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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

OMB No 1545-0047 2008

Open to Public Inspection

A Fo	r the 2	2008 ca	lendar yea	r, or tax year beginning 1	0-01-2008 and endi	ng 09-30-2009		D F!	
		pplicable	Please	C Name of organization ABRAHAM LINCOLN HEALTH	CARE FOUNDATION			D Employer ide	ntification number
☐ Add	iress ch	nange	use IRS label or	Doing Business As				36-349226 E Telephone nu	
∏ Naı	me cha	nge	print or type. See	Doing Business 7.5					
Inıt	ial retu	rn	Specific Instruc-	Number and street (or P O	box if mail is not delivered	d to street address	s) Room/suite	(217) 732-2 G Gross receipt	
Ter	mınatıo	on	tions.	315 EIGHTH STREET				C 0.000 1000.pt	5
┌ Am	ended	return		City or town, state or count LINCOLN, IL 62656	ry, and ZIP + 4		•		
☐ App	olication	pending		ENCOUN, IL 02030					
				ne and address of Princip	al Officer		H(a) Is thu	s a group return	
				C Dalpoas GHTH STREET			affilia	tes?	ΓYes Γ Nο
				LN,IL 62656			H(b) Are all	affiliates include	d?
I Ta	x-exem	npt status	501(c))(3) ◄ (insert no)	7(a)(1) or		(If"N	o," attach a lıst	See instructions)
J W	eb sit	e:► N/A	\				H(c) Grou	p Exemption Nui	mber 🗠
K Typ	e of org	janization	Corporat	ion trust association	other 🟲	•	L Year of Fo	mation 1986 M	State of legal domicile IL
Pa	rt I	Sumi	marv						
	1			e organization's mission	or most significant act	tivities			
e.		то імр	ROVETHE	E HEALTH OF THE PEOF	LE AND COMMUNIT	IES WE SERV	E		
e e									
Governance	_	Charlet		.f.h	.			T.O	
90.5 20.5			,	if the organization discor					19
	3			members of the governing Ident voting members of t					15
Activities &	_			nployees (Part V, line 2a		art v1, iiile 10,			0
Ĕ				olunteers (estimate if nec				6	72
Ş	1			ted business revenue fro				7a _	0
				ness taxable income fror				 7b	0
							Prio	r Year	Current Year
_	8	Contri	butions and	d grants (Part VIII, line 1	h)			1,243,861	1,330,105
ā.	9	Progra	m service	revenue (Part VIII, line 2	2g)			42,688	185,625
Raveni	10			ne (Part VIII, column (A				687,049	250,923
	11		-	art VIII, column (A), line		-		23,279	-2,684
	12	10tair 12)	evenue—a	dd lines 8 through 11 (mi	ist equal Part VIII, co	olumn (A), line		1,996,877	1,763,969
	13		and simila	ar amounts paid (Part IX,	column (A), lines 1–3	3)		124,662	108,790
	14	Benefit	ts paid to o	or for members (Part IX, o	olumn (A), line 4)				0
ø	15		es, other co	ompensation, employee b	enefits (Part IX, colun	nn (A), lines 5	-	129,271	137,626
Expenses	16a	10) Profes	sional fund	raising fees (Part IX, col	ımn (A.) line 11e)			123,271	137,020
⊕ ⊕	ь			penses, Part IX, column (D), lii		١			
Ω	17	•		(Part IX, column (A), line	<u> </u>	/		381,223	551,514
	18			add lines 13-17 (must e		column (A))		635,156	797,930
	19	Reven	ue less exp	penses Subtract line 18	rom line 12			1,361,721	966,039
8 0 8							Beginni	ng of Year	End of Year
Net Assets or Fund Balances	20	Total a	assets (Par	rt X, line 16)				14,010,202	15,174,956
d B	21	Totall	ıabılıtıes (F	Part X, line 26)				49,742	63,756
A SE	22	Net as	sets or fun	d balances Subtract line	21 from line 20			13,960,460	15,111,200
Pai	t II	Sign	ature Blo	ock					
				erjury, I declare that I have exactorrect, and complete Declara					
Plea	se	****		correct, and complete Decidia	ion or preparer (other that	n onicer) is based	1	оп от wnich preраге 06-11	. nasany knowledge
Sign	1	I III	ature of office	er			Date	00-11	
Here	2	Dola	n C Dalpoas I	President					
			or print nam						
		Preparer'			Date		heck if	Preparer's PTIN (See Gen Inst)
Paid		signature	• 7				elf- mpolyed 🕨 🦵		
Prepa			ame (or yours	RSM MCGLADREY INC	1	I	-	EIN Þ	
Use (Only		nployed), and ZIP + 4	1 South Wacker Suite 600	<u> </u>				
		<u> </u>		Chicago, IL 60606				Phone no 🕨 (3:	12) 486-3696
May t	he IR	S discus	s this retu	rn with the preparer show	n above? (See instruc	tions)			✓ Yes No

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

1	Briefly describe the organization's mission ABRAHAM LINCOLN HEALTHCARE FOUNDATION OF THE COMMUNITIES SERVED BY ABRAHAM			MAINTENANCE AND IMPROVEMEN	IT OF THE HEALTH OF RESIDENTS
2	Did the organization undertake any the prior Form 990 or 990-EZ? .	sıgnıfıcant program ser	vices during the year	which were not listed on	┌ Yes ┌ No
3	If "Yes," describe these new service Did the organization cease conduct services? If "Yes," describe these changes or	ing or make significant	changes in how it cond	ducts any program	┌ Yes ┌ No
4	Describe the exempt purpose achie Section 501(c)(3) and (4) organiza others, the total expenses, and revo	vements for each of the tions and 4947(a)(1) tr	usts are required to re	port the amount of grants a	
4a	(Code) (Expense: THE FOUNDATION PROVIDED NEW LIFELIN THE FOUNDATION TO FURTHER THEIR HE	NE UNITS FOR PLACEMENT IN			
4b	(Code) (Expenses THE FOUNDATION PROVIDES FUNDING FO the oral health, public health and primary visited a dentist, received preventive dent	DR THE Healthy Community I healthcare needs of more th	an 1000 unique clients livir		
4c	(Code) (Expense: THIS PAST YEAR, ABRAHAM LINCOLN HEAI CARE IN LOGAN AND EASTERN MASON CO	THCARE FOUNDATION UNDE	including grants of \$ ERWROTE THE COST OF PA	69,400) (Revenue \$ IN MEDICATIONS FOR HOSPICE F) PATIENTS RECEIVING HOSPICE
	(Code) (Expense	s\$ 8,853	ıncludıng grants of \$	8,853) (Revenue \$)
	, село , семенье.		g gidino oi ψ	5,555 / (Nevenue \$,
4d	Other program services (Describe (Expenses \$	e in Schedule O) including grants of:	\$) (Revenue \$)
4e			·	· · · · · · · · · · · · · · · · · · ·	,

