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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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
COXHEALTH FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
3525 S NATIONAL SUITE 204

City or town, state or country, and ZIP + 4
SPRINGFIELD, MO 65807

D Employer identification number
43-6810485

E Telephone number
(417) 269-7150

G Gross receipts $ 2,633,289

F Name and address of Principal Officer
LISA ALEXANDER
3525 S NATIONAL SUITE 204
SPRINGFIELD, MO 65807

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) **Are all affiliates included?** ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Web site:** ▶ WWW COXHEALTHFOUNDATION COM

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1998

M State of legal domicile MO

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
THE COXHEALTH FOUNDATION RAISES FUNDS TO DISPERSE TO PATIENTS FOR THOSE NEEDS FOR WHICH THEY HAVE NO RESOURCES OR FUNDING, BUT WHICH ARE CRITICAL TO THE PATIENTS HEALTH AND WELL BEING

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of employees (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	15
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	2,486,250	2,208,843
	9	Program service revenue (Part VIII, line 2g)		0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	451,065	371,711
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-27,899	-59,998
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,909,416	2,520,556
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,032,974	1,249,964
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	(Total fundraising expenses, Part IX, column (D), line 25 12,141)		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	2,946	12,141
	18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	1,035,920	1,262,105
	19	Revenue less expenses Subtract line 18 from line 12	1,873,496	1,258,451
Net Assets or Fund Balances			Beginning of Year	End of Year
	20	Total assets (Part X, line 16)	16,770,763	17,675,268
	21	Total liabilities (Part X, line 26)	0	0
	22	Net assets or fund balances Subtract line 21 from line 20	16,770,763	17,675,268

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Please Sign Here

****** | 2010-08-13
Signature of officer | Date

LISA ALEXANDER PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Brian D Todd | Date | Check if self-employed ▶ ☐ | Preparer's PTIN (See Gen Inst)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BKD LLP
910 E ST LOUIS 200/PO BOX 1190
SPRINGFIELD, MO 658062523

EIN ▶

Phone no ▶ (417) 865-8701

May the IRS discuss this return with the preparer shown above? (See instructions) ☑ Yes ☐ No

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

1 Briefly describe the organization's mission

See Additional Data Table

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting or make significant changes in how it conducts any program services? . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 180,505 including grants of $ 180,505) (Revenue $)

IN FY 2009, THE DIABETES EDUCATION FUND PROVIDED THE MOST FINANCIAL BENEFIT TO THE COMMUNITY THIS FUND HELPS TO COVER THE EXPENSES OF EDUCATION CLASSES TO THOSE WHO CANNOT AFFORD THEM FOR THE MANAGEMENT OF THEIR DISEASE CURRENTLY 30% OF PATIENTS SEEN AT COXHEALTH SUFFER FROM DIABETES

4b (Code) (Expenses $ 128,943 including grants of $ 128,943) (Revenue $)

IN FY 2009, THE CANCER SERVICES FUNDS, WHICH INCLUDE THE CANCER ENDOWMENT FUND, GLAUSER ONCOLOGY FUND, COLORECTAL CANCER PREVENTION FUND, AND THE ALLENBRAN ENDOWMENT FUND, PROVIDED THE SECOND MOST FINANCIAL BENEFIT TO COMMUNITY SEE SCHEDULE O FOR MORE INFORMATION ABOUT THESE FUNDS

4c (Code) (Expenses $ 108,418 including grants of $ 108,418) (Revenue $)

IN FY 2009, THE GOOD SAMARITAN FUND PROVIDED THE THIRD MOST FINANCIAL BENEFIT TO THE COMMUNITY THIS FUND ASSISTS INDIVIDUALS WHO HAVE USED THE SERVICES OF COX HEALTH AND DO NOT HAVE THE RESOURCES TO RECONCILE THEIR HOSPITAL CHARGES OR QUALIFY FOR CHARITY CARE A COMMITTEE MEETS MONTHLY TO REVIEW APPLICATIONS AND AWARD GRANTS

4d Other program services (Describe in Schedule O)

(Expenses $ 832,098 including grants of $ 832,098) (Revenue $)

4e Total program service expenses $ 1,249,964 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			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		No
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	Yes	
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		No
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		No
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? *If "Yes," complete Schedule F, Part II*	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		No
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	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*	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			
a	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 IV*	28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		No
c	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		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30	Yes	
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		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		No
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

Part V Statements Regarding Other IRS Filings and Tax Compliance

					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	1a	0			
b	Enter 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 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	2a	0			
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 return?			3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b	If "Yes," enter the name of the foreign country ______ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	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).*					
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?			7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
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	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
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		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		
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 year?			8		
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	*Section 501(c)(7) organizations.* Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
a	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)	11b				
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	12b				

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

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . . **1a** 15			
b	Enter the number of voting members that are independent . . **1b** 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b		No
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13*	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			
a	The organization's CEO, Executive Director, or top management official?	15a		No
b	Other officers or key employees of the organization?	15b		No
	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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ own website ☐ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

