         |
| .9         | Conferences, conventions and meetings   |                       |                             |                                 |                         |
| 20         | Interest  |                       |                             |                                 |                         |
| 21         | Payments to affiliates  |                       |                             |                                 |                         |
| 22         | Depreciation, depletion, and amortization   |                       |                             |                                 |                         |
| 23         | Insurance   |                       |                             |                                 |                         |
| 24         | Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below ) |                       |                             |                                 |                         |
| а          | SAL & BEN ALLO Cation   | 549,354               | 439,483                     | 109,871                         |                         |
| b          | Restricted Expenses   | 90,422                | 90,422                      | 0                               | (                       |
| С          | Supplies  | 69,959                | 69,959                      | 0                               | (                       |
| d          | Fundraising   | 16,852                | 0                           | 0                               | 16,852                  |
| e          | Donations   | 15,770                | 15,770                      | 0                               | (                       |
| f          | All other expenses  | 40,137                | 40,137                      |                                 |                         |
| 25         | Total functional expenses. Add lines 1 through 24f  | 890,634               | 749,346                     | 124,436                         | 16,852                  |
| 26         | Joint Costs. Check   If following SOP 98-2 Complete this  |                       |                             |                                 |                         |
|            | line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation                                  |                       |                             |                                 |                         |

| Part X | Balance | Sheet |
|--------|---------|-------|
|        |         |       |

|             | 1     | Cash—non-interest-bearing  | 227,279<br>1,971,857 | 2   |     | 81,088<br>1,841,614 |
|-------------|-------|--|----------------------|-----|-----|---------------------|
|             | 2     | Savings and temporary cash investments   | 1,971,657            |     |     | 1,041,614           |
|             | 3     | Pledges and grants receivable, net   |                      | 3   |     |                     |
|             | 4     | Accounts receivable, net   |                      | 4   |     |                     |
|             | 5     | Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>                      |                      | 5   |     |                     |
|             | 6     | Receivables from other disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$ Complete Part II of Schedule L |                      | 6   |     |                     |
|             | 7     | Notes and loans receivable, net  |                      | 7   |     |                     |
|             | 8     | Inventories for sale or use  |                      | 8   |     |                     |
| ţ2          | 9     | Prepaid expenses and deferred charges  |                      | 9   |     |                     |
| Assets      | 10a   | Land, buildings, and equipment cost basis  |                      |     |     |                     |
|             | ь     | Less accumulated depreciation Complete Part VI of Schedule D   |                      | 10c |     |                     |
|             | 11    | Investments—publicly traded securities   |                      | 11  |     |                     |
|             | 12    | Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>   |                      | 12  |     |                     |
|             | 13    | Investments—program-related See Part IV, line 11 $\it Complete Part VIII$ of Schedule D .  |                      | 13  |     |                     |
|             | 14    | Intangible assets  |                      | 14  |     |                     |
|             | 15    | Other assets See Part IV, line 11 Complete Part IX of Schedule  D  | 1,648,731            | 15  |     | 1,613,976           |
|             | 16    | Total assets. Add lines 1 through 15 (must equal line 34)  | 3,847,867            | 16  |     | 3,536,678           |
|             | 17    | Accounts payable and accrued expenses .  |                      | 17  |     |                     |
|             | 18    | Grants payable   |                      | 18  |     |                     |
|             | 19    | Deferred revenue   |                      | 19  |     |                     |
|             | 20    | Tax-exempt bond liabilities  |                      | 20  |     |                     |
| eS          | 21    | Escrow account liability Complete Part IV of Schedule D  |                      | 21  |     |                     |
| Liabilities | 22    | Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified  |                      |     |     |                     |
| E           |       | 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  |                      | 24  |     |                     |
|             | 25    | Other liabilities Complete Part X of Schedule D  |                      | 25  |     |                     |
|             | 26    | Total liabilities. Add lines 17 through 25   | 0                    | 26  |     | 0                   |
| se.         |       | Organizations that follow SFAS 117, check here ► 🔽 and complete lines 27 through 29, and lines 33 and 34.  |                      |     |     |                     |
| anc         | 27    | Unrestricted net assets  | 3,669,294            | 27  |     | 3,422,518           |
| Balance     | 28    | Temporarily restricted net assets  | 178,573              | 28  |     | 114,160             |
|             | 29    | Permanently restricted net assets  |                      | 29  |     |                     |
| Fund        |       | Organizations that do not follow SFAS 117, check here ► □ and complete   |                      |     |     |                     |
| or I        |       | lines 30 through 34.   |                      |     |     |                     |
|             | 30    | Capital stock or trust principal, or current funds   |                      | 30  |     |                     |
| Assets      | 31    | Paid-in or capital surplus, or land, building or equipment fund  |                      | 31  |     |                     |
|             | 32    | Retained earnings, endowment, accumulated income, or other funds   |                      | 32  |     |                     |
| Net         | 33    | Total net assets or fund balances  | 3,847,867            | 33  |     | 3,536,678           |
|             | 34    | Total liabilities and net assets/fund balances   | 3,847,867            | 34  |     | 3,536,678           |
| Pa          | rt XI | Financial Statements and Reporting   |                      |     |     |                     |
|             |       |  |                      |     | Yes | No                  |

| Dart YT | Financial | Statements | and Reporting |
|---------|-----------|------------|---------------|

| 1  | Accounting method used to prepare the Form 990  |    |    |
|----|---|----|----|
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?   | 2a | No |
| b  | Were the organization's financial statements audited by an independent accountant?  | 2b | Νo |
| С  | If "Yes" to lines 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? | 2c |    |
| 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?  | 3a | No |
| b  | If "Yes," did the organization undergo the required audit or audits?  | 3b |    |

### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

Open to Public Inspection

|        |          | ne organizat i  |  |  |                          |                     |                          | Em                      | ployer ide   | ent if icat io | n numbe    | r              |
|--------|----------|---|--|--|--------------------------|---------------------|--------------------------|-------------------------|--------------|----------------|------------|----------------|
| rieid  | veurosc  | iences Institute  |  |  |                          |                     |                          | 38                      | -279070      | 3              |            |                |
| Pa     | rt I     | Reason  | for Public C   | harity Status (to be co  | mpleted                  | bv all or           | ganizatio                |                         |              |                |            |                |
| The    | organiz  |   |  | ation because it is (Please  |                          |                     |                          |                         |              |                |            |                |
| 1      | Γ        | A church, o   | onvention of cl  | nurches, or association of ch  | urches de                | escribed ir         | Section :                | 170(b)(1)               | (A)(i).      |                |            |                |
| 2      | Γ        | A school de   | escribed in <b>Sec</b>   | tion 170(b)(1)(A)(ii). (Attac  | ch Schedı                | ule E )             |                          |                         |              |                |            |                |
| 3      | Γ        | A hospital  | A hospital or a cooperative hospital service organization described in <b>Section 170(b)(1)(A)(iii).</b> (Attach Schedule H) |  |                          |                     |                          |                         |              |                |            |                |
| 4      | Γ        | A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the |  |  |                          |                     |                          |                         |              |                |            |                |
|        |          | hospital's i  | name, city, and  | state  |                          |                     |                          |                         |              |                |            |                |
| 5      | $\sqcap$ | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in |  |  |                          |                     |                          |                         |              |                |            |                |
|        |          | Section 17  | D(b)(1)(A)(iv).  | (Complete Part II )  |                          |                     |                          |                         |              |                |            |                |
| 6      | Γ        | A federal, s  | tate, or local g   | overnment or governmental  | unıt desc                | rıbed ın <b>Se</b>  | ction 170                | (b)(1)(A)               | (v).         |                |            |                |
| 7      | Г        | An organiza   | atıon that norm  | ally receives a substantial p  | art of its               | support fro         | om a gove                | rnmental ι              | ınıt or fror | n the gene     | eral publi | С              |
|        |          | described i   | n <b>Sect ion 170(</b>   | <b>b)(1)(A)(vi)</b> (Complete Par  | tII)                     |                     |                          |                         |              |                |            |                |
| 8      |          | A commun  | ty trust descril   | oed in <b>Section 170(b)(1)(A)</b>   | (vi) (Con                | nplete Par          | tII)                     |                         |              |                |            |                |
| 9      | 굣        | An organiz  | ation that norm  | ally receives (1) more than  | 331/3%                   | of its supp         | ort from c               | ontributior             | ns, membe    | ership fees    | s, and gr  | oss            |
|        |          | receipts fro  | m activities re  | lated to its exempt functions  | s—subject                | t to certair        | n exceptio               | ns, and (2              | ) no more    | than 331/      | ′3% of     |                |
|        |          |   | -  | estment income and unrelate  |                          |                     | •                        |                         |              | x) from bu     | sinesses   | 3              |
|        | _        |   | <del>-</del>   | on after June 30, 1975 See   |                          |                     | •                        |                         | •            |                |            |                |
| 10     |          |   |  | and operated exclusively to  |                          |                     |                          |                         |              |                |            |                |
| 11     | 1        | one or more   | e publicly supp<br>t describes the   | and operated exclusively fo<br>orted organizations describe<br>type of supporting organiza<br>Type II <b>c</b> | d in secti<br>tion and c | on 509(a)           | (1) or sec<br>ines 11e t | tion 509(a<br>hrough 11 | a)(2) See    | Section 5      |            | .Check         |
| e      | Γ        |   | foundation man   | rtıfy that the organızatıon ıs<br>agers and other than one or  |                          |                     |                          |                         |              |                |            |                |
| f<br>g |          | If the organ  | nization receive<br>box  | d a written determination fro<br>as the organization accepte   |                          |                     |                          |                         |              | supportir      | ng organi  | zation,        |
| 9      |          | following pe  |  | as the organization accepte  | a any gne                | or continu          | acron 110111             | uny or the              | •            |                |            |                |
|        |          | (i) a perso   | n who directly o   | r indirectly controls, either a  | alone or to              | ogether wi          | th persons               | s describe              | d ın (ıı)    |                | Yes        | No             |
|        |          | and (III) be  | ow, the govern   | ing body of the the supported  | d organiza               | ition?              |                          |                         |              | 11g            | (i)        |                |
|        |          | (ii) a family   | / member of a p  | erson described in (i) above   | ?                        |                     |                          |                         |              | 11g(           | (ii)       |                |
|        |          | (iii) a 35%   | controlled ent   | ity of a person described in (   | (i) or (ii) a            | bove?               |                          |                         |              | 11g(           | iii)       |                |
| h      |          | Provide the   | following infor  | mation about the organizatio   | ns the or                | ganızatıon          | supports                 |                         |              |                |            |                |
|        | Supp     | ame of<br>oorted  | (ii) EIN   | (iii) Type of organization<br>(described on lines 1-9  | organiz                  | Is the              | the orga                 | ou notify               |              |                |            | mount of port? |
| O rgan |          | nization above or IRC section (See Instructions)  |  | above or IRC section col (i) listed in in col (i)  (See Instructions)) your governing suppo                    |                          | i) of your<br>port? |                          |                         |              |                |            |                |
|        |          |   |  |  | Yes                      | No                  | Yes                      | No                      | Yes          | No             |            |                |
|        |          |   |  |  |                          |                     |                          |                         |              |                |            |                |
|        |          |   |  |  |                          |                     |                          |                         |              |                |            |                |
|        |          |   |  |  |                          |                     |                          |                         |              |                |            |                |
|        |          |   |  |  |                          |                     |                          |                         |              |                |            |                |