Part IV	Checklist of	Required	Schedules
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			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		Νo
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		Νο
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		No
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 V	10		No
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		Νo
Ь	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		Νο
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		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
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	Yes	
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	Yes	
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			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		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
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		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		Νo
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		Νo
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		No
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

Pa	rt V Statements Regarding Other IRS Filings and Tax Complian	ice				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal	<i>,</i>				
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments	to ven	dors and reportable			
_	gaming (gambling) winnings to prize winners?	; ·		1c		
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		0			
h	If at least one is reported in 2a, did the organization file all required federal employ					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file the			2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more dur return?	ing the	year covered by this	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in So	hedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a over, a financial account in a foreign country (such as a bank account, securities a account)?	-	-	4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , <i>Financial Accounts</i> .	Report c	of Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time du	rıng the	etax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibite	d tax sl	helter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exem	npt Enti	ty Regarding Prohibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement were not tax deductible?	that su	ch contributions or gifts	6b	Yes	
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 comore?	ntrıbut	ion of \$75 or	7a	Yes	
ь	If "Yes," did the organization notify the donor of the value of the goods or services	provide	ed?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prop	erty for	r which it was required to			
	file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to probe benefit contract?		niums on a personal	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a per	sonal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form	18899	as required?	7g		Νo
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization	ı fıle a F	orm 1098-C as	7h		No
8	required?	andse	ction 509(a)(3)	/ !!		110
•	supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the			8		No
•	year?			<u> </u>	<u> </u>	<u></u> I
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds			0-		,
a	Did the organization make any taxable distributions under section 4966?			9a		No
ь 10	Did the organization make a distribution to a donor, donor advisor, or related personant and personant series (201/2)/(2) are supplied to a donor advisor, or related personant series (201/2)/(2) are supplied to a donor advisor.	on / .		9b		No
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12	10a	I			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	10a				
b	facilities	100				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other source against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıeu	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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

							res	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	cırcumst	ances,			
1a	Enter the number of voting members of the governing body	1a			19			
ь	Enter the number of voting members that are independent	1b			15			
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 stilled? $\ \ . \ \ \ .$	ince 1	he prior	Form 99	90 was	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization	anızat	ıon's as	sets? .		5		Νo
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?				of the	7a	Yes	
Ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	rother	oersons?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ui	ndertake	en 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 was tescribe 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 At the organization's mailing address? If "Yes," provide the names and addresses in Sc	,				11		Νο

Section B. Policies

	1	Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	
Does the organization have a written whistleblower policy?	13	Yes	
Does the organization have a written document retention and destruction policy?	14	Yes	
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			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b	Yes	
Describe the process in Schedule O			
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	Yes	
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	16h	Yas	
	Does the organization have a written whistleblower policy?	Does the organization have a written whistleblower policy?	Does the organization have a written whistleblower policy?

Section C. Disclosure

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

andrew costic 701 n first st springfield, IL 62781 (217) 788-3888

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) chec	:k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Institutional Trustee Individual Trustee or Prector		Officei	nples Key			(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	a
rait vii	Continue	u

				(tion that a			all			(E)		(F)	
	(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	01	Estima mount o compens from t rganizati relate organiza	fother ation he on and
1b	Total	<u> </u>	<u>.</u> .	<u> </u>				▶	58,35	8 347,7	⁷ 63		49,841
2	Total number of individuals (includicompensation from the organization		a) who	recei	ved	mor		1 \$1	00,000 in reportab	le			
2			a) who	recei	ved	mor		n \$1	00,000 in reportab	le		Yes	No
3	compensation from the organization Did the organization list any forme i	n ► 0 r officer, direc	ctorort	ruste	e, k	ey e	e than	/ee,	or highest compen:	r		Yes	
3	Did the organization list any former on line 1a? <i>If</i> "Yes," complete Schedu	n⊫0 rofficer, direo ule J for such	ctor or t	ruste	e, k	eye	e than	∕ee, •	or highest compens	sated employee	3	Yes	No No
	Did the organization list any former on line 1a? <i>If "Yes," complete Schede</i> For any individual listed online 1a, in organization and related organization	n⊫0 r officer, direcule J for such us the sum of	tor or t	ruste <i>ual</i> .	e, k	ey e	mploy	∕ee, • and	or highest compens	sated employee • • • n from the	3	Yes	
3 4	Did the organization list any former on line 1a? If "Yes," complete Scheduter for any individual listed online 1a, in organization and related organization individual.	n ▶0 r officer, direct ule J for such us the sum of ons greater th	ctor or t individu reporta nan \$15	ruste ual ble c	e, k • • omp 0? ;	ey e ens f "Y	employ ation	ee, • and omp	or highest compension of the compensation of t	sated employee • • • n from the uch • • •	3	Yes	
3	Did the organization list any former on line 1a? <i>If "Yes," complete Schede</i> For any individual listed online 1a, in organization and related organization	n > 0 r officer, directly a least of the sum of the su	ctor or t Individu reporta nan \$15 • •	ruste ual ble c 0,00	e, k omp 0? i	ey e ens f "Y •	employ ation especially	ee, and omp	or highest compension other compensation lete Schedule J for sure leasted organization	sated employee from the ch for services			
3 4 5	Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, i organization and related organization individual	n • 0 r officer, direct ule J for such us the sum of ons greater th • • • eive or accrus, "complete :	ctor or t Individu reporta nan \$15 • •	ruste ual ble c 0,00	e, k omp 0? i	ey e ens f "Y •	employ ation especially	ee, and omp	or highest compension other compensation lete Schedule J for sure leasted organization	sated employee from the ch for services	4		N o
3 4 5	Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, in organization and related organization and related organization and vidual	r officer, directured for such its the sum of ons greater the sum of the	reportanan \$15	ruste ual ble c 0,00 e ensa	omp 07 i	ey e ens f "Y from	employ ation (es," cc many erson	and unro	or highest compension other compensation in the second sec	sated employee on from the uch for services	4		N o
3 4 5	Did the organization list any former on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is organization and related organization and related organization and vidual	r officer, directured for such its the sum of ons greater the sum of one of the sum o	reportanan \$15 ue comp Schedula	ruste ual ble c 0,00 e ensa	omp 07 i	ey e ens f "Y from	employ ation (es," cc many erson	and unro	or highest compension of the compensation of t	sated employee n from the uch for services	4	Yes (C	No
3 4 5	Did the organization list any former on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is organization and related organization and related organization and vidual	r officer, directured for such is the sum of ons greater the sum of one sum of the su	reportanan \$15 ue comp Schedula	ruste ual ble c 0,00 e ensa	omp 07 i	ey e ens f "Y from	employ ation (es," cc many erson	and unro	or highest compension of the compensation of t	sated employee n from the uch for services	4	Yes	No
3 4 5	Did the organization list any former on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is organization and related organization and related organization and vidual	r officer, directured for such its the sum of ons greater the sum of one of the sum o	reportanan \$15 ue comp Schedula	ruste ual ble c 0,00 e ensa	omp 07 i	ey e ens f "Y from	employ ation (es," cc many erson	and unro	or highest compension of the compensation of t	sated employee n from the uch for services	4	Yes (C	No
3 4 5	Did the organization list any former on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is organization and related organization and related organization and vidual	r officer, directured for such its the sum of ons greater the sum of one of the sum o	reportanan \$15 ue comp Schedula	ruste ual ble c 0,00 e ensa	omp 07 i	ey e ens f "Y from	employ ation (es," cc many erson	and unro	or highest compension of the compensation of t	sated employee n from the uch for services	4	Yes (C	No