SHAWNA BRIDGES
1423 N JEFFERSON
SPRINGFIELD, MO 65802
(417) 269-3724

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

* 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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) Individual Trustee or Director	Institutional Trustee	Officer	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)	(F) Estimated amount of other compensation from the organization and related organizations
RUSSELL DETTEN DO , DIRECTOR	1 0	X						0	199,549	21,129
LARRY W LIPSCOMB , CHAIRMAN	1 0	X		X				0	0	0
KENNETH E MEYER , VICE CHAIRMAN	1 0	X		X				0	0	0
ANDY DALTON , DIRECTOR	1 0	X						0	0	0
JOSE DOMINGUEZ MD , TREASURER	1 0	X		X				0	0	0
NEIL C WORTLEY , DIRECTOR	1 0	X						0	0	0
ROBERT CAROLLA MD , ASSISTANT SECRETARY	1 0	X		X				0	34,843	976
BILL FOSTER , DIRECTOR	1 0	X						0	0	0
GIL TROUT , DIRECTOR	1 0	X						0	0	0
JOE TURNER , DIRECTOR	1 0	X						0	0	0
JOHN MARTIN , DIRECTOR	1 0	X						0	0	0
MARY BETH DANIELS , DIRECTOR	1 0	X						0	0	0
BILL DARR , DIRECTOR	1 0	X						0	0	0
CINDY WAITES , DIRECTOR	1 0	X						0	0	0
CHRIS W NATTINGER , DIRECTOR	1 0	X						0	0	0
LISA ALEXANDER , PRESIDENT	40 0			X				0	127,803	17,266

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) Individual Trustee or Director	Institutional Trustee	Officer	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)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total . . . . ▶								0	362,195	39,371

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶0

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4 For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization . . . . ▶	0

Part VIII **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
Contributions, gifts, grants and other similar amounts						
1a	Federated campaigns . . 1a	218,426				
b	Membership dues 1b					
c	Fundraising events 1c	194,124				
d	Related organizations . . . 1d	291,901				
e	Government grants (contributions) 1e	25,163				
f	All other contributions, gifts, grants, and similar amounts not included above 1f	1,479,229				
g	Noncash contributions included in lines 1a-1f $ 106,331					
h	**Total (Add lines 1a-1f)** . . . . ▶		2,208,843			
Program Service Revenue		Business Code				
2a						
b						
c						
d						
e						
f	All other program service revenue					
g	**Total. Add lines 2a-2f** . . . . ▶ $ 0					
Other Revenue						
3	Investment income (including dividends, interest other similar amounts) . . . . ▶		371,711			371,711
4	Income from investment of tax-exempt bond proceeds . . ▶		0			
5	Royalties . . . . ▶		0			
		(i) Real / (ii) Personal				
6a	Gross Rents					
b	Less rental expenses					
c	Rental income or (loss)					
d	Net rental income or (loss) . . . . ▶					
		(i) Securities / (ii) Other				
7a	Gross amount from sales of assets other than inventory					
b	Less cost or other basis and sales expenses					
c	Gain or (loss)					
d	Net gain or (loss) . . . . ▶		0			
8a	Gross income from fundraising events (not including $ 52,735 of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* . . . . a	194,124				
b	Less direct expenses . . . b	112,733				
c	Net income or (loss) from fundraising events . . ▶		-59,998			-59,998
9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a					
b	Less direct expenses . . . b					
c	Net income or (loss) from gaming activities . . . ▶		0			
10a	Gross sales of inventory, less returns and allowances . a					
b	Less cost of goods sold . . b					
c	Net income or (loss) from sales of inventory . . ▶		0			
	Miscellaneous Revenue	Business Code				
11a						
b						
c						
d	All other revenue					
e	**Total. Add lines 11a-11d** . . . . $ 0					
12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . . . ▶		2,520,556			311,713

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	403,500	403,500		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	846,464	846,464		
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	0			
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17* . .	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties . .	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	0			
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)				
a	GENERAL & MISCELLANEOUS	12,141			12,141
b					
c					
d					
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	1,262,105	1,249,964	0	12,141
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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	4,500,414	2	5,341,335
	3	Pledges and grants receivable, net	2,643,945	3	2,521,193
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*		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	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost basis — 10a			
	b	Less accumulated depreciation *Complete Part VI of Schedule D* — 10b		10c	
	11	Investments—publicly traded securities	9,626,265	11	9,804,675
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*		12	
	13	Investments—program-related See Part IV, line 11 *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*	139	15	8,065
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*	16,770,763	16	17,675,268
Liabilities	17	Accounts payable and accrued expenses	0	17	0
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability *Complete Part IV of Schedule D*		21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities *Complete Part X of Schedule D*		25	
	26	**Total liabilities.** *Add lines 17 through 25*	0	26	0
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	1,027,115	27	1,120,431
	28	Temporarily restricted net assets	8,899,385	28	9,467,931
	29	Permanently restricted net assets	6,844,263	29	7,086,906
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	16,770,763	33	17,675,268
	34	Total liabilities and net assets/fund balances	16,770,763	34	17,675,268

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ cash ☑ accrual ☐ other			
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		No
c	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		

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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

2008

Open to Public Inspection

Name of the organization
COXHEALTH FOUNDATION

Employer identification number
43-6810485

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

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

3 ☐ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

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

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

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

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

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

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

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

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

a ☑ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☑ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section **(See Instructions)**)	(iv) Is the organization in col (i) listed in your governing document? Yes	No	(v) Did you notify the organization in col (i) of your support? Yes	No	(vi) Is the organization in col (i) organized in the U S ? Yes	No	(vii) Amount of support?
COXHEALTH	440577118	03	Yes			No		No	0
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.)