Total

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

| Pι   | ıblic Support   |                    | , ,               | ,                 |                  |              |          |            |
|------|---|--------------------|-------------------|-------------------|------------------|--------------|----------|------------|
| Cale | endar year (or fiscal year beginning in)                        | (a) 2004           | <b>(b)</b> 2005   | (c) 2006          | (d) 2007         | (e)          | 2008     | (f) Total  |
| 1    | Gifts, grants, contributions, and                               |                    |                   |                   |                  |              |          |            |
|      | membership fees received (Do not                                |                    |                   |                   |                  |              |          |            |
|      | include any "unusual grants ")                                  |                    |                   |                   |                  |              |          |            |
| 2    | Tax revenues levied for the organization's                      |                    |                   |                   |                  |              |          |            |
|      | benefit and either paid to or expended on                       |                    |                   |                   |                  |              |          |            |
| _    | its behalf<br>The value of services or facilities               |                    |                   |                   |                  | <del> </del> |          |            |
| 3    | furnished by a governmental unit to the                         |                    |                   |                   |                  |              |          |            |
|      | organization without charge                                     |                    |                   |                   |                  |              |          |            |
| 4    | Total. Add line 1-3   |                    |                   |                   |                  | 1            |          |            |
| 5    | The portion of total contribution by each                       |                    |                   |                   |                  |              |          |            |
| 5    | person (other than a government unit or                         |                    |                   |                   |                  |              |          |            |
|      | publicly supported organization) included                       |                    |                   |                   |                  |              |          |            |
|      | on line 1 that exceed 2% of the amount                          |                    |                   |                   |                  |              |          |            |
|      | shown on line 11, column  |                    |                   |                   |                  |              |          |            |
|      | · (f)   |                    |                   |                   |                  |              |          |            |
| 6    | Public Support subtract line 5 from line                        |                    |                   |                   |                  |              |          |            |
|      | 4   |                    |                   |                   |                  |              |          |            |
|      | otal Support  |                    | 1                 |                   | T                |              |          |            |
|      | endar year (or fiscal year beginning in)                        | (a) 2004           | <b>(b)</b> 2005   | (c) 2006          | (d) 2007         | (e) :        | 2008     | (f) Total  |
| 7    | A mounts from line 4  |                    |                   |                   |                  |              |          |            |
| 8    | Gross income from interest, dividends,                          |                    |                   |                   |                  |              |          |            |
|      | payments received on securities loans,                          |                    |                   |                   |                  |              |          |            |
|      | rents, royalties and income from similar                        |                    |                   |                   |                  |              |          |            |
| _    | sources   |                    |                   |                   |                  |              |          |            |
| 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                        |                    |                   |                   |                  |              |          |            |
| 10   | from the sale of capital assets (Explain in                     |                    |                   |                   |                  |              |          |            |
|      | Part IV )   |                    |                   |                   |                  |              |          |            |
| 11   | Total Support (Add lines 7 through 10)                          |                    |                   |                   |                  |              |          |            |
| 12   | Gross receipts from related activities, etc                     | (See instructio    | ns )              |                   | •                | 12           |          |            |
| 13   | First Five Years. If the Form 990 is for the                    | organization's f   | irst second thu   | d fourth or fifth | ntay vearas a F  |              | 3)       |            |
|      | organization, check this box and <b>stop here</b>               |                    | mat, second, tim  | u, rouren, or mer | rtax year as a s | /O1(C)(C     | • •      | <b>▶</b> □ |
|      |   |                    |                   |                   |                  |              |          | •          |
| Co   | omputation of Public Support Perc                               | entage             |                   |                   |                  |              |          |            |
| 14   | Public Support Percentage for 2008 (line 6                      | 5 column (f) dıvı  | ded by line 11 c  | olumn (f))        |                  | 14           |          |            |
| 15   | Public Support Percentage for 2007 School                       | dule A , Part IV - | A, line 26f       |                   |                  | 15           |          |            |
| 16a  | 33 1/3% Test - 2008. If the organization di                     | d not check the    | box on line 13.   | and line 14 is 3  | 3 1/3% or more.  |              | this box |            |
|      | and <b>stop here.</b> The organization qualifies a              |                    |                   |                   | ,                |              |          | <b>▶</b> □ |
| b    | 33 1/3% Test - 2007. If the organization d                      |                    |                   |                   | 15 is 33 1/3% d  | r more,      | check th |            |
|      | box and stop here. The organization qualifi                     | es as a publicly   | supported orga    | nızatıon          |                  |              |          | <b>▶</b> □ |
| 17a  | 10% Facts and Circumstances Test - 2008.                        |                    |                   |                   |                  |              |          |            |
|      | more, and if the organization meets the "fa                     |                    | •                 |                   |                  |              |          | · —        |
|      | organization meets the "facts and circums                       |                    |                   |                   |                  |              |          | <b>►</b> □ |
| Ь    | 10% Facts and Circumstances Test - 2007.                        |                    |                   |                   |                  |              |          |            |
|      | more, and if the organization meets the "fa                     |                    | •                 |                   |                  |              |          | _          |
| 4.0  | the organization meets the "facts and circu                     |                    |                   |                   |                  |              |          | n ▶        |
| 18   | <b>Private Foundation.</b> If the organization did              | not check the b    | oux on line 13, 1 | oa, 160, 1/a or   | 1/D, check this  | oox an       | u see    | <b>▶</b> □ |
|      | ınstructions  |                    |                   |                   |                  |              |          | F-1        |