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns 1a	a		Revenue		312, 313, 01 314
## ##	ь	Membership dues					
E E		18					
°,°	С	Fundraising events	23,054				
£g a	d	Related organizations 1d					
ωE	e	Government grants (contributions) 1e					
Contributions, gifts, grants and other similar amounts	f	All other contributions, gifts, grants, and similar amounts not included above	1,307,051				
# <u></u>	g	1f Noncash contributions included in					
25	_	lines 1a-1f \$	·				
Ų 14	h	Total (Add lines 1a-1f)		1,330,105			
			Business Code				
Ele	2a	AUXILIARY	900,099	109,448	109,448		
, ver	b	MOBILE UNIT	900,099	41,914	41,914		
<u>迷</u>	С	DENTAL	900,099	34,263	34,263		
Š	d		-	,	,		
Ì	e						
Ē	f	All other program convers revenue					
Program Serwce Revenue		All other program service revenue Total. Add lines 2a-2f	_				
	g	F \$ 185,625	· · · · · ·				
	3	Investment income (including div	ıdends, ınterest				
		other similar amounts)		282,835			282,835
	4	Income from investment of tax-exempt l	oond proceeds				
			▶				
	5	Royalties	1 () 5				
	6a	(ı) Real Gross Rents	(II) Personal				
	b	Less rental					
		expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	<u>.</u>				
		(ı) Securities	(II) O ther				
	7a	Gross amount 669,510 from sales of assets other					
	ь	than inventory Less cost or other basis and 701,422					
		sales expenses					
	С .	Gain or (loss) -31,912		-31,912			-31,912
	d	Net gain or (loss)	. ▶	-31,912			-31,912
	8a	Gross income from fundraising events (not including					
e n		\$ 8,931 of contributions reported on line					
eveni		1c) See Part IV, line 18 Attach Schedule G if total exceeds					
Ċ.		\$15,000 a	23,054				
<u>ē</u>	ь	Less direct expensesb	11,615				
ŏ	С	Net income or (loss) from fundrais	sing events	-2,684	-2,684		
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000					
		a	,				
	ь	Less direct expensesb	,				
Other Revenue	с	Net income or (loss) from gaming	activities				
	10a	Gross sales of inventory, less returns and allowances	•				
		а	·				
	ь	Less cost of goods sold b					
	С	Net income or (loss) from sales of					
		Miscellaneous Revenue	Business Code]
	11a		_				
	ь						
	С	-					
	d	All other revenue					
	e	Total. Add lines 11a-11d	\$				
	12	Total Revenue. Add lines 1h, 2g, 8c, 9c, 10c, and 11e		1,763,969	182,941	0	250,923

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete column (A) but are not re).
	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	100,790	100,790	·	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	8,000	8,000		
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	65,022		13,004	52,018
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	40,095			10,024
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,054		1,527	1,527
9	Other employee benefits	29,455		12,990	16,465
10	Payroll taxes				
11	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				
g	Other				
12	Advertising and promotion	304	54		250
13	Office expenses	163,507	80,209	73,218	10,080
14	Information technology				
15	Royalties				
16	Occupancy	7,348	7,348		
17	Travel	2,714	1,962	752	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	235	160	75	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	85,577	85,577		
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	Purchased Services	251,338	232,128	19,210	
b	PUBLICATIONS/MEMBERSHIP	6,879		6,879	
С	repairs/maint	6,548	6,548	·	
d	patient service supplie	6,168	6,168		
e	Medical Directors Fee	6,012	6,012		
f	All other expenses	14,884	14,826	58	
25	Total functional expenses. Add lines 1 through 24f	797,930	549,782	157,784	90,364
26	Joint Costs. Check if 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	.57,530	313,102	231,104	30,301

Part X	Balance	Sheet
	Dalalice	SHEEL

					(A) Beginning of year		(B	
	1	Cash—non-interest-bearing			beginning of year	1	Liiu 0	ı yeai
	2	Savings and temporary cash investments			289,285	2		3,169,192
	3	Pledges and grants receivable, net			175,329	3		936,377
	4	Accounts receivable, net			,	4		,
	5	Receivables from current and former officers, directors, trustees,	keve	mnlovees or				
		other related parties $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$				5		
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of S				6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use				8		
sts	9	Prepaid expenses and deferred charges				9		
Assets	10a	Land, buildings, and equipment cost basis	10a	342,308				
_	b	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10b	256,731	171,154	10c		85,577
	11	Investments—publicly traded securities	٠.		10,966,622	11	1	0,983,810
	12	Investments—other securities See Part IV, line 11 Complete Part Schedule D	t VII d	of	2,407,812	12		
	13	Investments—program-related See Part IV, line 11 Complete Part of Schedule D.	rt VIII			13		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule						
	4.5	D			14,010,202	15		5,174,956
	16	Total assets. Add lines 1 through 15 (must equal line 34)			22,346	16 17	<u>'</u>	61,209
	17	Accounts payable and accrued expenses .			22,346	18		01,209
	18 19	Grants payable				19		
		Deferred revenue			20			
9	20	·						
Liabilities	21 22	Escrow account liability <i>Complete Part IV of Schedule D</i> Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	•		21			
Ē		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			27,396	25		2,547
	26	Total liabilities. Add lines 17 through 25			49,742	26		63,756
		Organizations that follow SFAS 117, check here ► ✓ and comple	ete lin	es 27	10,1 12			
ф		through 29, and lines 33 and 34.	1111					
anc	27	Unrestricted net assets			13,851,446	27	1	5,068,955
Balance	28	Temporarily restricted net assets			109,014	28		42,245
둳	29	Permanently restricted net assets				29		
Fund		Organizations that do not follow SFAS 117, check here 🕨 🦵 and	comp	let e				
<u>.</u>		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 fun	ds			32		
Net	33	Total net assets or fund balances			13,960,460	33	1	5,111,200
_	34	Total liabilities and net assets/fund balances			14,010,202	34	1	5,174,956
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	