Public Support

Calendar 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 ")						
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						
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						

Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2004	**(b)** 2005	**(c)** 2006	**(d)** 2007	**(e)** 2008	**(f)** Total
7 Amounts 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 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 instructions) | 12 |

13 **First Five Years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) | 14 |

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f | 15 |

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar 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 ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts 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						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2004	**(b)** 2005	**(c)** 2006	**(d)** 2007	**(e)** 2008	**(f)** Total
9 Amounts 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						
c 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 organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	**15**	
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	**16**	

Computation of Investment Income Percentage

17 Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	**17**	
18 Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	**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 ▶☐

b **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 ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

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

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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.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
COXHEALTH FOUNDATION

Employer identification number
43-6810485

Part I **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	1	2
2	Aggregate Contributions to (during year)	100,630	99,758
3	Aggregate Grants from (during year)	84,248	83,343
4	Aggregate value at end of year	1,923,652	219,064

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☑ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☑ Yes ☐ No

Part II **Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ **Yes** ☐ **No**

Part IV Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ **Yes** ☐ **No**

b If "Yes," explain why in Part XIV and complete the following table

			Amount
c	Beginning balance	**1c**	
d	Additions during the year	**1d**	
e	Distributions during the year	**1e**	
f	Ending balance	**1f**	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current Year	**(b)** Prior Year	**(c)** Two Years Back	**(d)** Three Years Back	**(e)** Four Years Back
1a	Beginning of year balance					
b	Contributions					
c	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 year end balance held as

a Board designated or quasi-endowment ►

b Permanent endowment ►

c Term endowment ►

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

			Yes	**No**
	(i) unrelated organizations	**3a(i)**		
	(ii) related organizations	**3a(ii)**		
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	**3b**		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	**(a)** Cost or other basis (investment)	**(b)** Cost or other basis (other)	**(c)** Depreciation	**(d)** Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ►				

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-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 Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation 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, line 15.

(a) Description	(b) Book value
DUE FROM COX MEDICAL CENTER	8,065
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts 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	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
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)	4b			
c	Add lines **4a** and **4b**			4c	
5	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			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	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 **2e** from line **1**			3	
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)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
DONOR ADVISED FUNDS	SCHEDULE D, PART I, COLUMN A	THE GLAUSER ONCOLOGY FUND IS A DONOR ADVISED FUND THAT WAS CREATED BY JAMES AND ROSEMARY GLAUSER, AND IT EXISTS TO ENHANCE SERVICE, CLINICAL AWARENESS, AND TECHNOLOGICAL ADVANCES AT THE HULSTON CANCER CENTER AT COXHEALTH
FUNDS SIMILAR TO DONOR ADVISED FUNDS	SCHEDULE D, PART I, COLUMN B	THE ALLENBRAND ENDOWMENT FUND AND THE OZARKS ENDOWMENT FUND FOR NEUROSCIENCES ARE CONSIDERED FUNDS SIMILAR TO DONOR ADVISED FUNDS FOR SCHEDULE D, PART I BOTH FUNDS INCLUDE MONIES DONATED TO BE USED FOR SPECIFIC SERVICE EXPENSES, AND THE INCOME FROM EACH FUND IS UNRESTRICTED TO BE SPENT ON SPECIFIC SERVICES WITH THE INPUT OF DONORS
VOLUNTARY RECONCILIATION OF THE CHANGE IN NET ASSETS	SCHEDULE D, PART XI	2,520,556 TOTAL REVENUE - FORM 990, PART VIII, COLUMN (A), LINE 12 (1,262,105) TOTAL EXPENSES - FORM 990, PART IX, COLUMN (A), LINE 25 ------------ 1,258,451 6,698 UNREALIZED GAIN ON INVESTMENT (356,917) TRANSFER TO AFFILIATE (3,727) CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUST ------------ 904,505 CHANGE IN NET ASSETS PER FINANCIAL STATEMENTS

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ 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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
COXHEALTH FOUNDATION

Employer identification number
43-6810485

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ Yes ☐ No

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

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

			(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 DINNER/GALA (event type)	(c) Other Events 5 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1	Gross receipts	122,177	36,346	88,336	246,859
	2	Less Charitable contributions	94,589	25,432	74,103	194,124
	3	Gross revenue (line 1 minus line 2)	27,588	10,914	14,233	52,735
Direct Expenses	4	Cash Prizes		50		50
	5	Non-cash Prizes	25	50	1,200	1,275
	6	Rent/Facility costs	8,638	500	600	9,738
	7	Other direct expenses	53,928	14,163	33,579	101,670
	8	Direct expense summary Add lines 4 through 7 in column (d) ▶				112,733
	9	Net income summary Combine lines 3 and 8 in column (d) ▶				-59,998

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities ____________			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

				Yes	No
13	Indicate the percentage of gaming activity operated in				
a	The organization's facility	**13a**			
b	An outside facility	**13b**			
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**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ____________ and the amount of gaming revenue retained by the third party ▶ $ ____________				
c	If "Yes," enter name and address Name ▶ Address ▶				
16	Gaming manager information Name ▶ Gaming manager compensation ▶ $ ____________ Description of services provided ▶ ☐ Director/officer ☐ Employee ☐ Independent contractor				
17	Mandatory distributions				
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		**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 ▶ $				

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
COXHEALTH FOUNDATION

Employer identification number
43-6810485

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . ▶ ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COXHEALTH1423 N JEFFERSON AVE SPRINGFIELD,MO 65802	44-0577118	501(c)(3)	356,917				CAPITAL PURCHASES
KITCHEN INC1630 N JEFFERSON AVE SPRINGFIELD,MO 658032819	43-1384531	501(C)(3)	25,000				SUPPORT
COX-MONETT HOSPITAL 801 LINCOLN AVENUE MONETT,MO 65708	43-1656689	501(C)(3)	21,583				COMMUNITY HLTH IMPROVEMENT

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 3

3 Enter total number of other organizations . . . ▶

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)** Amount of cash grant	**(d)** Amount of non-cash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of non-cash assistance
DIRECT BENEFIT TO PATIENTS	550	425,793			
DIRECT AID TO COXHEALTH EMPLOYEES	38	16,430			
SCHOLARSHIPS	50	154,648			
EDUCATION & EDUCATION MATERIALS	2500	32,966			
PURCHASES OF CRIBS FOR FAMILIES	225	19,755			
SPONSORSHIP OF SALARIES THROUGH MFH DIABETES GRANT	5	112,624			
GLAUSER ONCOLOGY PATIENT ADVOCATE EXPENSES	2643	84,248			