#### Part III Support Schedule for Organizations Described in IRC 509(a)(2)

|            | (Complete only if you check  | ced the box or      | line 9 of Part     | : 1.)                  |                  |                   |              |
|------------|--|---------------------|--------------------|------------------------|------------------|-------------------|--------------|
| Se         | ction A. Public Support  |                     |                    |                        |                  |                   |              |
| Cale       | ndar year (or fiscal year beginning in)  | (a) 2004            | <b>(b)</b> 2005    | (c) 2006               | (d) 2007         | (e) 2008          | (f) Total    |
| 1          | Gifts, grants, contributions, and  |                     |                    |                        |                  |                   |              |
|            | membership fees received (Do not   | 1,199,155           | 1,125,238          | 1,097,199              | 1,532,192        | 1,147,182         | 6,100,966    |
|            | ınclude any "unusual grants ")   |                     |                    |                        |                  |                   |              |
| 2          | Gross receipts from admissions,  |                     |                    |                        |                  |                   |              |
|            | merchandise sold or services performed,  |                     |                    |                        |                  |                   |              |
|            | or facilities furnished in any activity that   | 174,934             | 193,053            | 42,351                 | 91,271           | 94,354            | 595,963      |
|            | ıs 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  |                     |                    |                        |                  |                   |              |
| 6          | Total Add lines 1-5  | 1,374,089           | 1,318,291          | 1,139,550              | 1,623,463        | 1,241,536         | 6,696,929    |
| 7a         | A mounts included on lines 1, 2, and 3   | 10,350              | 10,350             |                        |                  | 7,500             | 28,200       |
|            | received from disqualified persons   |                     |                    |                        |                  | .,                |              |
| b          | A mounts included on lines 2 and 3   |                     |                    |                        |                  |                   |              |
|            | received from other than disqualified  |                     |                    |                        |                  |                   |              |
|            | persons that exceed the greater of 1% of   |                     |                    |                        |                  |                   |              |
|            | the total of lines 9, 10c, 11, and 12 for  |                     |                    |                        |                  |                   |              |
|            | the year or \$5,000  |                     |                    |                        |                  |                   |              |
| С          | Total of lines 7a and 7b   | 10,350              | 10,350             |                        |                  | 7,500             | 28,200       |
| 8          | Public Support (Substract line 7c from   |                     |                    |                        |                  |                   | 6,668,729    |
|            | line 6)  |                     |                    |                        |                  |                   | 0,000,729    |
| To         | tal Support  |                     |                    |                        |                  |                   |              |
| Cale       | ndar year (or fiscal year beginning in)  | (a) 2004            | <b>(b)</b> 2005    | (c) 2006               | (d) 2007         | (e) 2008          | (f) Total    |
| 9          | A mounts from line 6   | 1,374,089           | 1,318,291          | 1,139,550              | 1,623,463        | 1,241,536         | 6,696,929    |
| 10a        | Gross income from interest, dividends,   |                     | , ,                | , ,                    | , ,              |                   |              |
| IUa        | payments received on securities loans,   |                     |                    |                        |                  |                   |              |
|            | rents, royalties and income from similar   | 93,946              | 144,519            | 276,074                | 185,464          | -299,517          | 400,486      |
|            | sources  |                     |                    |                        |                  |                   |              |
| ь          | Unrelated business taxable income (less  |                     |                    |                        |                  |                   |              |
| U          | section 511 taxes) from businesses   |                     |                    |                        |                  |                   |              |
|            | acquired after 30 June, 1975   |                     |                    |                        |                  |                   |              |
| _          | Add lines 10a and 10b  | 93,946              | 144,519            | 276,074                | 185,464          | -299,517          | 400,486      |
| C          | <b>-</b>   | 33,310              | 111,515            | 270,071                | 103, 101         | 233,317           | 100,100      |
| 11         | Net income from unrelated business   |                     |                    |                        |                  |                   |              |
|            | activities not included in line 10b,   |                     |                    |                        |                  |                   |              |
|            | whether or not the business is regularly carried on  |                     |                    |                        |                  |                   |              |
| 4.0        |  |                     |                    |                        |                  |                   |              |
| 12         | Other income Do not include gain or loss   |                     |                    |                        |                  |                   |              |
|            | from the sale of capital assets (Explain in Part IV )  |                     |                    |                        |                  |                   |              |
| 4.5        | ` '  |                     |                    |                        |                  |                   |              |
| 13         | Total Support (Add lines 9, 10c, 11 and  |                     |                    |                        |                  |                   | 7,097,415    |
| 14         | 12) First Five Years If the Form 990 is for the o  | raanization's fire  | st seeped third    | fourth or fifth i      | tay year as a F  | )1/c)/3) organiz  |              |
| 14         | check this box and <b>stop here</b>  | rganization's in:   | st, second, tillid | , iouitii, oi iiitii i | lax year as a st | or (c)(s) organiz | ation,<br>▶□ |
|            | check this box and <b>stop here</b>  |                     |                    |                        |                  |                   | P-1          |
|            | moutation of Dublic Connect Pages  | ntage.              |                    |                        |                  |                   |              |
|            | mputation of Public Support Perce  |                     | 11 1 40            |                        |                  | 1 1               |              |
| 15         | Public Support Percentage for 2008 (line 8   | column (f) divid    | ed by line 13 co   | olumn (f))             |                  | 15                | 93 960 %     |
| 16         | Public Support Percentage for 2007 Sched   | ule A , Part IV - A | , line 27g         |                        |                  | 16                | 83 450 %     |
|            |  | •                   | -                  |                        |                  |                   |              |
|            |  |                     |                    |                        |                  |                   |              |
| <b>C</b> - | moutation of Investment Income   | Dercontace          |                    |                        |                  |                   |              |
|            | mputation of Investment Income   |                     | 'A                 | - 12 l······· /0\      |                  |                   |              |
| 17         | mputation of Investment Income Investment Income Percentage for 2008 (In Investment Income Percentage from 2007) | ne 10c column (     | •                  |                        |                  | 17                | 5 640 %      |

| 17 | 5 640  | % |
|----|--------|---|
| 18 | 11 650 | % |

19a 33 1/3% Tests - 2008. 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 stop here. The organization qualifies as a publicly supported organization

33 1/3% Tests - 2007. 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 stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions



►V

| Part IV | <b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions) |  |  |  |  |  |  |  |  |
|---------|---|--|--|--|--|--|--|--|--|
|         |   |  |  |  |  |  |  |  |  |
|         | Facts and Circumstances Test  |  |  |  |  |  |  |  |  |
|         |   |  |  |  |  |  |  |  |  |

Schedule A (Form 990 or 990-EZ) 2008

# Software ID: Software Version:

**EIN:** 38-2790703

Name: Field Neurosciences Institute

#### Form 990, Part VII - Section Aaa

|  | Form 990, Part VII - Section Aaa       |  |                       |         |              |                              |        |   |  |  |  |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|---|--|--|--|
|  |  | <b>(C)</b><br>Position (check all<br>that apply) |                       |         |              | I .                          |        |   | (E)  | (F)  |  |
| (A)<br>Name and Title                        | (B)<br>Average<br>hours<br>per<br>week | Individual Trustee<br>or Errector                | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W- 2/1099MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | Estimated amount of other compensation from the organization and related organizations |  |
| Richard Wolohan , Honorary Board<br>Member   | 2 00                                   |  |                       |         |              |                              | X      | 0   | 0  | 0  |  |
| Martha Ann Joseph PLC , Board Chair          | 2 00                                   | Χ  |                       |         |              |                              |        | 0   | 0  | 0  |  |
| Gerald J Talbot , Vice chair                 | 2 00                                   | Х  |                       |         |              |                              |        | 0   | 0  | 0  |  |
| Dale Krueger , Treasurer/Secretary           | 2 00                                   | Х  |                       |         |              |                              |        | 0   | 0  | 0  |  |
| Del Smolinski Chaplain , Ex-Officio          | 2 00                                   | Х  |                       |         |              |                              |        | 0   | 0  | 0  |  |
| Waheed Akbar MD , Board member               | 2 00                                   | Х  |                       |         |              |                              |        | 0   | 0  | 0  |  |
| E Malcolm Field MD , Medical Director        | 2 00                                   | Х  |                       |         |              |                              |        | 0   | 0  | 0  |  |
| Louis J Furlo , Board Member                 | 2 00                                   | Х  |                       |         |              |                              |        | 0   | 0  | 0  |  |
| Louis Hanisko , Board member                 | 2 00                                   | Х  |                       |         |              |                              |        | 0   | 0  | 0  |  |
| Thomas McDonald , Honorary Board<br>Member   | 2 00                                   | x  |                       |         |              |                              |        | 0   | 0  | 0  |  |
| Gerald Schell MD , Board Chaplain            | 2 00                                   | Х  |                       |         |              |                              |        | 0   | 0  | 0  |  |
| Phillip Stahle , Board member                | 2 00                                   | Х  |                       |         |              |                              |        | 0   | 0  | 0  |  |
| Tom Lawler , Board member                    | 2 00                                   | Х  |                       |         |              |                              |        | 0   | 0  | 0  |  |
| Len LeFevre , Board member                   | 2 00                                   | Х  |                       |         |              |                              |        | 0   | 0  | 0  |  |
| John McGraw JD , Board member                | 2 00                                   | Х  |                       |         |              |                              |        | 0   | 0  | 0  |  |
| Dave Nichols , Honorary Board Member         | 2 00                                   | Х  |                       |         |              |                              |        | 0   | 0  | 0  |  |
| John Wolf , Board member                     | 2 00                                   | Х  |                       |         |              |                              |        | 0   | 0  | 0  |  |
| Margaret Clark , Board member                | 2 00                                   | Х  |                       |         |              |                              |        | 0   | 0  | 0  |  |
| Steven Pulver , Board member                 | 2 00                                   | Х  |                       |         |              |                              |        | 0   | 0  | 0  |  |
| Eric Gilbertson JD , Board member            | 2 00                                   | Х  |                       |         |              |                              |        | 0   | 0  | 0  |  |
| James Keyes , Board member                   | 2 00                                   | Х  |                       |         |              |                              |        | 0   | 0  | 0  |  |
| Henry Marsh , Board Member                   | 2 00                                   | Х  |                       |         |              |                              |        | 0   | 0  | 0  |  |
| Ramadrıshnayya Gadam , M D - Board<br>member | 2 00                                   | Х  |                       |         |              |                              |        | 0   | 0  | 0  |  |
| Bill Ewald , Board member                    | 2 00                                   | Х  |                       |         |              |                              |        | 0   | 0  | 0  |  |
| Dee Ewald , Board member                     | 2 00                                   | Х  |                       |         |              |                              |        | 0   | 0  | 0  |  |
| Stan Sobol , Board member                    | 2 00                                   | Х  |                       |         |              |                              |        | 0   | 0  | 0  |  |
| Sherry A Desrosiers , Ex-Officio             | 2 00                                   | Х  |                       |         |              |                              |        | 0   | 168,958  | 11,166   |  |
| Gary Dunbar PhD , Executive Director         | 40 00                                  | Х  |                       | Х       |              |                              |        | 0   | 10,558   |  |  |
| John Graham , CEO - SMMMC                    | 40 00                                  | Х  |                       | Х       |              |                              |        | 0   |  | 37   |  |
| Richard Reid , CFO - SMMMC                   | 40 00                                  | Χ  |                       | Х       |              |                              |        | 0   | 271,913  | 2,047  |  |

Form 990, Part VII - Section Aaa

|                            |  | (C) Position (check all that apply) |                       |         |              | I                            |        |   | (5)  | (F)  |
|----------------------------|--|-------------------------------------|-----------------------|---------|--------------|------------------------------|--------|---|--|--|
| (A)<br>Name and Title      | (B)<br>Average<br>hours<br>per<br>week | Individual Trustee<br>or Director   | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | ( <b>D)</b> Reportable compensation from the organization (W- 2/1099MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | Estimated amount of other compensation from the organization and related organizations |
| Andrew Allen , Interim CFO | 40 00                                  | Х                                   |                       | Х       |              |                              |        | 0   | 2,011,238  | 26,151   |

OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

**Employer identification number** Name of the organization Field Neurosciences Institute 38-2790703

|            | organization answered "Yes" to Form 99   |   | (h) Eurodo and other accounts   |
|------------|--|---|---|
|            | Tatal mumbanat and afterna   | (a) Donor advised funds                           | (b) Funds and other accounts  |
|            | Total number at end of year  |   |   |
|            | Aggregate Contributions to (during year)   |   |   |
|            | Aggregate Grants from (during year)  |   |   |
|            | Aggregate value at end of year   |   |   |
|            | Did the organization inform all donors and donor advi<br>funds are the organization's property, subject to the   | organization's exclusive legal control?           | Yes No  |
|            | Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?                               | 5 5   | •   |
| Part       | Conservation Easements. Complete   | ıf the organızatıon answered "Yes                 | s" to Form 990, Part IV, line 7.  |
| L<br> <br> | Purpose(s) of conservation easements held by the or Preservation of land for public use (e g , recreating Protection of natural habitat                                  | ion or pleasure) $\Gamma$ Preservation o          | f an historically importantly land area<br>f certified historic structure |
|            | Complete lines 2a-2d if the organization held a quali<br>on the last day of the tax year   | ified conservation contribution in the fo         | orm of a conservation easement  Held at the End of the Yea                |
| а          | Total number of conservation easements   |   | 2a  |
| b          |  |   | 2b  |
| c          | Total acreage restricted by conservation easement  |   | 2c 2c   |
| d          | Number of conservation easements on a certified hi   | , ,   | 2d  |
|            | Number of conservation easements included in (c) a   | •   | <u> </u>  |
|            | Number of conservation easements modified, transfe<br>the taxable year ►   | errea, reieasea, extinguisnea, or termir          | nated by the organization during  |
|            | Number of states where property subject to conserva  | ation easement is located ►                       |   |
|            | Does the organization have a written policy regarding enforcement of the conservation easements it holds?  | =   | riolations, and Yes No  |
|            | Staff or volunteer hours devoted to monitoring, inspe  | ecting and enforcing easements during             | the year <b>►</b>   |
|            | Amount of expenses incurred in monitoring, inspecti  | ng, and enforcing easements during th             | e year ► \$   |
|            | Does each conservation easement reported on line 2<br>170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?  | 2(d) above satisfy the requirements of            | section Yes No  |
|            | In Part XIV, describe how the organization reports contained balance sheet, and include, if applicable, the text of the organization's accounting for conservation easen | the footnote to the organization's finan<br>nents | cial statements that describes  |
|            | Organizations Maintaining Collectio Complete if the organization answered '  | "Yes" to Form 990, Part IV, line 8                | <u>.                                      </u>                            |
|            | If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin   | for public exhibition, education or res           | earch in furtherance of public service,                                   |
| _          | If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items        | public exhibition, education, or research         | ·   |
|            | (i) Revenues included in Form 990, Part VIII, line 1   |   | <b>▶</b> \$   |
|            | (ii) Assets included in Form 990, Part X   |   | <b>►</b> \$   |
|            | If the organization received or held works of art, histofollowing amounts required to be reported under SFA  | · · · · · · · · · · · · · · · · · · ·             | '   |
| а          | Revenues included in Form 990, Part VIII, line 1   |   | <b>►</b> \$   |
| _          | Assets included in Form 990, Part X  |   | <b>.</b> .  |

| Par                        | Organizations Maintaining Co  | llections of Art      | , His        | tori     | cal Treasur  | es, or Othei                   | Similar Asse         | ts (cor         | ntınued) |
|----------------------------|---|-----------------------|--------------|----------|--|--------------------------------|----------------------|-----------------|----------|
| 3                          | Using the organization's accession and othe items (check all that apply)                        | r records, check any  | ofth         | ie foll  | _  | -                              | se of its collection | ı               |          |
| а                          | Public exhibition   |                       | d            | Γ        | Loan or excha  | nge programs                   |                      |                 |          |
| b                          | Scholarly research  |                       | e            | $\Gamma$ | Other  |                                |                      |                 |          |
| c                          | Preservation for future generations   |                       |              |          |  |                                |                      |                 |          |
| 4                          | Provide a description of the organization's co  | ollections and expla  | ın hov       | v the    | further the org                                      | janization's ex                | empt purpose in      |                 |          |
| 5                          | During the year, did the organization solicit of assets to be sold to raise funds rather than t |                       |              |          |  |                                |                      | Yes             | Г No     |
| Par                        | Trust, Escrow and Custodial A Part IV, line 9, or reported an an                                | Arrangements.         | Com          | plete    | e if the organi                                      |                                | ered "Yes" to Fo     | rm 99           | 0,       |
| 1a                         | Is the organization an agent, trustee, custod included on Form 990, Part X?                     | ıan or other ınterme  | diary        | for c    | ontributions or                                      | other assets n                 | ot                   | Yes             | ∏ No     |
| b                          | If "Yes," explain why in Part XIV and comple  | te the following tab  | le           |          |  |                                |                      |                 |          |
|                            |   |                       |              |          |  |                                | A mou                | nt              |          |
| С                          | Beginning balance   |                       |              |          |  | 1c                             |                      |                 |          |
| d                          | Additions during the year   |                       |              |          |  | 1d                             |                      |                 |          |
| е                          | Distributions during the year   |                       |              |          |  | 1e                             |                      |                 |          |
| f                          | Ending balance  |                       |              |          |  | 1f                             |                      |                 |          |
| 2a                         | Did the organization include an amount on Fo  | orm 990, Part X, line | 21?          |          |  |                                | Γ,                   | Yes             | ┌ No     |
|                            | If "Yes," explain the arrangement in Part XIV   |                       |              |          |  |                                |                      |                 |          |
| Pa                         | rt V Endowment Funds. Complete  |                       |              |          |  |                                |                      |                 |          |
|                            |   | (a)Current Year       | (b)          | Prior \  | 'ear (c)Two  | Years Back (d)T                | hree Years Back (e)  | Four Ye         | ars Back |
| 1a                         | Beginning of year balance   |                       |              |          |  |                                |                      |                 |          |
| b                          | Contributions   |                       |              |          |  |                                |                      |                 |          |
| с                          | Investment earnings or losses   |                       |              |          |  |                                |                      |                 |          |
| d                          | Grants or scholarships  |                       |              |          |  |                                |                      |                 |          |
| e                          | Other expenditures for facilities and programs  |                       |              |          |  |                                |                      |                 |          |
| f                          | Administrative expenses   |                       |              |          |  |                                |                      |                 |          |
| g                          | End of year balance   |                       |              |          |  |                                |                      |                 |          |
| 2                          | Provide the estimated percentage of the yea   | r end balance held a  | is           |          |  |                                |                      |                 |          |
| а                          | Board designated or quasi-endowment   |                       |              |          |  |                                |                      |                 |          |
| ь                          | Permanent endowment   |                       |              |          |  |                                |                      |                 |          |
|                            | Term endowment ►  |                       |              |          |  |                                |                      |                 |          |
| с<br>За                    | Are there endowment funds not in the posses organization by                                     | ssion of the organiza | ation        | that a   | re held and adr                                      | mınıstered for t               | :he                  | Yes             | No       |
|                            | (i) unrelated organizations   |                       |              |          |  |                                | 3a(i)                |                 |          |
|                            | (ii) related organizations  |                       |              |          |  |                                | 3a(ii)               |                 |          |
| h                          | If "Yes" to 3a(II), are the related organizatio   | •                     |              |          |  |                                | 3b                   |                 |          |
| ט                          | Describe in Part XIV the intended uses of th  | e organization's end  |              |          |  |                                |                      |                 |          |
| 4                          |   |                       |              |          |  |                                |                      |                 |          |
| 4                          | t VI Investments—Land, Buildings  | s, and Equipme        | nt. S        | ee F     | orm 990, Par   | t X, line 10.                  | T                    |                 |          |
| 4                          | t VI Investments—Land, Buildings  Description of investment                                     | s, and Equipme        | nt. S        | (;       | orm 990, Par<br>a) Cost or other<br>sis (investment) | (b)Cost or other basis (other) | (c) Depreciation     | ( <b>d</b> ) Bo | ok value |
| 4<br>Par                   |   | s, and Equipme        | <u>nt.</u> S | (;       | a) Cost or other                                     | (b)Cost or other               | (c) Depreciation     | ( <b>d</b> ) Bo | ok value |
| 4<br>Par<br>1a             | Description of investment   | s, and Equipme        | <u>nt. S</u> | (;       | a) Cost or other                                     | (b)Cost or other               | (c) Depreciation     | ( <b>d</b> ) Bo | ok value |
| 4<br>Par<br>1a<br>b        | Description of investment   | s, and Equipme        | <u>nt.</u> S | (;       | a) Cost or other                                     | (b)Cost or other               | (c) Depreciation     | (d) Bo          | ok value |
| Par<br>Par<br>1a<br>b<br>c | Description of investment  Land   | s, and Equipme        | nt. S        | (;       | a) Cost or other                                     | (b)Cost or other               | (c) Depreciation     | (d) Bo          | ok value |
| Par<br>1a<br>b<br>c<br>d   | Description of investment  Land   |                       | ·<br>·<br>·  | (i<br>ba | a) Cost or other<br>sis (investment)                 | (b)Cost or other basis (other) | (c) Depreciation     | (d) Bo          | ok value |