As Filed Data -

DLN: 93493162011510

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public Inspection

		ICOLN HEALTHO	CARE FOUNDATION						proyer rue			-
									-349226			
	rt I			harity Status (to be co					Instruct	ions)		
The	organı:		•	ation because it is (Please		-	•	•				
1	<u> </u>	•		nurches, or association of ch			Section 1	170(b)(1)	(A)(i).			
2		A school d	escribed in Sect	t ion 170(b)(1)(A)(ii). (Atta	ch Schedu	ıle E)						
3		A hospital	or a cooperative	e hospital service organizati	on descri	bed in Sec	t ion 170(l	b)(1)(A)(i	i ii). (A ttac	h Schedu	le H)	
4	Г	A medical	research organı	zatıon operated ın conjunctı	on with a	hospital d	escribed i	n Sect ion	170(b)(1)	(A)(iii). E	nter the	
			name, city, and									
5	Г	Anorganiza	atıon operated f	or the benefit of a college or	universit	y owned o	r operated	l by a gove	ernmental	unıt desc	rıbed ın	
		Section 170	D(b)(1)(A)(iv).	(Complete Part II)								
6	Γ	A federal, s	tate, or local go	overnment or governmental	unıt desci	ribed in Se	ction 170	(b)(1)(A)	(v).			
7	<u>~</u>	An organiza	ation that norma	ally receives a substantial p	art of its	support fro	m a gove	rnmental u	ınıt or fror	n the gene	eral publ	ıc
		described i	n Section 170(b	o)(1)(A)(vi) (Complete Par	tII)							
8	Γ	A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)										
9	Γ	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross										
		receipts fro	om activities rel	ated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2) no more	than 331/	′3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	ıncome (l	ess sectio	on 511 ta:	x) from bu	sınesse	s
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complet	e Part III)			
10	\sqcap	An organiz	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509	(a)(4). (S	ee instruc	tions)	
11	\sqcap	An organiz	atıon organızed	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to o	arry out t	he purp	oses of
				orted organizations describe				•		Section 5	09(a)(3). Check
		a T		type of supporting organiza Type II c		- Function			h d	Гтуре	. III - O	thor
e	_		• •	rtify that the organization is								
-	'	•		agers and other than one or								
		section 50		3	•	,	,					,
f				d a written determination fro	m the IRS	5 that it is	a Type I,	Type II o	r Type III	supportin	ng organ	ızatıo <u>n,</u>
		check this		the ergonization accepts	danu alft	ar aantrib	ution from	anu af tha				Į.
g		following pe		as the organization accepte	u any gni	or contrib	ution irom	any or the	:			
				r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes	No
		and (III) be	low, the governi	ng body of the the supported	d organiza	tion?				11g	(i)	
		(ii) a family	/ member of a p	erson described in (i) above	?					11g(
		(iii) a 35%	controlled enti	ty of a person described in ((i) or (ii) a	bove?				11g(_	
h		Provide the	following inform	nation about the organizatio	ns the org	anızatıon	supports				- 1	
			-	-								
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) A	mount of
		orted		(described on lines 1-9	_	ation in		nızatıon		ation in	sup	port?
	0 rgar	nization		above or IRC section		listed in		i) of your		rganized		
				(See Instructions))		verning ment?	supp	oort?	In the	US?		
					Yes	No	Yes	No	Yes	No	-	
					162	140	163	140	163	140		
						 		 		 		
						 	-	 		 		
						 		-		 		
						-	-	-		-		

Total

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.)

	(Complete only if you chec	ked the box of	1 line 5, 7, or	8 of Part I.)				
	ublic Support							
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	627,711	1,116,326	2,143,584	1,286,549		1,330,105	6,504,275
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add line 1-3	627,711	1,116,326	2,143,584	1,286,549		1,330,105	6,504,275
5	The portion of total contribution by each							
	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							6,504,275
T	otal Support						•	
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	627,711	310,955	2,143,584	1,286,549	•	1,330,105	6,504,275
8	Gross income from interest, dividends,							
	payments received on securities loans, rents, royalties and income from similar sources	210,389	310,955	455,309	384,933		282,835	1,644,421
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total Support (Add lines 7 through 10)							8,148,696
12	Gross receipts from related activities, etc	(See instruction	s)			12		
13 C (First Five Years. If the Form 990 is for the organization, check this box and stop here omputation of Public Support Perc	entage			tax year as a 50	01(c)(▶ □
14	Public Support Percentage for 2008 (line 6	column (f) dıvıd	ed by line 11 co	lumn (f))		14		79.820 %
15	Public Support Percentage for 2007 Sched					15		35.660 %
	and stop here. The organization dualifies as 33 1/3% Test - 2007. If the organization dualifies box and stop here. The organization dualifies as 35 1/3% Test - 2007. If the organization dualifies and stop here. The organization qualifies	a publicly supp d not check the b	orted organizatio oox on line 13 oi	on r 16a, and line 1	·			▶▽ s ▶□
	10% Facts and Circumstances Test - 2008. more, and if the organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007. more, and if the organization meets the "facts and circumstances Test - 2007.	If the organization its and circumst ances" test The If the organization its and circumst	on did not check ances" test, che corganization qu on did not check ances" test, che	a box on line 13 ck this box and ialifies as a publ a box on line 13 ck this box and	stop here. Expl licly supported of 3, 16a, 16b, or 3 stop here. Expl	lain in organi 17a ar lain in	Part IV ho zation id line 15 i Part IV ho	% or whee s 10% or
18	Private Foundation. If the organization did							~ , ► □

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	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						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	monutation of Dublic Compant Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumm (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. 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

OMB No 1545-0047

Supplemental Financial Statements

Department of the Treasury Internal Revenue Service

SCHEDULE D (Form 990)

> ▶ 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.