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

Identifier	**Return Reference**	**Explanation**
GRANT RECIPIENT MONITORING	SCHEDULE I, PART I, QUESTION 2	COXHEALTH AND COX-MONETT HOSPITAL ARE RELATED TO THE ORGANIZATION, THEREFORE, FOUNDATION TOP MANAGEMENT IS ABLE TO WITNESS THE USE OF GRANT FUNDS FIRST HAND AID PROVIDED TO THE KITCHEN FOLLOWS A CONSISTENT RELATIONSHIP OF GIVING COXHEALTH SYSTEM PHYSICIANS SERVE AT THE KITCHEN CLINIC WHICH ALLOWS FOR FIRST HAND KNOWLEDGE OF THE CLINIC'S ACTIVITIES AND OVERSIGHT INTO THE USE OF FUNDS THE PHYSICIANS COMMUNICATE WITH THE COXHEALTH FOUNDATION TO ENSURE FUNDS ARE USED APPROPRIATELY ASSISTANCE PROVIDED TO INDIVIDUALS REQUIRES A FINANCIAL APPLICATION ON FILE AND A RECOMMENDATION FROM A PHYSICIAN/CASE WORKER/PATIENT CLINICIAN AT COXHEALTH IN THE AREA OF SERVICE PROVIDED TO VERIFY THE NEED APPLICATIONS ARE REVIEWED BY THE PATIENT FINANCIAL SERVICES OFFICE FOR THOSE GIFTS GIVEN THAT RELATE TO CARE PROVIDED AT COXHEALTH AFTER REVIEW BY PFS, THE APPLICATION IS FORWARDED TO CHF FOR COMPLETION OF REVIEW FOR FOUNDATION FUNDING SOME FUNDS HAVE ADDITIONAL SPECIFICS AND IT IS DETERMINED BY THE FUND STATEMENT AS TO THE SPECIFICS OF WHAT EACH FUND WILL SUPPORT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
COXHEALTH FOUNDATION

Employer identification number
43-6810485

Part I Questions Regarding Compensation

			Yes	No
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 ☐ Written employment contract ☐ 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			
a	Receive a severance payment or change of control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	**4c**		No
	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			
a	The organization?	**5a**		No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	**5b**		No
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III	**6b**		No
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-MISC compensation			**(C)** Deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other compensation				
RUSSELL DETTEN DO	(i)	0			0		0	
	(ii)	183,684	0	15,865	10,243	10,886	220,678	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(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

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
COXHEALTH FOUNDATION

Employer identification number
43-6810485

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art	X	3	15,000	FMV
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (describe SEE PART II)	X	393	91,331	FMV
26 Other (describe ____________)				
27 Other (describe ____________)				
28 Other (describe ____________)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, *Part IV, Donee Acknowledgement* **29** 0

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b If "Yes", describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b If "Yes", describe in Part II			
33 If the organization did not report revenues in Column (c) for a type of property for which Column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	ReturnReference	Explanation
NUMBER OF CONTRIBUTIONS	SCHEDULE M, PART I, LINE 1A	THE NUMBER OF CONTRIBUTIONS REPRESENTS THE NUMBER OF GROUP DONATIONS RECEIVED IN FY 2009 THE ORGANIZATION RECEIVED THREE DONATIONS PHOTOGRAPHY FOR THE LABOR AND DELIVERY UNIT, PHOTOGRAPHY FOR THE WOMEN'S FLOOR, AND ORIGINAL ART FROM ANNE COX FOR THE NEURO-TRAUMA INTENSIVE CARE UNIT
OTHER NONCASH CONTRIBUTIONS	SCHEDULE M, PART I, LINE 25	VARIOUS NONCASH CONTRIBUTIONS WERE MADE TO THE ORGANIZATION FOR VARIOUS FUNDRAISING SILENT AUCTION EVENTS THE NUMBER OF CONTRIBUTIONS REPRESENTS THE TOTAL NUMBER OF SILENT AUCTION ITEMS DONATED

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SCHEDULE O (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

2008

Open to Public Inspection

Name of the organization	Employer identification number
COXHEALTH FOUNDATION	43-6810485

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, QUESTION 1	MISSION THE COXHEALTH FOUNDATION RAISES FUNDS TO DISPERSE TO PATIENTS FOR THOSE NEEDS FOR WHICH THEY HAVE NOR RESOURCES OR FUNDING, BUT WHICH ARE CRITICAL TO THE PATIENTS HEALTH AND WELL BEING ADDITIONALLY FUNDS ARE RAISED TO SUPPORT THE MISSION OF COXHEALTH THROUGH SUPPORT OF HEALTH EDUCATION, FACILITIES, TECHNOLOGIES AND THOSE PROGRAMS AND SERVICES WHICH IMPACT THE HEALTH OF OUR OZARKS COMMUNITY EACH CONTRIBUTION TO THE FOUNDATION CREATES THE FOLLOWING BENEFITS SUPPORTS SERVICES FOR THE INDIGENT AND UNINSURED BY PROVIDING FINANCIAL ASSISTANCE THROUGH THE BETHLEHEM FUND FOR HIGH-RISK MOTHERS, THE GOOD SAMARITAN FUND AND OTHER PATIENT CARE FUNDS AT COXHEALTH, HEALTH CARE IS PROVIDED WITHOUT PREJUDICE AND REGARDLESS OF THE PATIENT'S ABILITY TO PAY PROVIDES EDUCATIONAL TRAINING TO RESIDENT PHYSICIANS AND TO FUTURE NURSES THROUGH THE FAMILY PRACTICE RESIDENCY PROGRAM AND COX COLLEGE SCHOLARSHIP AND ENDOWMENT FUNDS ASSISTS THE COMMUNITY BY PROVIDING PROGRAMS LIKE CPR TRAINING AND SMOKING CESSATION CLASSES, AS WELL AS THE EMERGENCY CARDIOVASCULAR CARE COMMUNITY TRAINING CENTER AND THE "WOMEN AND HEART - KNOW YOUR FIGURES" AWARENESS CAMPAIGN BUILDS NEW, EXPANDED FACILITIES WITH GIFTS TO SUPPORT STATE-OF-THE-ART EQUIPMENT TO CONTINUE MEDICAL RESEARCH AND OFFER INNOVATIVE CLINICAL TREATMENTS AND PROCEDURES IN AREAS SUCH AS CANCER, HEART DISEASE, REHABILITATION AND MUCH MORE