| Part VII Investments—Other Securities. Se   | ee Form 990, Part X, line 1 |                 |                                     |
|---|-----------------------------|-----------------|-------------------------------------|
| <ul><li>(a) Description of security or cateory<br/>(including name of security)</li></ul> | ( <b>b)</b> Book value      |                 | d of valuation<br>year market value |
| Financial derivatives and other financial products  |                             | Cost of the of  | year market varae                   |
| Closely-held equity interests   |                             |                 |                                     |
| Other   |                             |                 |                                     |
| Other   |                             |                 |                                     |
|   |                             |                 |                                     |
|   |                             |                 |                                     |
|   |                             |                 |                                     |
|   |                             |                 |                                     |
|   |                             |                 |                                     |
|   |                             |                 |                                     |
|   |                             |                 |                                     |
|   |                             |                 |                                     |
|   |                             |                 |                                     |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 12)                        | <b>F</b>                    |                 |                                     |
|   |                             | I               |                                     |
| Part VIII Investments—Program Related. S  | See Form 990, Part X, line  | 13.             |                                     |
| (a) Description of investment type  | (b) Book value              |                 | d of valuation                      |
|   | (2, 200). 12.20             | Cost or end-of- | year market value                   |
|   |                             |                 |                                     |
|   |                             |                 |                                     |
|   |                             |                 |                                     |
|   |                             |                 |                                     |
|   |                             |                 |                                     |
|   |                             |                 |                                     |
|   |                             |                 |                                     |
|   |                             |                 |                                     |
|   |                             |                 |                                     |
|   |                             |                 |                                     |
|   |                             |                 |                                     |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 13)                        |                             |                 |                                     |
| Part IX Other Assets. See Form 990, Part X,   |                             |                 | (1) 5                               |
| (a) Desc  | cription                    |                 | (b) Book value                      |
| Health Depository System Account  |                             |                 | 1,499,816                           |
| Restricted Assets   |                             |                 | 114,160                             |
|   |                             |                 |                                     |
|   |                             |                 |                                     |
|   |                             |                 |                                     |
|   |                             |                 |                                     |
|   |                             |                 |                                     |
|   |                             |                 |                                     |
|   |                             |                 |                                     |
|   |                             |                 |                                     |
| Total. (Column (b) should equal Form 990, Part X, col.(B) IIr                             | 20.15.)                     | <u> </u>        | 1,613,976                           |
|   |                             |                 | 1,013,970                           |
| Part X Other Liabilities. See Form 990, Par<br>(a) Description of Liability               | ( <b>b</b> ) A mount        |                 |                                     |
|   | (b) Amount                  | 1               |                                     |
| Federal Income Taxes  |                             | +               |                                     |
|   |                             | 4               |                                     |
|   |                             | _               |                                     |
|   |                             | 4               |                                     |
|   |                             | 1               |                                     |
|   |                             |                 |                                     |
|   |                             |                 |                                     |
|   |                             | 1               |                                     |
|   |                             | 1               |                                     |
|   | +                           | †               |                                     |
|   |                             | 1               |                                     |
| Table (California (b) about a surficient COC California (COC)                             |                             | -               |                                     |
| <b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25 )                | <b>*</b>                    |                 |                                     |

| Total expenses (Form 990, Part IX, column (A), line 25)  Excess or (deficit) for the year Subtract line 2 from line 1  Net unrealized gains (losses) on investments  Donated services and use of facilities | 47,665<br>90,634<br>42,969 |
|---|----------------------------|
| 3 Excess or (deficit) for the year Subtract line 2 from line 1 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 5  |                            |
| 4 Net unrealized gains (losses) on investments 4 -2 5 Donated services and use of facilities 5  | 42,969                     |
| 5 Donated services and use of facilities 5  |                            |
|   | 68,220                     |
| 6 Investment expenses   |                            |
| 6 Investment expenses 6   |                            |
| 7 Prior period adjustments 7  |                            |
| 8 Other (Describe in Part XIV)  |                            |
| · · · · · · · · · · · · · · · · · · ·   | 68,220                     |
| · · · · · · · · · · · · · · · · · · ·   | 11,189                     |
| Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return   | ·                          |
| 1 Total revenue, gains, and other support per audited financial statements  |                            |
| 2 A mounts included on line 1 but not on Form 990, Part VIII, line 12   |                            |
| a Net unrealized gains on investments 2a  |                            |
| b Donated services and use of facilities  |                            |
| c Recoveries of prior year grants   |                            |
| d Other (Describe in Part XIV) 2d   |                            |
| e Add lines 2a through 2d   |                            |
| 3 Subtract line <b>2e</b> from line <b>1</b>  |                            |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1   |                            |
| a Investment expenses not included on Form 990, Part VIII, line 7b . 4a   |                            |
| b Other (Describe in Part XIV)  |                            |
| c Add lines <b>4a</b> and <b>4b</b>   |                            |
| Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5   |                            |
| Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return  |                            |
| 1 Total expenses and losses per audited financial statements  |                            |
| 2 A mounts included on line 1 but not on Form 990, Part IX, line 25   |                            |
| a Donated services and use of facilities  |                            |
| b Prior year adjustments  |                            |
| c Losses reported on Form 990, Part IX, line 25 2c  |                            |
| d Other (Describe in Part XIV)  |                            |
| e Add lines 2a through 2d   |                            |
| 3 Subtract line 2e from line 1  |                            |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  |                            |
| a Investment expenses not included on Form 990, Part VIII, line 7b 4a   |                            |
| b Other (Describe in Part XIV)  |                            |
| c Add lines 4a and 4b   |                            |
| Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)  |                            |
| Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 3  | 3.1-                       |

| Ident if ier | Return Reference       | Explanation   |
|--------------|------------------------|---|
|              | Positions Under FIN 48 | (FROM THE CONSOLIDATED FINANCIAL STATEMENTS OF ST MARY'S Health, WHICH INCLUDE THE ACTIVITY OF FIELD NEUROSCIENCES INSTITUTE) EFFECTIVE JULY 1, 2007, ST MARY'S ADOPTED FIN 48 THE ADOPTION OF FIN 48 DID NOT HAVE AN IMPACT ON ST MARY'S FINANCIAL POSITION OR RESULTS OF OPERATIONS |
|              |                        |   |
|              |                        |   |
|              |                        |   |
|              |                        |   |
|              |                        |   |
|              |                        |   |

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As Filed Data -

DLN: 93493131010140

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

**Supplemental Information Regarding** 

**Fundraising or Gaming Activities** 

Open to Public

| Name of the organization  |                       |  |                                      |                                      |   | Tiispection          |
|---|-----------------------|--|--------------------------------------|--------------------------------------|---|----------------------|
|   |                       |  |                                      |                                      | Employer iden   | ntification number   |
| Field Neurosciences Institute                                     |                       |  |                                      |                                      | 38-2790703  |                      |
| Part I Fundraising Ac   | tivities Complet      | a if the oi                            | raanizat                             | ion answered "Ves"                   |   |                      |
| <del></del> <del>-</del>  | •                     |  |                                      |                                      | ·   | , iiie 17.           |
| Indicate whether the orga   | nization raised funds | through ar                             | ny of the                            |                                      |   |                      |
| <b>a</b> Mail solicitations <b>b</b> Email solicitations          |                       |  |                                      | •                                    | non-government grants<br>government grants                      |                      |
| c Phone solicitations   |                       |  |                                      | g Special fundrai                    | -   |                      |
| d In-person solicitation  | c                     |  |                                      | <b>g</b> j Special idildial          | sing events   |                      |
| _ , po  | -                     |  |                                      |                                      |   |                      |
| 2a Did the organization have or key employees listed ii           |                       |  | •                                    | ,                                    |   | Г Yes Г No           |
| <b>b</b> If "Yes," list the ten highe<br>to be compensated at lea |                       |  |                                      |                                      |   |                      |
|   |                       | (iii)                                  | Did                                  |                                      |   |                      |
|   |                       |  |                                      |                                      |   |                      |
| (i) Name of individual  |                       | fundrais                               | erhave                               | (iu) Cross resourts                  | (v) A mount paid to   | (vi) A mount paid to |
| (i) Name of individual or entity (fundraiser)                     | (ii) Activity         |  | er have<br>dy or                     | (iv) Gross receipts from activity    | (v) A mount paid to<br>(or retained by)<br>fundraiser listed in | (or retained by)     |
| (i) Name of individual or entity (fundraiser)                     | (ii) Activity         | fundrais<br>custo                      | erhave<br>dy or<br>ol of             | (iv) Gross receipts<br>from activity | (or retained by)  | 1                    |
| • •   | (ii) Activity         | fundrais<br>custo<br>contr             | erhave<br>dy or<br>ol of             |                                      | (or retained by)<br>fundraiser listed in                        | (or retained by)     |
|   | (ii) A ctivity        | fundrais<br>custo<br>contr<br>contribu | er have<br>dy or<br>ol of<br>utions? |                                      | (or retained by)<br>fundraiser listed in                        | (or retained by)     |
| • •   | (ii) Activity         | fundrais<br>custo<br>contr<br>contribu | er have<br>dy or<br>ol of<br>utions? |                                      | (or retained by)<br>fundraiser listed in                        | (or retained by)     |
|   | (ii) Activity         | fundrais<br>custo<br>contr<br>contribu | er have<br>dy or<br>ol of<br>utions? |                                      | (or retained by)<br>fundraiser listed in                        | (or retained by)     |
|   | (ii) A ctivity        | fundrais<br>custo<br>contr<br>contribu | er have<br>dy or<br>ol of<br>utions? |                                      | (or retained by)<br>fundraiser listed in                        | (or retained by)     |
|   | (ii) Activity         | fundrais<br>custo<br>contr<br>contribu | er have<br>dy or<br>ol of<br>utions? |                                      | (or retained by)<br>fundraiser listed in                        | (or retained by)     |
|   | (ii) Activity         | fundrais<br>custo<br>contr<br>contribu | er have<br>dy or<br>ol of<br>utions? |                                      | (or retained by)<br>fundraiser listed in                        | (or retained by)     |
| • •   | (ii) A ctivity        | fundrais<br>custo<br>contr<br>contribu | er have<br>dy or<br>ol of<br>utions? |                                      | (or retained by)<br>fundraiser listed in                        | (or retained by)     |
| • •   | (ii) Activity         | fundrais<br>custo<br>contr<br>contribu | er have<br>dy or<br>ol of<br>utions? |                                      | (or retained by)<br>fundraiser listed in                        | (or retained by)     |