Open to Public

	me of the organization RAHAM LINCOLN HEALTHCARE FOUNDATION		Employer identification number
Pa	organizations Maintaining Donor Acorganization answered "Yes" to Form 99		unds or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advifunds are the organization's property, subject to the		noradvised Yes No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?		•
Pa	rt III Conservation Easements. Complete	ıf the organization answered "Yes" t	o Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat	on or pleasure) Preservation of an	n historically importantly land area ertified historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a quali on the last day of the tax year	fied conservation contribution in the form	n of a conservation easement
	on the last day of the tax year		Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	s	2b
c	Number of conservation easements on a certified hi		2c
d	Number of conservation easements included in (c) a	` ,	2d
3	Number of conservation easements modified, transfe	•	
•	the taxable year -	rred, released, extinguished, or terminate	ed by the organization during
	·		
1	Number of states where property subject to conserva		
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ations, and Yes No
5	Staff or volunteer hours devoted to monitoring, inspe		
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ear ► \$
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	Yes No
9	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	he footnote to the organization's financia	·
ar	Complete if the organization answered '		or Other Similar Assets.
1a	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 research	ch in furtherance of public service,
b	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	•
	(i) Revenues included in Form 990, Part VIII, line 1		► \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		- т
а	Revenues included in Form 990, Part VIII, line 1		► \$
ь	Assets included in Form 990. Part X		▶ \$

Part	IIII Organizations Maintaining Co	llections of Art, H	istori	<u>cal Treasur</u>	es, or Other	Similar Asse	ts (continued)
3	Using the organization's accession and other items (check all that apply)	records, check any of	the fol	lowing that are	a sıgnıfıcant us	e of its collection	
а	Public exhibition	d	Г	Loan or exch	ange programs		
b	Scholarly research	e	Γ	Other			
c	Preservation for future generations						
4	Provide a description of the organization's co Part XIV	ollections and explain h	ow the	y further the or	ganızatıon's exe	empt purpose in	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t					lar	res □ No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an am	Arrangements. Co	mplet	e if the orgar		ered "Yes" to Fo	rm 990,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other intermedia	ry for c	ontributions oi	r other assets n	ot	res □ No
b	If "Yes," explain why in Part XIV and comple	te the following table					
						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	ر ۲			Γ,	res □No
b	If "Yes," explain the arrangement in Part XIV						
Pai	t V Endowment Funds. Complete						
4 -	D	(a)Current Year ((b) Prior	Year (c)Two	Years Back (d)T	hree Years Back (e)	Four Years Back
1a	Beginning of year balance						
b	Contributions						
C	Investment earnings or losses						
d	Grants or scholarships Other expenditures for facilities						
e	and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the year	r end balance held as					
а	Board designated or quasi-endowment						
ь	Permanent endowment ►						
c	Term endowment ▶						
3a	Are there endowment funds not in the posses organization by	ssion of the organization	n that	are held and ad	Iministered for t	he	Yes No
	(i) unrelated organizations					3a(i)	
	(ii) related organizations					3a(ii)	
	If "Yes" to 3a(II), are the related organization					3b	
4	Describe in Part XIV the intended uses of the						
Par	t VI Investments—Land, Buildings	s, and Equipment.		•	,		
	Description of investment			a) Cost or other sis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Book value
1a	and						
b	Buildings						
c	_easehold improvements						
			1		1		
d I	Equipment		_		342,308	256,731	85,577
e	7. kb				·	256,731	85,577 85,577

Part VII Investments—Other Securities. Securities.	e Form 990, Part X, line 1	.2.	
(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation ·year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Pelated S	oo Form 990 Part V June	12	
Part VIII Investments—Program Related. S			d of valuation
(a) Description of investment type	(b) Book value		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,			
(a) Descri	ription		(b) Book value
Table (Colores (b) about descriptions 200, Book V, and (B) too			
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part		<u></u>	
(a) Description of Liability	(b) A mount		
Federal Income Taxes	(b) //mount	-	
Due to affiliates	2,547	-	
Due to diffiates	2,317	-	
		1	
		1	
		1	
		1	
		1	
		†	
		1	
		1	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	2 547	†	
Total (Column (D) Should Equal Form 550, Falt A, Col (D) lille 25)	2,547	J	

Par	XI Reconciliation of C	<u>hange in Net Assets from Forr</u>	<u>n 990 to Financial Statem</u>	ents					
1	Total revenue (Form 990, Part	VIII, column (A), line 12)		1					
2	Total expenses (Form 990, Par	Total expenses (Form 990, Part IX, column (A), line 25)							
3	Excess or (deficit) for the year			3					
4	Net unrealized gains (losses) o			4					
5	Donated services and use of fac			5					
6	Investment expenses			6					
7	Prior period adjustments			7					
8	Other (Describe in Part XIV)			8					
9	Total adjustments (net) Add Irr	2004 9		9					
10	, ,		- 2 1 0	10					
		per financial statements Combine line: evenue per Audited Financial			<u> </u>				
1		r support per audited financial stateme		. 1	0				
2		it not on Form 990, Part VIII, line 12							
- а		ments	. 2a						
ь		acılıtıes		-					
c		s	. 2c						
d	Other (Describe in Part XIV)		. 2d	7					
e	Add lines 2a through 2d .								
3	ū			3					
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1							
а		uded on Form 990, Part VIII, line 7b	. 4a						
ь			4b	7					
c	,			- 4c					
5		d 4c. (This should equal Form 990, Par	t I, line 12)	5					
art		xpenses per Audited Financia		s per Reti	urn				
1	Total expenses and losses pe	r audited financial statements		1	0				
2	A mounts included on line 1 bu	it not on Form 990, Part IX, line 25							
а	Donated services and use of fa	acılıtıes	2a						
b	Prior year adjustments		. 2b						
c	Losses reported on Form 990,	, Part IX, line 25	2c						
d	Other (Describe in Part XIV)		. 2d						
e	Add lines 2a through 2d			2e					
3	Subtract line ${f 2e}$ from line ${f 1}$.			3					
4	A mounts included on Form 99	0, Part IX, line 25, but not on line 1:							
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIV)		. 4b						
С	Add lines 4a and 4b			4c					
5		nd 4c. (This should equal Form 990, Pa	rt I, line 18)	5					
Par	XIV Supplemental Inf	ormation							
		scriptions required for Part II, lines 3, 9, eart XII, lines 2d and 4b, and Part XI		Part XIV , line	s 1b and 2b,				
	Ident if ier	Return Reference	Explana	ıt ion					
		l l							

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SCHEDULE G

(Form 990 or 990-EZ)