Identifier	Return Reference	Explanation
EXEMPT PURPOSE ACHIEVEMENTS - CANCER SERVICES FUNDS	FORM 990, PART III, QUESTION 4B	THE CANCERS SERVICES FUNDS INCLUDE FOUR SEPARATE FUNDS USED TO BENEFIT THE COMMUNITY - CANCER FUND THIS FUND EXISTS TO SUPPORT THE LONG-RANGE NEEDS OF ONCOLOGY PROGRAMS AND SERVICES WITHIN COXHEALTH AS WELL AS THE DAY TO DAY PATIENT NEEDS THAT ARE UNFUNDED THROUGH NORMAL PAYOR SOURCES THIS FUND IS AN ENDOWMENT FUND WITH ONLY INTEREST INCOME EARNINGS SPENT ON PROGRAMS AND SERVICES TO DATE, IT HAS HELPED SUPPORT THE EXPANSION OF THE NEW RADIATION CENTER, HEALING GARDEN, AND HOPE AND HEALING PLACE AS WELL AS HAVING HELPED PROVIDE TECHNOLOGY FOR BREAST CANCER PATIENTS, PATIENT FINANCIAL GRANTS, NUTRITIONAL SUPPLEMENTS, MEDICATIONS, MASTECTOMY SUPPLIES AND MUCH MORE - GLAUSER ONCOLOGY FUND THIS FUND, CREATED BY JAMES AND ROSEMARY GLAUSER, EXISTS TO ENHANCE SERVICES, CLINICAL AWARENESS, AND TECHNOLOGICAL ADVANCES AT THE HULSTON CANCER CENTER AT COXHEALTH THE FUND HAS PROVIDED THOUSANDS OF FREE COMMUNITY-WIDE CANCER PREVENTION AND SCREENING GUIDEBOOKS AND PROVIDED THE ESTABLISHMENT OF THE PATIENT ADVOCACY PROGRAM ALL NEWLY DIAGNOSED CANCER PATIENTS CAN BENEFIT FROM THE FREE SERVICES PROVIDED BY THE PATIENT ADVOCATE -COLORECTAL CANCER PREVENTION FUND THIS FUND WAS ESTABLISHED IN HONOR OF TIFFANY TAYLOR, COLORECTAL CANCER SURVIVOR THE FUND IS USED FOR EDUCATIONAL PURPOSES IN PROVIDING PREVENTION INFORMATION TO THE COMMUNITY ON COLORECTAL CANCER IN ADDITION, THE FUND PROVIDES DIRECT SUPPORT TO COLORECTAL CANCER PATIENTS -ALLENBRAND FUND THIS FUND ESTABLISHED BY RICK AND LORI ALLENBRAND EXISTS TO SUPPORT PATIENT NEEDS WITHIN THE ONCOLOGY PROGRAMS AT COXHEALTH THIS MAY INCLUDE, BUT IS NOT LIMITED TO, TRANSPORTATION AND ACCOMMODATIONS, FINANCIAL COUNSELING, AND COMPLEMENTARY MEDICINE SERVICES THIS FUND HELPED ESTABLISH THE ALLENBRAND RESOURCE CENTER AND THE LIBRARY LOCATED ON THE FIRST FLOOR OF THE HULSTON CANCER CENTER