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

| Pa       | rt II | Fundraising Events. Com more than \$15,000 on Form                            |                            |   |                          |                         | report            | ted  |
|----------|-------|---|----------------------------|---|--------------------------|-------------------------|-------------------|--|
|          |       |   | (a) Event #1               | (b) Event #2  Golf Outing                           | (c) O ther Events        | (Add col                | tal Eve<br>(a) th |  |
| als.     |       |   | (event type)               | (event type)  | (total number)           |                         |                   |  |
| Ξ        | 1     | Gross receipts  | 165,695                    | 18,620  |                          |                         | 18                | 4,315  |
| Revenue  | 2     | Less Charitable contributions   | 80,782                     | 9,179   |                          |                         | 8                 | 9,961  |
|          | 3     | Gross revenue (line 1 minus line 2)   | 84,913                     | 9,441   | L                        |                         | 9.                | 4,354  |
|          | 4     | Cash Prizes   |                            |   |                          |                         |                   |  |
| Ses      | 5     | Non-cash Prizes   |                            |   |                          |                         |                   |  |
| Expenses | 6     | Rent/Facility costs   | 53,224                     |   |                          |                         |                   | 9,987  |
| ញ<br>ញ   | 7     | Other direct expenses   | 31,689                     | 2,678   | 3                        |                         |                   | 4,367  |
| Direct   | 8     | Direct expense summary Add lin  | es 4 through 7 ın column   | (d)   | 🛌                        |                         | <u> </u>          | 4,354  |
|          | 9     | Net income summary Combine li   | nes 3 and 8 ın column (d)  |   | •                        |                         |                   | 0  |
| Par      | t III | <b>Gaming.</b> Complete if the or \$15,000 on Form 990-EZ, lir                |                            | 'Yes" to Form 990, Pa                               | art IV, line 19, or repo | orted mor               | e thar            | า  |
| Revenue  |       |   | (a) Bingo                  | (b) Pull tabs/Instant<br>bingo/progressive<br>bingo | (c) O ther gaming        | (d) Total<br>col (a) th |                   |  |
|          | 1     | Gross revenue   |                            |   |                          |                         |                   |  |
| seg      | 2     | Cash prizes   |                            |   |                          |                         |                   |  |
| Expenses | 3     | Non-cash prizes   |                            |   |                          |                         |                   |  |
| ញ<br>ក្  | 4     | Rent/facility costs   |                            |   |                          |                         |                   |  |
| Direct   | 5     | Other direct expenses   |                            |   |                          |                         |                   |  |
|          | 6     | Volunteer labor   | ┌ Yes <u>%</u><br>┌ No     | Yes   | ┌ Yes%<br>┌ No           |                         |                   |  |
|          | 7     | Direct expense summary Add lines  | s 2 through 5 ın column (  | d)  |                          |                         |                   |  |
|          | 8     | Net gaming income summary Com   | bine lines 1 and 7 in colu | mn (d)  | •                        |                         |                   |  |
|          |       |   |                            |   |                          |                         | Yes               | No   |
| 9<br>a   |       | er the state(s) in which the organiza<br>he organization licensed to operate  |                            |   |                          | · 9a                    |                   |  |
| b        | If"I  | No," Explain  |                            |   |                          |                         |                   |  |
|          |       |   |                            |   |                          |                         |                   |  |
| 10a      |       | re any of the organization's gaming l<br>Yes," Explain                        | icenses revoked, suspen    | ded or terminated during                            | the tax year?            | 10a                     |                   |  |
| b        |       | res, Expiain  |                            |   |                          |                         |                   |  |
| 4.4      |       | a the even material and the even  |                            | wa 2  |                          |                         |                   |  |
| 11<br>12 |       | es the organization operate gaming a<br>he organization a grantor, beneficial |                            |   |                          | 11                      | +                 | <del>                                     </del> |
|          |       | ned to administer charitable gaming   |                            |   |                          | . 12                    |                   |  |

|     |   |     | <br><del></del> |
|-----|---|-----|-----------------|
| 13  | Indicate the percentage of gaming activity operated in  |     |                 |
| а   | 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?  | 15a |                 |
| Ь   | If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue retained by the third party <b>&gt;</b> \$              |     |                 |
| 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   |     |                 |
| а   | Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  | 17a |                 |
| 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 📂 💲 |     |                 |

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DLN: 93493131010140

OMB No 1545-0047

OMB No 1545-00

Schedule J (Form 990)

Compensation Information

Compensated Employees

Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

For certain Officers, Directors, Trustees, Key Employees, and Highest

2008
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
Field Neurosciences Institute

**Employer identification number** 

38-2790703

| Pa | rt I Questions Regarding Compensation  | ·  |     |     |
|----|--|----|-----|-----|
|    |  |    | Yes | Νo  |
| 1a | Check the appropiate 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 |    |     |     |
|    | First class or charter travel  Housing allowance or residence for personal use   |    |     |     |
|    | Travel for companions Payments for business use of personal residence  |    |     |     |
|    | Tax idemnification and gross-up payments  Health or social club dues or initiation fees  |    |     |     |
|    | Discretionary spending account Personal services (e.g., maid, chauffeur, chef)   |    |     |     |
| b  | If line 1a is 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                                 | 1b |     |     |
| 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?                   | 2  |     |     |
|    |  | -  |     |     |
| 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   |    |     |     |
|    | Compensation committee   |    |     |     |
|    | ✓ Independent compensation consultant ✓ Compensation survey or study   |    |     |     |
|    | Form 990 of other organizations  Approval by the board or compensation committee   |    |     |     |
| 4  | During the year, did any person listed in Form 990, Part VII, Section A, line 1a   |    |     |     |
| а  | Receive a severance payment or change of control payment?  | 4a |     | Νo  |
| b  | Participate in, or receive payment from, a supplemental nonqualified retirement plan?  | 4b |     | Νo  |
| c  | Participate in, or receive payment from, an equity-based compensation arrangement?   | 4c |     | Νo  |
|    | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III   |    |     |     |
|    | 501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.  |    |     |     |
| 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  |    |     |     |
| а  | The organization?  | 5a |     | Νo  |
| b  | Any related organization?  | 5b |     | Νo  |
|    | 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  |    |     |     |
| а  | The organization?  | 6a |     | Νo  |
| b  | Any related organization?  | 6b |     | Νo  |
|    | 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   | 7  |     | No  |
| 8  | Were any amounts reported in Form 990, Part VII, paid or accured 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           | 8  |     | No. |

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

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

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

| (A) Name            |             | (B) Breakdown of         | W-2 and/or 1099-MIS                       | SC compensation             | (C) Deferred | (D) Nontaxable | (E) Total of columns | (F) Compensation                             |
|---------------------|-------------|--------------------------|---|-----------------------------|--------------|----------------|----------------------|--|
|                     |             | (i) Base<br>compensation | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>compensation | compensation | benefits       | (B)(ı)-(D)           | reported in prior Form<br>990 or Form 990-EZ |
| Sherry A Desrosiers | (ı)<br>(ıı) | 143,707                  | 24,205                                    | 1,046                       | 10,244       | 922            | 180,124              |  |
| Richard Reid        | (I)<br>(II) | 200,543                  | 42,440                                    | 28,930                      |              | 2,047          | 273,960              |  |
| A ndrew A llen      | (I)<br>(II) | 390,919                  |   | 1,620,319                   | 14,028       | 12,123         | 2,037,389            |  |
|                     | (ii)        |                          |   |                             |              |                |                      |  |
|                     | (i)         |                          |   |                             |              |                |                      |  |
|                     | (ii)        |                          |   |                             |              |                |                      |  |
|                     | (i)         |                          |   |                             |              |                |                      |  |
|                     | (ii)        |                          |   |                             |              |                |                      |  |
|                     | (i)         |                          |   |                             |              |                |                      |  |
|                     | (ii)        |                          |   |                             |              |                |                      |  |
|                     | (i)         |                          |   |                             |              |                |                      |  |
|                     | (ii)        |                          |   |                             |              |                |                      |  |
|                     | (i)         |                          |   |                             |              |                |                      |  |
|                     | (ii)        |                          |   |                             |              |                |                      |  |
|                     | (i)         |                          |   |                             |              |                |                      |  |
|                     | (ii)        |                          |   |                             |              |                |                      |  |

#### 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

| Ident if ier                | Return<br>Reference | Explanation   |
|-----------------------------|---------------------|---|
| Supplemental<br>Information | Part III            | PART I, LINE 3 ST MARY'S OF MICHIGAN MEDICAL CENTER, A RELATED ORGANIZATION OF FIELD NEUROSCIENCES INSTITUTE, USES THE FOLLOWING TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S CEO/EXECUTIVE DIRECTOR INDEPENDENT COMPENSATION CONSULTANT, WRITTEN EMPLOYMENT CONTRACT, APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE |
|                             |                     |   |
|                             |                     |   |
|                             |                     |   |
|                             |                     |   |
|                             |                     |   |
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|                             |                     |   |
|                             |                     |   |
|                             |                     |   |