As Filed Data -

DLN: 93493162011510

OMB No 1545-0047

2008

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

Name of the organization					Employer iden	ntification number	
ABRAHAM LINCOLN HEALTHO	CARE FOUNDATION	V					
					36-3492268		
Part I Fundraising Ac	tivities. Complet	e if the oi	rganızat	ion answered "Yes"	to Form 990, Part IV	, line 17.	
1 Indicate whether the organ	nization raised funds	through ar	ny of the	following activities Che	eck all that apply		
a Mail solicitations		J	•	e C Solicitation of r	non-government grants		
b Email solicitations				· <u> </u>	overnment grants		
c Phone solicitations				g Special fundrais	•		
d In-person solicitations	s			y ,	g		
2a Did the organization have or key employees listed in			•	` -	•	Γ _{Yes} Γ Ν	
b If "Yes," list the ten higher to be compensated at leas							
	T	(iii) fundrais			(1) A mount noted to		
(i) Name of individual		custo		(iv) Gross receipts	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to	
or entity (fundraiser)	(ii) Activity	contr		from activity		(or retained by)	
, , ,		contribu	utions?			organization	
		Yes	No				
		Yes	No				
		Yes	No				
		Yes	No				
		Yes	No				
		Yes	No				
		Yes	No				
		Yes	No				
		Yes	No				
		Yes	No				

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

			(a) Event #1 GOLF OUTING	(b) Event #2	(c) O ther Events	(d) To (Add col	(a) th	
			(event type)	(event type)	(total number)		l (c))	
₽	1	Gross receipts	31,985				3	1,985
Revenue	2	Less Charitable contributions	23,054				2	3,054
	3	Gross revenue (line 1 minus line 2)	8,931					8,931
	4	Cash Prizes	600					600
စ္	5	Non-cash Prizes						
Expenses	6	Rent/Facility costs	3,623					3,623
<u>g</u>	7	Other direct expenses	7,392					7,392
Direct	8	Direct expense summary Add line	es 4 through 7 in column	(d)			1	1,615
ш	9	Net income summary Combine lin	es 3 and 8 in column (d)				- ;	2,684
Par	t III	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	art IV, line 19, or repo	orted mor	e thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) th		
~	1	Gross revenue						
seg	2	Cash prizes						
tbeus	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
즈	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	Yes%	┌ Yes			
	7	Direct expense summary Add lines	2 through 5 in column (d)				
	8	Net gaming income summary Comb	bine lines 1 and 7 in colu	ımn (d)	🛌			
•							Yes	No
9 a		er the state(s) in which the organization he organization licensed to operate of				· 9a		
b	If"	No," Explain						
10a	— We r	re any of the organization's gaming li	censes revoked, suspen	ded or terminated durin	g the tax year?	10a		
b	If "`	Yes," Explain						
		the organization and the second	ctivities with non-resident					
11 12		es the organization operate gaming a he organization a grantor, beneficiar				11		
		ned to administer charitable gaming?				. 12		

			
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 > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
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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Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

2008

DLN: 93493162011510

Open to Public

Department of the Treasury
Internal Revenue Service
Name of the organization

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Open to Public Inspection

Name of the organization						Employer ident	tification number
ABRAHAM LINCOLN HEALTH	CARE FOUNDATI	ON				36-3492268	
Part I General Infor	mation on Gra	nts and Assistanc	е			1	
Form 990, Part Part IV and Sch	d to award the gra rganization's proc her Assistance IV, line 21 for ai edule I-1 if addi	nts or assistance? edures for monitoring the to Governments ny recipient that recitional space is	ne use of grant funds in table and Organizations enved more than \$5,0	in the United States in the United Sta		organization answerd ceived more than \$5	ed "Yes" on
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A braham lincoln memorial hospital 315 eighth st Lincoln, IL 62656			27,761				VARIOUS INCLUDING SCHOLORSHIPS, CARE-A-VAN, AND AUXILIARY
Memorial Home Services 315 eighth st lincoln, IL 62656			69,400				UNDERWROTE COST OF PAIN MEDICATIONS FOR HOSPICE PATIENTS
Logan County Health Dept 109 3rd st Incoln, IL 62656			3,629				PLACEMENT OF LIFE LINE UNITS IN FOUR SUBSCRIBERS HOMES
2 Enter total number of seconganizations					<u> </u>		2
3 Enter total number of oth	er organizations .			<u> </u>			<u> </u>

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Education Scholorships	7	8,000			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Other Information		SCHEDULE I, PART I, LINE 2 THE ABRAHAM LINCOLN HOSPITAL FOUNDATION WILL EITHER REIMBURSE THE GRANT RECIPIENT FOR GRANT EXPEDITURES OR IN THE CASE OF SCHOLORSHIPS MAKE THE CHECK PAYABLE TO THE GRANT RECIPIENT AND QUALIFIED EDUCATIONAL INSTITUTION

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As Filed Data -

DLN: 93493162011510

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

2008

Open to Public Inspectio<u>n</u>

Department of the Treasury Internal Revenue Service

Name of the organization

ın Part III

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

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

ABRAHAM LINCOLN HEALTHCARE FOUNDATION 36-3492268 **Questions Regarding Compensation** Νo Yes Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) 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 **1**b 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 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 Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a Receive a severance payment or change of control payment? Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo 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. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a Νo 5b Νo Any related organization? If "Yes," to line 5a or 5b, describe in Part III 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 6a The organization? Νo 6b Νo Any related organization? If "Yes," to line 6a or 6b, describe in Part III

payments not described in lines 5 and 6? If "Yes," describe in Part III

For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed

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

7

Yes

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	fW-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
DOLAN C DALPOAS (1)	137,984	40,158	32,071	28,863	5,538	244,614	
ANDY COSTIC (1)	104,811				14,124		
(i)							
(i)							
(ii (i)							
(ii)							
(ii)						
(i) (ii)						
(i) (ii							
(i)							

Schedule J (Form 990) 2008

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 Reference	Explanation
	Part I, Line 7	Officers, key employees and others are eligible for annual short term and long term bonus payments. These payments are contigent upon financial and quality outcomes established by the board of directors

Schedule J (Form 990) 2008

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SCHEDULE 0

D

(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.

2008

Open to Public Inspection

Name of the organization
ABRAHAM LINCOLN HEALTHCARE FOUNDATION

Employer identification number

36-3492268

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	THE FOUNDATION PROVIDED FUNDS TO PURCHASE NEW MEDICAL TECHNOLOGIES FOR USE IN CARING FOR ALL ABRAHAM LINCOLN MEMORIAL HOSPITAL PATIENTS THIS PURCHASE INCLUDED NEW ARTHOSCOPIC EQUIPMENT Expenses \$ 8853 including grants of \$ 8853 Revenue \$ 0

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		The membership of the Corporation consists of one Corporate Member, Memorial Health System

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		The Corporate Member of the Corporation elects the board of directors