Identifier	Return Reference	Explanation
EXEMPT PURPOSE ACHIEVEMENTS - OTHER	FORM 990, PART III, QUESTION 4D	THE COXHEALTH FOUNDATION HAS A LARGE CATALOG OF FUNDS ESTABLISHED FOR THE BENEFIT OF PATIENTS AND COMMUNITY HEALTH THROUGH EDUCATION, TECHNOLOGY, FINANCIAL ASSISTANCE AND FACILITIES THE LIST IS UPDATED ANNUALLY AS NEW FUNDS ARE CREATED THROUGH THE GENEROSITY OF DONORS BESIDES THE DIABETES EDUCATION FUND, CANCER SERVICES FUNDS, AND GOOD SAMARITAN FUND, THE CATALOG INCLUDES THE FOLLOWING FUNDS RESTRICTED FUNDS - ADE FUND, BETHLEHEM FUND, BREAST CANCER FUND, CHAPLAIN'S FUND, COMPLEMENTARY AND ALTERNATIVE MEDICINE ENDOWMENT, COX FAMILY ASSISTANCE FUND, FAMILY MEDICINE RESIDENCY ENDOWMENT FUND, PARKINSON'S FUND, REHABILITATION FUND, SENIOR SERVICES FUND, WOMEN'S CENTER FUND, COX MONETT FUND, MARTIN CENTER FUND, INTERVENTIONAL RADIOLOGY FUND, LAB FUND, PHARMACY FUND, OXFORD HEALTH CARE HOSPICE FUND, LIFE LINE FUND, OZARKS DIALYSIS FUND, TURNER CENTER FUND NEUROLOGICAL SERVICE FUNDS - OZARKS ENDOWMENT FUND FOR NEUROSCIENCES CARDIOLOGY SERVICES FUNDS - CARDIOLOGY ENDOWMENT FUND & STROKE FUND NURSING FUNDS - COX COLLEGE OF NURSING GENERAL FUND, ELAINE CRABTREE FUND, BURGE/COX COLLEGE ALUMNI ENDOWMENT FUND SCHOLARSHIPS FUNDS - *COX COLLEGE SCHOLARSHIPS A P & FAYE STONE MEMORIAL, BILL & BERNICE EVANS, BRISLEY-PHILLIPS, CHARLES BUSH MEMORIAL, CHERYL HASCH-FEENEY MEMORIAL, DAVID MILLER LIBRARY MEMORIAL, DEE ANN WHITE MEMORIAL, DICK BRUMFIELD MEMORIAL, DR CARL RINKER MEMORIAL, DR E B HANNAN MEMORIAL, DR DANIEL HOLMES, DR GEORGE KLINGNER, DR HAL LURIE, DR MAX FITCH MEMORIAL, EUGENE & MARTHA CHARLES FUND, FRANCES ROGERS GALE MEMORIAL, FRANK EVANS, GRACE BALES HIRST MEMORIAL, HAROLD TEEGARDEN, JACK & BEATRICE LEVAN SCHOLARSHIP, JEANNETTE MUSGRAVE AWARD, JENNIFER MARIE LINDSEY, LAWRENCE MEMORIAL, LENA ZONGKER MEMORIAL, LESTER E COX MEMORIAL, LESTER L COX MEMORIAL, LILLIAN VIRGINIA BURKS, LILLIE WARD WOOD, LIPSCOMB FAMILY NURSING SCHOLARSHIP, LOREN & MARY BRUNNER FUND, LUCILLE WOOD MAGERS, MADGE MILLS ARTHUR NURSING ENDOWMENT, MARY & OTIS MACKEY, MARY WORTLEY STUDENT NURSE FUND, MICHELLE CROSS-GOOD MEMORIAL, MS JANIE CAMPBELL MEMORIAL, PEGGY POMEROY MEMORIAL, PETE & DOROTHY CROUCH, POLK MEMORIAL, RONALD & BETTY CAMPBELL MEMORIAL, S LEE HONIG, THELMA SILSBY MEMORIAL, WILLIAM FOSTER FUND *RADIOLOGY FUND *PATRICK MORAN SCHOLARSHIP FUND

Identifier	Return Reference	Explanation
CONSOLIDATED AUDIT	FORM 990, PART IV, QUESTION 12	THE ORGANIZATION IS A MEMBER OF A CONSOLIDATED GROUP WHICH RECEIVES AUDITED FINANCIAL STATEMENTS ON A CONSOLIDATED BASIS THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS INCLUDE FINANCIAL INFORMATION FOR LESTER E COX MEDICAL CENTERS (COXHEALTH) AND ITS WHOLLY OWNED SUBSIDIARIES, MEDICAL DEVELOPMENTS, INC AND COX HEALTH SYSTEMS HMO, INC COX HEALTH SYSTEMS HMO, INC IS THE SOLE OWNER OF COX HEALTH SYSTEMS INSURANCE COMPANY AND COX HEALTHPLANS, LLC MEDICAL DEVELOPMENTS, INC , COX HEALTH SYSTEMS HMO, INC , COX HEALTH SYSTEMS INSURANCE COMPANY, AND COX HEALTHPLANS, LLC ARE FOR-PROFIT ENTITIES THE CONSOLIDATED FINANCIAL STATEMENTS ALSO INCLUDE THE FOLLOWING NOT-FOR-PROFIT ENTITIES FOR WHICH THE BOARDS ARE APPOINTED BY THE HEALTH SYSTEM COX ALTERNATIVE CARE OF THE OZARKS, INC , HEALTHCARE SERVICES OF THE OZARKS, INC , COX HEALTH HOME CARE SERVICES OF THE MIDWEST, INC , COX-MONETT HOSPITAL, INC , PRIMROSE PLACE, INC , COX HPS OF THE OZARKS, INC AND COXHEALTH FOUNDATION THE OTHER ENTITIES FILE A SEPARATE TAX RETURN NOT INCLUDED ON THIS FORM 990 COXHEALTH'S AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE CONSOLIDATED AUDIT, AS WELL AS THE CHOICE OF AN INDEPENDENT ACCOUNTANT

Identifier	Return Reference	Explanation
SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS	FORM 990, PART VI, QUESTION 4	DURING FY 2009, THE BYLAWS WERE AMENDED TO INCLUDE ARTICLE XVIII WHICH STATES THE BOARD ADOPTS AS POLICIES OF THE CORPORATION ALL POLICIES OF THE MEMBER THAT ARE APPLICABLE TO THE OPERATION OF THE CORPORATION AS DETERMINED BY THE REASONABLE JUDGMENT OF THE PRESIDENT