Schedule J (Form 990) 2008

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### **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

DLN: 93493131010140

Open to Public Inspection

Name of the organization

Employer identification number

38-2790703

| ldentifier                           | Return Reference | Explanation   |
|--------------------------------------|------------------|---|
| Form 990, Part VI, Section A, line 6 |                  | Field Neuroscience Institute has a single Corporate member, St. Mary's Health |

| ldentifier                               | Return<br>Reference | Explanation   |
|--|---------------------|---|
| Form 990, Part VI,<br>Section A, line 7a |                     | Field Neuroscience Institute has a single corporate member, St. Mary's Health, who has the ability to elect members to the governing body of the Field Neuroscience Institute |

| ldentifier                               | Return<br>Reference | Explanation  |
|--|---------------------|--|
| Form 990, Part VI,<br>Section A, line 7b |                     | ALL DECISIONS THAT HAVE A MATERIAL IMPACT TO FIELD OF NEUROSCIENCE INSTITUTE FINANCIAL INFORMATION OR CORPORATION AS A WHOLE ARE SUBJECT TO APPROVAL BY ITS SOLE CORPORATE MEMBER, St. Mary's Health |

| ldentifier                                  | Return<br>Reference | Explanation   |
|---|---------------------|---|
| Form 990, Part<br>VI, Section A,<br>line 10 |                     | Management, including certain Officers, works diligently to complete the Form 990 and attached schedules in a thorough manner Management presents the Form to the Board, or a designated committee, to review Prior to filing the return, all Board Members are provided the Form 990 and management team members are available to answer any Board Members questions |

| ldentifier                                     | Return<br>Reference | Explanation   |
|--|---------------------|---|
| Form 990,<br>Part VI,<br>Section B,<br>Ine 12c |                     | The organization regularly and consistently monitors and enforces compliance with the conflict of interest policy in that any director, principal officer, or member of a committee with governing board delegated powers, who has a direct or indirect financial interest, must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of the committees with governing board delegated powers considering the proposed transaction or arrangement. The remaining individuals on the governing board or committee meeting will decide if conflicts of interest exist. Each director, principal officer and member of a committee with governing board delegated powers annually signs a statement which affirms such person has received a copy of the conflicts of interest policy, has read and understands the policy, has agreed to comply with the policy, and understands that the organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish its tax-exempt purpose |

| ldentifier                                     | Return<br>Reference | Explanation   |
|--|---------------------|---|
| Form 990,<br>Part VI,<br>Section B,<br>line 15 |                     | In determining compensation of the organization's Executive Director, the process performed by St. Mary's of Michigan Medical Center (a related entity) included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The compensation committee reviewed and approved the compensation. In the review of the compensation, the Executive Director was compared to other organizations in the area that hold the same title. During the review and approval of the compensation, documentation of the decision was recorded in the board minutes. Individual was not present when his compensation was decided. |

| ldentifier                            | Return<br>Reference | Explanation  |
|---------------------------------------|---------------------|--|
| Form 990, Part VI, Section C, line 19 |                     | THE ORGANIZATION WILL PROVIDE ANY DOCUMENTS OPEN TO PUBLIC INSPECTION UPON REQUEST |

| ldentifier                 | Return Reference | Explanation   |
|----------------------------|------------------|---|
| Form 990, Part IV, Line 12 |                  | Field Neurosciences Institute is part of a consolidated Audited Financial Statement |

| ldentifier                    | Return Reference | Explanation  |
|-------------------------------|------------------|--|
| Form 990, Part<br>VI, Line 11 |                  | There are 4 former members of the Board w ho can no longer be reached at the organization's mailing address. Susan Schmiege, M.D., Andy Allen, Bapineedu Maganti, M.D., and Richard Reid |

| ldentifier                       | Return<br>Reference | Explanation   |
|----------------------------------|---------------------|---|
| Form 990, Part<br>VII, Section A |                     | Officers for Field Neurosciences Institute provide services to St. Mary's of Michigan Medical Center and its subsidiaries. Hours worked are not tracked on an entity by entity basis. Therefore all officers, directors, trustees, and key employees hours reported on Form 990, Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees represent aggregate hours worked per wieck for all entities. |

| ldentifier                       | Return<br>Reference | Explanation  |
|----------------------------------|---------------------|--|
| Form 990, Part<br>VII, Section A |                     | Sherry Desrosiers receives compensation from St. Mary's of Michigan Medical Center, a related organization of Field Neurosciences Institute. The compensation she receives is for her role as Executive Director of St. Mary's of Michigan Foundation, and not her role as a board member for Field Neurosciences Institute. |

| ldentifier                    | Return<br>Reference | Explanation   |
|-------------------------------|---------------------|---|
| Form 990, Part<br>XI, Line 2b |                     | The Financial Statements of St. Mary's Health, which includes the activity of Field Neurosciences Institute, were audited on a consolidated basis. An Audit Committee has been delegated to oversee the Audited Financial Statements. |

DLN: 93493131010140

OMB No 1545-0047

Open to Public Inspection

# **Related Organizations and Unrelated Partnerships**

Department of the Treasury Internal Revenue Service

Name of the organization

Field Neurosciences Institute

(Form 990)

**SCHEDULE R** 

► Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

► See separate instructions.

Employer identification number

|  |                                  |       |   |                |                            | 38-       | 2790703                                       |           |                                      |
|--|----------------------------------|-------|---|----------------|----------------------------|-----------|---|-----------|--------------------------------------|
| Part I Identification of Disregarded Entities  |                                  |       |   |                |                            |           |   |           |                                      |
| (A)<br>Name, address, and EIN of disregarded entity                                    | <b>(B)</b><br>Primary activity   |       | (C)<br>al domicile (state<br>foreign country)     |                | <b>(D)</b><br>Total income |           | <b>(E)</b><br>End-of-year assets              |           | ( <b>F)</b><br>controlling<br>ntity  |
|  |                                  |       |   |                |                            |           |   |           |                                      |
|  |                                  |       |   |                |                            |           |   |           |                                      |
|  |                                  |       |   |                |                            |           |   |           |                                      |
|  |                                  |       |   |                |                            |           |   |           |                                      |
|  |                                  |       |   |                |                            |           |   |           |                                      |
|  |                                  |       |   |                |                            |           |   |           |                                      |
| Part II Identification of Related Tax-Exempt Organizati                                | ons                              |       |   |                |                            |           |   |           |                                      |
| (A)<br>Name, address, and EIN of related organization                                  | <b>(B)</b><br>Primary activity   |       | <b>(C)</b><br>Legal domicile (<br>or foreign cour | state<br>itry) | ( <b>D</b> )<br>Exempt Cod |           | ( <b>E</b> )<br>Public chari<br>(if section 5 | ty status | <b>(F)</b> Direct controlling entity |
| Ascension Health  PO BOX 45998 St Louis, MO63145 31-1662309                            | National Health Systen           | n     | МО  |                | Section 501(d              | c)(3)     | Schedule A, I                                 | Line 11a  | N/A                                  |
| St Mary's Health  800 S Washington Saginaw, MI48601 38-3477071                         | Local Health System Pa           | arent | MI  |                | Section 501(d              | c)(3)     | Schedule A, I                                 | Line 11   | Ascension Health                     |
| St Mary's of Michigan Medical Center  800 S Washington Saginaw, MI48601 38-0997730     | Hospital                         |       | MI  |                | Section 501(d              | c)(3)     | Schedule A, I                                 | Line 3    | St Mary's Health                     |
| Standish Hospital  805 W Cedar Street Standish, MI48658 38-1671120                     | Hospital                         |       | MI  |                | Section 501(c              | c)(3)     | Schedule A, I                                 | Line 3    | St Mary's Health                     |
| St Mary's Hospital Foundation  800 S Washington Saginaw, MI48601 38-2246366            | Fundraising                      |       | MI  |                | Section 501(c              | c)(3)     | Schedule A, I                                 | Line 11c  | St Mary's Health                     |
| Field Neurosciences Institute  800 S Washington Saginaw, MI48601 38-2790703            | Medical Research<br>Organization |       | MI  |                | Section 501(d              | <br>c)(3) | Schedule A, I                                 | Line 9    | St Mary's Health                     |
| Field Neurosciences Institute Foundation  800 S Washington Saginaw, MI48601 38-3638165 | Fundraising                      |       | MI  |                | Section 501(d              | c)(3)     | Schedule A, I                                 | Line 11   | St Mary's Health                     |
| For Paperwork Reduction Act Notice, see the Instructions for Form 990.                 |                                  |       | Cat No 5013                                       | 35Y            |                            |           |   | S         | chedule R (Form 990) 2008            |