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		The bylaws of the Corporation require the advance approval of the Corporate Member for corporate, administrative and operational actions which include, but are not limited to, the establishment of, and amendment to, rules and regulations governing the principal and income of the Corporations funds, the borrowing of any sum, the principal of which exceeds \$500,000, or which has a stated term of greater than one year, or which is secured by a mortgage of all or any portion of the Corporations real property or the creation of a security interest in the Corporations assets, including personal property and revenues, for the benefit of the lender, lessor or vendor, or the defeasance, advance payment or cancellation of any outstanding debt of the category described herein, any guaranty of any debt exceeding \$250,000, the voluntary dissolution, merger, consolidation, sale or transfer of any of the Corporations assets which exceeds one percent of the Corporations total assets or any creation of a subsidiary or affiliate of the Corporation, the approval of all annual and long-term capital and operational budgets and strategic plans, any amendment to the Articles of Incorporation or bylaws of the Corporation, the selection of or change of independent auditors, any agreement or transaction, either of which of a material nature, with another corporation controlled by or affiliated with the Corporate Member or which is a subsidiary or affiliate of the Corporate Member, and any general plan for the solicitation of charitable contributions and the acceptance of a contribution which imposes a material obligation

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		IRS form 990, including all schedules and attachments, are provided to the board of directors for review

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		All officers, directors and key employees of the Corporation are required review the Conflict of Interest Policy and complete a specific disclosure statement which is attached to the policy. The Abraham Lincoln Healthcare Foundation monitors and enforces its Conflict of Interest Policy by identifying any potential conflicts at the time each meeting is called to order. Any officer or director who has a conflict is notified of such conflict, as well as their obligation to abstain from the discussion and vote on any conflicted issues(s). Such abstention(s), if required, are documented in the minutes of each meeting. Board members are also required to update their Conflict of Interest disclosure statements promptly in the event of any change in personal or business activities that would require such disclosure.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, Ine 15		The Corporate Member of the Corporation has appointed a Leadership Compensation Committee and has delegated to it the responsibility of administering, overseeing and approving all forms of compensation and benefits provided to executive leadership, including the President. The Corporate Members board of directors has adopted a Leadership Compensation Philosophy Statement describing the role and responsibilities of the Committee. This philosophy expressly states the Committees intent, on behalf of the Corporation, to take all the steps necessary to qualify for the rebuttable presumption of reasonableness under the federal income tax law intermediate sanctions rules. The Committee analyzes every element of compensation (including current, incentive and deferred compensation) and benefits (including qualifies and non-qualified benefits). The Committee conducts its review and approval process at least annually, and approves compensation and benefits only to the extent that the Committee has concluded that the compensation and benefits constitute no more than reasonable compensation for each executive. In connection with the most recent review and approval process, the Committee received professional advice from an independent consultant and outside legal counsel. The Committee consists entirely of disinterested members of the board or disinterested Committee members who under state corporate law may serve on such a committee. The Committee works with its compensation consultant to prepare and review in advance comprehensive data showing the compensation provided by similarly situated organizations for functionally similar positions. The Committee also prepares a timely and thorough written record of its procedural criteria necessary to qualify for the rebuttable presumption of reasonableness under the federal income tax law intermediate sanctions rules.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The governing documents of the Abraham Lincoln Healthcare Foundation, such as Articles of Incorporation and any Amendments thereto, are available to the general public through the Illinois Secretary of States Office These governing documents, as well as the bylaws, conflict of interest policy and financial statements, are available upon request from the Corporation

Identifier Return Reference		Return Reference	Explanation				
Form 990 F 12 and Part	<i>'</i>	Consolidated Financial Statements	Although the organization does not receive stand alone GAAP financial statements, it does receive on an annual basis from independent auditors consolidated entity GAAP financial statements for it and its affiliates				

ldentifier	Return Reference	Explanation
· · · · · · · · · · · · · · · · · · ·	ı	Dolan C Dalpoas devotes 40 hours per wieek to a related organization Andrew J Costic devotes 40 hours per wieek to related organizations

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Cat No 51056K

Schedule O (Form 990) 2008

DLN: 93493162011510

2008

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Related Organizations and Unrelated Partnerships

Name of the organization

(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.

Department of the Treasury Internal Revenue Service

ADRAMANI LINCOLIV MEALI MCARE FOUNDATION				36-3492268	
Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Organiza	tions				
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
See Additional Data Table					

(A) Name, address, and EIN of related organization	(B) Primary acti	vity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H) Disproprtionate allocations?		(I) Code V—UBI amound on Box 20 of K-1	Gene mana	(J) General or managing partner?	
								Yes	No	1	Yes	No	
Part IV Identification of Re (A) Name, address, and EIN of related org		(B) Primary activ		(c) Legal domicile (state or foreign country)	Or Trust (D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total inc	ome	Sh end	are of Per	(H) centage nership		
Lincolnland Lithotripsy LLC 14050 Cotton Hill Road Pawnee, IL62558 31-1825683		medical equip (mobile lithotrij equip & suppli med equip m	es) & gmt	DE	N/A	S							
MEMORIAL HOME SERVICES OF CENTRAL ILLINOIS INC 701 NORTH FIRST STREET SPRINGFIELD, IL62781 37-1190216		PROVIDE DURA MEDICAL EQUIPMENT AN SUPPLIES TO PATIENTS		IL	N/A	С							
HEALTHCARE NETWORK ASSOCIATES OF SANGAMON 720 NORTH BOND ST SPRINGFIELD, IL62702 36-4156479		HEALTHCARE ACTIVITIES		IL	N/A	С							
SPRINGFIELD, IL62702 37-1331904		HEALTHCARE ACTIVITIES		IL	N/A	С							
HEALTHCARE NETWORK ASSOCIATES OF CENTRAL ILLINOIS 720 NORTH BOND ST SPRINGFIELD, IL62702 37-1331905		HEALTHCARE ACTIVITIES		IL	N/A	С							

(6)

Part V	Transactions with Related Organizations
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Par	Transactions with Related Organizations									
	Note. Complete line 1 if any entity is listed in Parts II, III or IV									
1 Du	ring the tax year, did the orgranization engage in any of the following transaction	ns with one or more related organizations listed in Parts II-	IV?							
а	a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity									
b	Gift, grant, or capital contribution to other organization(s)		[1	1b	Yes					
c	Gift, grant, or capital contribution from other organization(s)		[1	1c	Yes					
d	Loans or loan guarantees to or for other organization(s)		[1	1d		No				
e	Loans or loan guarantees by other organization(s)		[1	1e		No				
f	f Sale of assets to other organization(s)									
g	Purchase of assets from other organization(s)		[1	1g		No				
h	Exchange of assets		[1	1h		No				
i Lease of facilities, equipment, or other assets to other organization(s)						No				
j	Lease of facilities, equipment, or other assets from other organization(s)		L ³	1j		No				
k	Performance of services or membership or fundraising solicitations for other organizations	ganization(s)	<u> </u>	1k 1l		No				
l Performance of services or membership or fundraising solicitations by other organization(s)										
m Sharing of facilities, equipment, mailing lists, or other assets										
n	Sharing of paid employees		[2	1n		No				
			L	\bot						
• Reimbursement paid to other organization for expenses										
p	Reimbursement paid by other organization for expenses		<u> </u> 1	1p		No				
				1q	Yes					
q Other transfer of cash or property to other organization(s)										
r Other transfer of cash or property from other organization(s)						No				
2	If the answer to any of the above is "Yes," see the instructions for information o		iips and transaction thresholds							
	(A) Name of other organization(s)	(B) Transaction	(C) Amount Involved							
/4 \	Name of other organization(s)	type(a-r)	——————————————————————————————————————							
(1)										
(2)										
(2)										
(3)										
` ,										
(4)										
(5)										
		1								