Identifier	Return Reference	Explanation
MEMBERS OR STOCKHOLDERS	FORM 990, PART VI, QUESTION 6, 7A & 7B	THE ORGANIZATION'S BYLAWS DISCUSS MEMBERSHIP IN ARTICLE IV SECTION 1 STATES THAT THE MEMBER OF THE CORPORATION SHALL BE LESTER E COX MEDICAL CENTERS, D/B/A COXHEALTH SECTION 2 DESCRIBES THE POWERS OF THE MEMBER THE MEMBER, IN ADDITION TO THE OTHER POWERS GRANTED BY LAW, THE ARTICLES OF INCORPORATION OR THESE BYLAWS, RESERVES THE FOLLOWING POWERS, TO BE EXERCISED BY IT IN ITS SOLE DISCRETION (A) TO APPOINT AND REMOVE, WITH OR WITHOUT CAUSE, ANY OF THE DIRECTORS OR HONORARY DIRECTORS OF THE CORPORATION, (B) TO APPOINT THE PRESIDENT OF THE CORPORATION, AND (C) TO LEGALLY AMEND, REPEAL OR ADOPT BYLAWS OR ARTICLES OF INCORPORATION OF THE CORPORATION IN ADDITION TO THE POWERS SPECIFICALLY GRANTED IN ARTICLE IV, THE MEMBER IS REQUIRED TO APPROVE ALL SIGNIFICANT DECISIONS MADE BY THE ORGANIZATION'S BOARD, INCLUDING ADOPTION OF THE ANNUAL BUDGET, AUTHORIZATION TO ENTER INTO A TRANSACTION THAT WOULD DISPOSE OF ASSETS, AUTHORIZATION TO ENGAGE IN ANY TRANSACTION WHICH INVOLVES THE EXPENDITURE OF GREATER THAN $25,000, AND AUTHORIZATION TO BORROW MONEY

Identifier	Return Reference	Explanation
MEETING DOCUMENTATION	FORM 990, PART VI, QUESTION 8B	THE ORGANIZATION DOES NOT HAVE A COMMITTEE WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY

Identifier	Return Reference	Explanation
990 REVIEW	FORM 990, PART VI, QUESTION 10	PRIOR TO FILING, FORM 990 IS FIRST REVIEWED BY MEMBERS OF TOP MANAGEMENT ONCE THEY HAVE APPROVED THE DRAFT, A FINAL COPY IS PROVIDED TO THE BOARD OF DIRECTORS VIA EMAIL

Identifier	Return Reference	Explanation
CONFLICT OF INTEREST POLICY	FORM 990, PART VI, QUESTION 12	THE ORGANIZATION'S BYLAWS INCLUDE CONFLICT OF INTEREST POLICY PROCEDURES IN ARTICLE XI, SECTION 2 *DISCLOSURE STATEMENT EACH DIRECTOR, EX-OFFICIO MEMBER OF THE CORPORATION AND COMMITTEE MEMBER OF THE CORPORATION ("KEY INDIVIDUALS") SHALL FILE A DISCLOSURE STATEMENT ANNUALLY WITH THE PRESIDENT OF THE CORPORATION *DISCLOSURE IN THE EVENT THERE EXISTS A DUALITY OF INTEREST OR A CONFLICT OF INTEREST BETWEEN THE PERSONAL INTEREST (DIRECT OR INDIRECT) OF A KEY INDIVIDUAL (INCLUDING HIS/HER BUSINESS, PROFESSION OR FAMILY MEMBERS) AND THE INTERESTS OF THE CORPORATION WITH RESPECT TO ANY TRANSACTION OR ACTIVITY, THE KEY INDIVIDUAL SHALL NOT TAKE ANY ACTION IN HIS OR HER CAPACITY AS A KEY INDIVIDUAL WITH RESPECT TO SUCH TRANSACTION OR ACTIVITY EXCEPT IN INSTANCES WHERE SUCH TRANSACTION OR ACTIVITY HAS BEEN APPROVED BY THE AFFIRMATIVE VOTE OF A MAJORITY OF THE DISINTERESTED MEMBERS OF THE BOARD IN ATTENDANCE AT ANY MEETING AFTER SUCH MAJORITY DETERMINES THAT THE TRANSACTION OR ACTIVITY IS REASONABLE AND UPON TERMS THAT AT THAT TIME WERE FAIR AND IN THE BEST INTERESTS OF THE CORPORATION *CONTENT OF DISCLOSURE WHEN MAKING A DISCLOSURE OF A DUALITY OF INTEREST OR AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST, KEY INDIVIDUALS MUST INCLUDE ALL RELEVANT FACTS AS TO SUCH KEY INDIVIDUAL'S (INCLUDING HIS/HER BUSINESS, PROFESSION OR FAMILY MEMBERS) FINANCIAL OR PERSONAL INTEREST IN ANY PENDING OR PROPOSED TRANSACTION AND ALL RELEVANT FACTS KNOWN TO SUCH KEY INDIVIDUAL (INCLUDING HIS/HER BUSINESS, PROFESSION OR FAMILY MEMBERS) WITH RESPECT TO SUCH TRANSACTION WHICH MIGHT REASONABLY BE CONSTRUED TO BE ADVERSE TO THE CORPORATION'S INTEREST *VOTING WHENEVER A KEY INDIVIDUAL'S DUALITY OF INTEREST OR ACTUAL OR POTENTIAL CONFLICT OF INTEREST BECOMES RELEVANT TO A TRANSACTION OR MATTER UNDER CONSIDERATION BY THE BOARD OR COMMITTEE, THE KEY INDIVIDUAL SHALL NOT VOTE ON THE MATTER OR USE PERSONAL INFLUENCE OR BE COUNTED IN DETERMINING THE QUORUM FOR THE MEETING THE MINUTES OF THE MEETING SHALL REFLECT THE DISCLOSURE, ABSTENTION FROM VOTING, AND QUORUM STATUS *DISCUSSION NOTHING HEREIN SHALL PREVENT THE KEY INDIVIDUAL FROM BRIEFLY STATING HIS OR HER POSITION ON THE MATTER, OR FROM ANSWERING PERTINENT QUESTIONS ABOUT IT, IF HIS OR HER KNOWLEDGE OR EXPERTISE COULD ASSIST THOSE PARTICIPATING IN THE DECISION *NOTICE ALL DIRECTORS AND EX-OFFICIO MEMBERS SHALL BE INFORMED OF THIS ARTICLE BY THE PRESIDENT OF THE CORPORATION IMMEDIATELY UPON APPOINTMENT TO THE BOARD