|   |                         |          | (C)   |   | 1                        |  |           |   |   | 1      | H)                   |                                       | 1                             | J)     |
|---|-------------------------|----------|---|---|--------------------------|--|-----------|---|---|--------|----------------------|---------------------------------------|-------------------------------|--------|
| <b>(A)</b> Name, address, and EIN of related organization                               | <b>(B)</b><br>Primary a | ctivity  | Legal<br>domicile<br>(state or<br>foreign<br>country) | <b>(D)</b> Direct controlling entity          | Predo<br>Income<br>Inves | ( <b>E)</b><br>ominant<br>e(related,<br>stment,<br>elated) | Share of  | <b>(F)</b> total income                       | ( <b>G)</b><br>Share of end-of-year<br>assets | Dispro | prtionate<br>ations? | Code V—UBI amount on<br>Box 20 of K-1 | Gene<br>man                   | ral or |
|   |                         |          |   |   |                          |  |           |   |   | Yes    | No                   |                                       | Yes                           | No     |
| Towne Centre Surgery Center LLC<br>4599 Towne Centre<br>Sagınaw, MI48604<br>20-4943843  | Outpatient se           | ervices  | MI  | St Mary's of<br>Michigan Medical<br>Center    | Related                  |  |           |   |   |        | No                   |                                       |                               | No     |
|   |                         |          |   |   |                          |  |           |   |   |        |                      |                                       |                               |        |
|   |                         |          |   |   |                          |  |           |   |   |        |                      |                                       |                               |        |
|   |                         |          |   |   |                          |  |           |   |   |        |                      |                                       |                               |        |
| Part IV Identification of R   | Related Orga            | anizat   | ions Taxa   | ble as a Corpo                                | ration o                 | or Trust   |           |   |   |        |                      |                                       |                               |        |
| (A) Name, address, and EIN of related o   |                         |          | (B)<br>ary activity                                   | (C) Legal domicile (state or foreign country) |                          | ( <b>D</b><br>Direct cor<br>entr                           | ntrolling | ( <b>E)</b> Type of en (C corp, S coor trust) | corp,   | income |                      | Share of Perce                        | <b>H)</b><br>entage<br>ership |        |
| St Mary's of Michigan Specialists<br>800 S Washington<br>Saginaw, MI48601<br>20-5959777 |                         | Physicia | ın Practices  | MI  |                          | N/A  |           | С   |   |        |                      |                                       |                               |        |
|   |                         |          |   |   |                          |  |           |   |   |        |                      |                                       |                               |        |
|   |                         |          |   |   |                          |  |           |   |   |        |                      |                                       |                               |        |
|   |                         |          |   |   |                          |  |           |   |   |        |                      |                                       |                               |        |
|   |                         |          |   |   |                          |  |           |   |   |        |                      |                                       |                               |        |
|   |                         |          |   |   |                          | -  |           |   |   |        |                      |                                       |                               |        |

| Part V | Transactions with Related Organizations |
|--------|---|
|--------|---|

|             | Note. Complete line 1 if any entity is listed in Parts II, III or IV  |            | Yes | No |
|-------------|---|------------|-----|----|
| <b>1</b> Du | uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |            |     |    |
| а           | Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity   | 1a         |     | No |
| b           | Gift, grant, or capital contribution to other organization(s)   | 1b         |     | No |
| c           | Gift, grant, or capital contribution from other organization(s)   | 1c         | Yes |    |
| d           | Loans or loan guarantees to or for other organization(s)  | 1d         |     | No |
| e           | Loans or loan guarantees by other organization(s)   | 1e         |     | No |
| f           | Sale of assets to other organization(s)   | 1f         |     | No |
| g           | Purchase of assets from other organization(s)   | <b>1</b> g |     | No |
| h           | Exchange of assets  | 1h         |     | No |
| i           | Lease of facilities, equipment, or other assets to other organization(s)  | 1i         |     | No |
| j           | Lease of facilities, equipment, or other assets from other organization(s)  | 1j         |     | No |
| k           | Performance of services or membership or fundraising solicitations for other organization(s)  | 1k         |     | No |
| 1           | Performance of services or membership or fundraising solicitations by other organization(s)   | 11         |     | No |
| m           | Sharing of facilities, equipment, mailing lists, or other assets  | 1m         |     | No |
| n           | Sharing of paid employees   | 1n         |     | No |
| o           | Reimbursement paid to other organization for expenses   | 10         |     | No |
| p           | Reimbursement paid by other organization for expenses   | 1р         | Yes |    |
| q           | O ther transfer of cash or property to other organization(s)  | 1q         | Yes |    |
| -           | O ther transfer of cash or property from other organization(s)  | 1r         |     | No |

|     | (A) Name of other organization(s)    | <b>(B)</b><br>Transaction<br>type(a-r) | <b>(C)</b><br>Amount Involved |
|-----|--------------------------------------|--|-------------------------------|
| (1) | St Mary's of Michigan Medical Center | Р                                      | 901,752                       |
| (2) | St Mary's of Michigan Medical Center | Q                                      | 70,020                        |
| (3) | St Mary's of Michigan Medical Center | С                                      | 909,252                       |
| (4) |                                      |  |                               |
| (5) |                                      |  |                               |
| (6) |                                      |  |                               |

#### Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

|  |                                |   |               |    |   |        |  |   | _        |        |  |  |  |  |  |  |  |  |  |  |  |
|--|--------------------------------|---|---------------|----|---|--------|--|---|----------|--------|--|--|--|--|--|--|--|--|--|--|--|
| <b>(A)</b><br>Name, address, and EIN of entity | <b>(B)</b><br>Primary activity | <b>(C)</b><br>Legal domicile<br>(state or foreign<br>country) | organizations |    | <b>(E)</b><br>Share of<br>end-of-year<br>assets |        |  | (G)<br>Code V—UBI<br>amount on Box<br>20 of K-1 |          | r<br>J |  |  |  |  |  |  |  |  |  |  |  |
|  |                                |   | Yes           | No |   | Yes No |  |   | Yes      | No     |  |  |  |  |  |  |  |  |  |  |  |
|  |                                |   |               |    |   |        |  |   |          |        |  |  |  |  |  |  |  |  |  |  |  |
|  |                                |   |               |    |   |        |  |   |          |        |  |  |  |  |  |  |  |  |  |  |  |
|  |                                |   |               |    |   |        |  |   |          |        |  |  |  |  |  |  |  |  |  |  |  |
|  |                                |   |               |    |   |        |  |   |          |        |  |  |  |  |  |  |  |  |  |  |  |
|  |                                |   |               |    |   |        |  |   |          |        |  |  |  |  |  |  |  |  |  |  |  |
|  |                                |   |               |    |   |        |  |   |          |        |  |  |  |  |  |  |  |  |  |  |  |
|  |                                |   |               |    |   |        |  |   |          |        |  |  |  |  |  |  |  |  |  |  |  |
|  |                                |   |               |    |   |        |  |   |          |        |  |  |  |  |  |  |  |  |  |  |  |
|  |                                |   |               |    |   |        |  |   |          |        |  |  |  |  |  |  |  |  |  |  |  |
|  |                                |   |               |    |   |        |  |   |          |        |  |  |  |  |  |  |  |  |  |  |  |
|  |                                |   |               |    |   |        |  |   |          |        |  |  |  |  |  |  |  |  |  |  |  |
|  |                                |   |               |    |   |        |  |   |          |        |  |  |  |  |  |  |  |  |  |  |  |
|  |                                |   |               |    |   |        |  |   |          |        |  |  |  |  |  |  |  |  |  |  |  |
|  |                                |   |               |    |   |        |  |   |          |        |  |  |  |  |  |  |  |  |  |  |  |
|  |                                |   |               |    |   |        |  |   |          |        |  |  |  |  |  |  |  |  |  |  |  |
|  |                                |   |               |    |   |        |  |   |          |        |  |  |  |  |  |  |  |  |  |  |  |
|  |                                |   | •             | •  |   | •      |  | Cabadul   | D / Form |        |  |  |  |  |  |  |  |  |  |  |  |

Software ID:

**Software Version:** 

**EIN:** 38-2790703

Name: Field Neurosciences Institute

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

| Torm 330, Schedule K, Furt II Tuentmeution of Related 1   | ax Exempt organize               | 1  | 1                                    | 1  | 1                                    |
|---|----------------------------------|--|--------------------------------------|--|--------------------------------------|
| <b>(A)</b> Name, address, and EIN of related organization | <b>(B)</b><br>Primary Activity   | (C)<br>Legal Domicile<br>(State<br>or Foreign Country) | <b>(D)</b><br>Exempt Code<br>section | (E) Public charity status (if 501(c)(3)) | <b>(F)</b> Direct Controlling Entity |
| Ascension Health  |                                  | '  |                                      |  |                                      |
| PO BOX 45998<br>St Louis, MO63145<br>31-1662309           | National Health System           | мо   | Section 501(c)(3)                    | Schedule A , Line<br>11a                 | N/A                                  |
| St Mary's Health  |                                  |  |                                      |  |                                      |
| 800 S Washington<br>Saginaw, MI48601<br>_38-3477071       | Local Health System<br>Parent    | MI   | Section 501(c)(3)                    | Schedule A , Line 11                     | Ascension Health                     |
| St Mary's of Michigan Medical Center                      |                                  |  |                                      |  |                                      |
| 800 S Washington<br>Saginaw, MI48601<br>38-0997730        | Hospital                         | MI   | Section 501(c)(3)                    | Schedule A , Line 3                      | St Mary's Health                     |
| Standish Hospital   |                                  | '  |                                      |  |                                      |
| 805 W Cedar Street<br>Standish, MI48658<br>_38-1671120    | Hospital                         | MI   | Section 501(c)(3)                    | Schedule A , Line 3                      | St Mary's Health                     |
| St Mary's Hospital Foundation                             |                                  |  |                                      |  |                                      |
| 800 S Washington<br>Saginaw, MI48601<br>38-2246366        | Fundraising                      | MI   | Section 501(c)(3)                    | Schedule A , Line<br>11c                 | St Mary's Health                     |
| Field Neurosciences Institute                             |                                  | '  |                                      | ,  |                                      |
| 800 S Washington<br>Saginaw, MI48601<br>38-2790703        | Medical Research<br>Organization | MI   | Section 501(c)(3)                    | Schedule A , Line 9                      | St Mary's Health                     |
| Field Neurosciences Institute Foundation                  |                                  |  |                                      |  |                                      |
| 800 S Washington<br>Saginaw, MI48601<br>38-3638165        | Fundraising                      | MI   | Section 501(c)(3)                    | Schedule A, Line 11                      | St Mary's Health                     |