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

									_	
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organization:	s?	(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No
			•	•		•		Cabadul	. D / Farms	9907 2008

Software ID: Software Version:

EIN: 36-3492268

Name: ABRAHAM LINCOLN HEALTHCARE FOUNDATION

Form 990, Schedule R, Part II - Identification of Relate	d Tax-Exempt Organizati	ons	1		ı
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
MEMORIAL HEALTH SYSTEM					
701 NORTH FIRST ST SPRINGFIELD, IL627810001 37-1110690	UMBRELLA\PARENT CORPORATION	IL	501(C)(3)	509(A)(3) TYPE II	N/A
MEMORIAL MEDICAL CENTER					
701 NORTH FIRST ST SPRINGFIELD, IL627810001 _37-0661220	HOSPITAL SERVICES	IL	501(C)(3)	170(B)(1)(A)(III)	N/A
MEMORIAL HEALTH VENTURES					
701 NORTH FIRST ST SPRINGFIELD, IL627810001 36-3492266	HEALTHCARE ACTIVITIES	IL	501(C)(3)	509(A)(3) TYPE II	N/A
ABRAHAM LINCOLN MEMORIAL HOSPITAL					
315 EIGHTH ST LINCOLN, IL62656 _37-0723793	HOSPITAL SERVICES	IL	501(C)(3)	170(B)(1)(A)(III)	N/A
TAYLORVILLE MEMORIAL HOSPITAL					
201 EAST PLEASANT TAYLORVILLE, IL62568 _37-0661250	HOSPITAL SERVICES	IL	501(C)(3)	170(B)(1)(A)(III)	N/A
MEMORIAL HOME SERVICES 720 NORTH BOND SPRINGFIELD, IL627024915 37-0714225	HOME HEALTH, HOSPICE, AND CONTINUOUS CARE SERVICES	IL	501(C)(3)	509(A)(2)	N/A
MEMORIAL PHYSICIAN SERVICES					
701 NORTH FIRST ST SPRINGFIELD, IL627810001 37-1181194	HEALTH CLINICS	IL	501(C)(3)	509(A)(3) TYPE II	N/A
MEMORIAL MEDICAL CENTER FOUNDATION	GRANTS TO HOSPITALS,				
1 MEMORIAL PLAZA SPRINGFIELD, IL62781 37-1110301	OTHER CHARITABLE ORGANIZATIONS, AND SCHOLARSHIPS	IL	501(C)(3)	170(B)(1)(A)(V)	N/A
TAYLORVILLE MEMORIAL HOSPITAL FOUNDATION	GRANTS TO OTHER				
201 EAST PLEASANT TAYLORVILLE, IL62568 37-1337485	CHARITABLE ORGANIZATIONS AND HOSPITALS	IL	501(C)(3)	509(A)(3)TYPE III-FI	N/A
MENTAL HEALTH CENTERS OF CENTRAL ILLINOIS	TRAINING, PSYCHIATRIC,				
710 NORTH EIGHTH ST SPRINGFIELD, IL627026395 37-0646367	AND RESIDENT SERVICES FOR MENTALLY ILL AND DISABLED	IL	501(C)(3)	170(B)(1)(A)(VI)	N/A

Software ID: Software Version:

EIN: 36-3492268

Name: ABRAHAM LINCOLN HEALTHCARE FOUNDATION

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
		Posit t	(C tion (hat a	chec		I			(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Отпо	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)		Estimated amount of other compensation from the organization and related organizations
BRADLEY E NEAL , BOARD MEMBER	70	Х						0	0	0
MARY BETH SPARKS , BOARD MEMBER	70	Х						0	0	0
DOLAN C DALPOAS , President & CEO	70	Х		Х				0	210,213	34,401
ROBERT BD ARNEAUD , SECRETARY	70	Х		Χ				0	0	0
DAVID A CAMPBELL , BOARD MEMBER	70	Х						0	0	0
HAROLD L DRAKE , BOARD MEMBER	70	X						0	0	0
JAMES R DREW , BOARD MEMBER	70	Х						0	0	0
SHIRLEY S EDWARDS , BO ARD MEMBER	70	X						0	0	0
FRANCES C GUZZARDO , BOARD MEMBER	70	X						0	0	0
KAREN SAMS DAVIS , BOARD MEMBER	70	Х						0	0	0
A KRAIG KRAUSE , BOARD MEMBER	70	X						0	0	0
JUDITH N LOZIER , BOARD MEMBER	70	Х						0	0	0
SHARON R MARTEN , BOARD MEMBER	70	Х						0	0	0
CLYDE R REYNOLDS , TREASURER	70	Х		Χ				0	0	0
PAMELA K WHITE , BOARD MEMBER	70	Х						0	0	0
ERIC D GRAUE , VICE CHAIRMAN	70	Х		Χ				0	0	0
GAIL L NUNNERY , BOARD MEMBER	20	Х						0	0	0
STARR HULL , BOARD MEMBER	70	X						0	0	0
ROBERT MEINERSHAGEN , CHAIRMAN	70	Х		Χ				0	0	0
CONNIE WHITE , BOARD MEMBER	70	Х						0	0	0
ANDY COSTIC , REGIONAL CFO	70			Х				0	137,550	14,124
MARTHA JO AHRENDS , EXECUTIVE DIRECTOR	40 00			Х				58,358	0	1,316
KENT E CROSS , BOARD MEMBER	70						Х	0	0	0
WILLIAM E MARCOTTE , BOARD MEMBER	10						х	0	0	0
JOAN M GRAUE , BOARD MEMBER	70						Х	0	0	0
MARY ROSE MOREHEAD , BOARD MEMBER	70						Х	0	0	0
STEVE AUGHENBAUGH , BOARD MEMBER	70						х	0	0	0
TOM SEGGELKE , BOARD MEMBER	70						Х	0	0	0