Identifier	Return Reference	Explanation
DOCUMENT DISCLOSURE	FORM 990, PART VI, QUESTION 19	ORGANIZATIONAL DOCUMENTS WILL BE MADE AVAILABLE UPON WRITTEN REQUEST FOR A LEGITIMATE BUSINESS OR FUNDRAISING PURPOSE (AS DETERMINED BY TOP MANAGEMENT) DOCUMENTS MAY BE VIEWED AT THE FOUNDATION'S OFFICE

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
COXHEALTH FOUNDATION

Employer identification number
43-6810485

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 Organizations

(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					

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(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 amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
COX HEALTH SYSTEMS HMO INC PO BOX 5750 SPRINGFIELD, MO658015750 43-1757075	HMO	MO	NA	C CORP	0	0	0 %
COX HEALTH SYSTEMS INSURANCE COMPANY 3525 S NATIONAL SUITE 205 SPRINGFIELD, MO65807 43-1684044	INSURANCE	MO	NA	C CORP	0	0	0 %
MEDICAL DEVELOPMENTS INC 1423 N JEFFERSON AVE SPRINGFIELD, MO65802 43-1622182	PHARMACY	MO	NA	C CORP	0	0	0 %
INSURANCE COMPANY OF SPRINGFIELD INC GRAND PAVILION CORPORATE CENTRE GRAND CAYMAN, CJ KY1-1102 CJ	CAPTIVE INSURANCE	CJ	NA	C CORP	0	0	0 %

Part V Transactions with Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III or IV

			Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	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**	**Yes**	
c	Gift, grant, or capital contribution from other organization(s)	**1c**		**No**
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)	**1g**		**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**	**Yes**	
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**		**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	**1o**		**No**
p	Reimbursement paid by other organization for expenses	**1p**		**No**
q	Other transfer of cash or property to other organization(s)	**1q**		**No**
r	Other transfer of cash or property from other organization(s)	**1r**	**Yes**	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(A) Name of other organization(s)	**(B)** Transaction type(a-r)	**(C)** Amount Involved
(1)			
(2)			
(3)			
(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

(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) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 43-6810485
Name: COXHEALTH FOUNDATION

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

(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
COX ALTERNATIVE CARE OF THE OZARKS INC PO BOX 10939 SPRINGFIELD, MO 658080939 43-1641925	HOME HEALTH	MO	501(C)(3)	9	NA
LESTER E COX MEDICAL CENTERS 1423 N JEFFERSON SPRINGFIELD, MO 65802 44-0577118	HOSPITAL	MO	501(C)(3)	3	NA
COXHEALTH HME CRE SVCS OF THE MDWST INC 3850 S NATIONAL SPRINGFIELD, MO 65807 26-4781194	HOME HEALTH	MO	501(C)(3)	9	NA
COX HPS OF THE OZARKS INC 2220 W SUNSET SPRINGFIELD, MO 65807 43-1641927	HOME HEALTH	MO	501(C)(3)	9	NA
COX-MONETT HOSPITAL INC 801 LINCOLN AVE MONETT, MO 65708 43-1656689	HOSPITAL	MO	501(C)(3)	3	NA
COX-MONETT HOSPITAL AUXILIARY 801 LINCOLN AVE MONETT, MO 65708 43-1852817	FUNDRAISING	MO	501(C)(3)	9	NA
HEALTH ENRICHMENT SERVICES INC 3801 S NATIONAL SPRINGFIELD, MO 65807 36-3263313	MED SVC	MO	501(C)(3)	7	NA
HEALTHCARE SERVICES OF THE OZARKS INC PO BOX 10939 SPRINGFIELD, MO 658080939 43-1641928	HOME HEALTH	MO	501(C)(3)	9	NA
PRIMROSE PLACE INC 1115 E PRIMROSE SPRINGFIELD, MO 65807 43-1183783	NURSING HOME	MO	501(C)(3)	9	NA
COXHEALTH AUXILIARY 3801 S NATIONAL SPRINGFIELD, MO 65807 43-1090590	SUPPORT	MO	501(C)(3)	9	NA
COX MEDICAL CTR GENPROF LIAB LOSS FUND 1423 N JEFFERSON SPRINGFIELD, MO 65802 36-6668576	SELF-INSURANC	MO	501(C)(3)	11A I	NA

Additional Data

Software ID:
Software Version:
EIN: 43-6810485
Name: COXHEALTH FOUNDATION

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

THE COXHEALTH FOUNDATION RAISES FUNDS TO DISPERSE TO PATIENTS FOR THOSE NEEDS FOR WHICH THEY HAVE NOR RESOURCES OR FUNDING, BUT WHICH ARE CRITICAL TO THE PATIENTS HEALTH AND WELL BEING. ADDITIONALLY FUNDS ARE RAISED TO SUPPORT THE MISSION OF COXHEALTH THROUGH SUPPORT OF HEALTH EDUCATION, FACILITIES, TECHNOLOGIES AND THOSE PROGRAMS AND SERVICES WHICH IMPACT THE HEALTH OF OUR OZARKS COMMUNITY.