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Form 990

## Return of Organization Exempt From Income Tax

2009

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

## A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

|  |   |  |   |
|--|---|--|---|
| B Check if applicable                        | C Name of organization<br>FOUNDATION FOR SHAWNEE MISSION MEDICAL CENTER INC                                   |  | D Employer identification number<br>48-0868859  |
| <input type="checkbox"/> Address change      | Doing Business As   |  | E Telephone number<br>(913) 676-2184  |
| <input type="checkbox"/> Name change         | Number and street (or P O box if mail is not delivered to street address)<br>9100 W 74TH STREET               |  | G Gross receipts \$ 4,335,017   |
| <input type="checkbox"/> Initial return      | Room/suite  |  |   |
| <input type="checkbox"/> Terminated          | City or town, state or country, and ZIP + 4   |  |   |
| <input type="checkbox"/> Amended return      | SHAWNEE MISSION, KS 66204   |  |   |
| <input type="checkbox"/> Application pending | F Name and address of principal officer<br>LOUIS J GEHRING<br>9100 W 74TH STREET<br>SHAWNEE MISSION, KS 66204 |  | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

J Website: ► WWW SHAWNEEMISSION.ORG

K Form of organization  Corporation  Trust  Association  Other ► L Year of formation 1978 M State of legal domicile KS

## Part I Summary

|  |       |
|--|-------|
| 1 Briefly describe the organization's mission or most significant activities<br>FUNDRAISING FOR TAX-EXEMPT HOSPITAL ORGANIZATION |       |
| 2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets                |       |
| 3 Number of voting members of the governing body (Part VI, line 1a) . . . . .  | 3 39  |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .  | 4 36  |
| 5 Total number of employees (Part V, line 2a) . . . . .  | 5 0   |
| 6 Total number of volunteers (estimate if necessary) . . . . .   | 6 250 |
| 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . . .  | 7a 0  |
| b Net unrelated business taxable income from Form 990-T, line 34 . . . . .   | 7b 0  |

|   |                      |                        |
|---|----------------------|------------------------|
| 8 Contributions and grants (Part VIII, line 1h) . . . . .                                     | Prior Year 2,158,300 | Current Year 2,380,586 |
| 9 Program service revenue (Part VIII, line 2g) . . . . .                                      | 19,850               | 9,330                  |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .                    | -321,784             | -224,689               |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                   | -21,704              | -32,568                |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . | 1,834,662            | 2,132,659              |

|  |            |           |
|--|------------|-----------|
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .        | 4,263,042  | 2,016,669 |
| 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) |            | 468,053   |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .          |            | 77,742    |
| b Total fundraising expenses (Part IX, column (D), line 25) ► 77,742                 |            |           |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . . .            | 659,115    | 293,021   |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)          | 4,922,157  | 2,855,485 |
| 19 Revenue less expenses Subtract line 18 from line 12 . . . . .                     | -3,087,495 | -722,826  |

|  |                                     |                        |
|--|-------------------------------------|------------------------|
| 20 Total assets (Part X, line 16) . . . . .                            | Beginning of Current Year 9,728,979 | End of Year 10,119,150 |
| 21 Total liabilities (Part X, line 26) . . . . .                       | 463,889                             | 177,474                |
| 22 Net assets or fund balances Subtract line 21 from line 20 . . . . . | 9,265,090                           | 9,941,676              |

|  |  |  |
|--|--|--|
| 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 |  |  |
| <p>*****<br/>Signature of officer<br/>Louis J Gehring EXECUTIVE DIRECTOR<br/>Type or print name and title</p>  |  |  |
| <p>2010-11-09<br/>Date</p>   |  |  |

|                          |   |      |   |  |
|--------------------------|---|------|---|--|
| Paid Preparer's Use Only | Preparer's signature  | Date | Check if self-employed <input type="checkbox"/> | Preparer's identifying number (see instructions) |
|                          | Firm's name (or yours if self-employed), address, and ZIP + 4 |      |   | EIN <input type="checkbox"/>                     |
|                          |   |      |   | Phone no <input type="checkbox"/>                |

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

### **Part III Statement of Program Service Accomplishments**

**1 Briefly describe the organization's mission**

TO INSPIRE PHILANTHROPY THAT WILL TRANSFORM THE LIVES OF OUR PATIENTS, OUR DONORS, AND OUR COMMUNITY  
THROUGH THE HEALING MISSION OF SHAWNEE MISSION MEDICAL CENTER, INC

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 501(c)(4) organizations and section 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 \$ 2,089,591 including grants of \$ 2,016,669 ) (Revenue \$ 9,330 )  
ACHIEVEMENTS TO SUPPORT SHAWNEE MISSION MEDICAL CENTER AND HEALTH CARE NEEDS OF THE COMMUNITY, INCLUDING FUNDRAISING ACTIVITIES AND  
GRANT REQUEST MONITORING

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$

4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$

**4d** Other program services (Describe in Schedule O)

(Expenses \$ **including grants of \$** ) (Revenue \$

4e Total program service expenses **\$ 2,089,591**

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

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

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

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

6 Did the organization maintain any donor advised funds or any similar funds or 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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.

- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
- Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
- Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
- Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
- Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X

12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII

12A Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes  No

If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional  12A Yes

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I

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 U.S.? If "Yes," complete Schedule F, Part II

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 U.S.? If "Yes," complete Schedule F, Part III

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

|     | Yes | No |
|-----|-----|----|
| 1   | Yes |    |
| 2   | Yes |    |
| 3   |     | No |
| 4   |     | No |
| 5   |     |    |
| 6   |     | No |
| 7   |     | No |
| 8   |     | No |
| 9   |     | No |
| 10  | Yes |    |
| 11  | Yes |    |
| 12  |     | No |
| 13  |     | No |
| 14a |     | No |
| 14b |     | No |
| 15  |     | No |
| 16  |     | No |
| 17  | Yes |    |
| 18  | Yes |    |
| 19  |     | No |
| 20  |     | No |

**Part IV Checklist of Required Schedules (continued)**

|     |   |     |     |  |
|-----|---|-----|-----|--|
| 21  | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States 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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 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 line 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 | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III            | 27  | No  |  |
| 28  | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)   | 28a | No  |  |
| a   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 28b | No  |  |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28c | No  |  |
| c   | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV   | 29  | Yes |  |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 30  | Yes |  |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  | 31  | No  |  |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | 32  | 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  | 33  | No  |  |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  | 34  | Yes |  |
| 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   | 35  | No  |  |
| 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   | 36  | No  |  |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2   | 37  | No  |  |
| 37  | Did the organization conduct more than 5% 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   | 38  | Yes |  |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O  |     |     |  |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

|            |  | Yes        | No  |
|------------|--|------------|-----|
| <b>1a</b>  | Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable   | <b>1a</b>  | 0   |
| <b>1b</b>  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  | <b>1b</b>  | 0   |
| <b>1c</b>  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   | Yes        |     |
| <b>2a</b>  | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return  | <b>2a</b>  | 0   |
| <b>2b</b>  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)                               |            |     |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?   | <b>3a</b>  | No  |
| <b>3b</b>  | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O   | <b>3b</b>  |     |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                   | <b>4a</b>  | No  |
| <b>4b</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  | <b>4b</b>  |     |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | <b>5a</b>  | No  |
| <b>5b</b>  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | <b>5b</b>  | No  |
| <b>5c</b>  | If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  | <b>5c</b>  |     |
| <b>6a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  | <b>6a</b>  | No  |
| <b>6b</b>  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | <b>6b</b>  |     |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   | <b>7a</b>  | Yes |
| <b>7b</b>  | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | <b>7b</b>  | Yes |
| <b>7c</b>  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | <b>7c</b>  | No  |
| <b>7d</b>  | If "Yes," indicate the number of Forms 8282 filed during the year  | <b>7d</b>  |     |
| <b>7e</b>  | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | <b>7e</b>  | No  |
| <b>7f</b>  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | <b>7f</b>  | No  |
| <b>7g</b>  | For all contributions of qualified intellectual property, did the organization file Form 8899 as required?   | <b>7g</b>  |     |
| <b>7h</b>  | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  | <b>7h</b>  |     |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | <b>8</b>   |     |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   | <b>9a</b>  |     |
| <b>9b</b>  | Did the organization make any taxable distributions under section 4966?  | <b>9b</b>  |     |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter  | <b>10a</b> |     |
| <b>10b</b> | Initiation fees and capital contributions included on Part VIII, line 12   | <b>10b</b> |     |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter   | <b>11a</b> |     |
| <b>11b</b> | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  | <b>11b</b> |     |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  | <b>12a</b> |     |
| <b>12b</b> | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | <b>12b</b> |     |

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

### Section A. Governing Body and Management

|  |           | Yes | No |
|--|-----------|-----|----|
| <b>1a</b> Enter the number of voting members of the governing body . . .   | <b>1a</b> | 39  |    |
| <b>b</b> Enter the number of voting members that are independent . . .   | <b>1b</b> | 36  |    |
| <b>2</b> 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? . . . . .   | <b>2</b>  | Yes |    |
| <b>3</b> 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? . . . . . | <b>3</b>  |     | No |
| <b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .   | <b>4</b>  |     | No |
| <b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .   | <b>5</b>  |     | No |
| <b>6</b> Does the organization have members or stockholders? . . . . .   | <b>6</b>  |     | No |
| <b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .  | <b>7a</b> |     | No |
| <b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .   | <b>7b</b> |     | No |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  |           |     |    |
| <b>a</b> The governing body? . . . . .   | <b>8a</b> | Yes |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .   | <b>8b</b> | Yes |    |
| <b>9</b> Is there any officer, director, 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 . . . . .        | <b>9</b>  |     | No |

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

|   |            | Yes | No |
|---|------------|-----|----|
| <b>10a</b> Does the organization have local chapters, branches, or affiliates? . . . . .  | <b>10a</b> |     | No |
| <b>b</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? . . . . .   | <b>10b</b> |     |    |
| <b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .  | <b>11</b>  | Yes |    |
| <b>11A</b> Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .  |            |     |    |
| <b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .   | <b>12a</b> | Yes |    |
| <b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .  | <b>12b</b> | Yes |    |
| <b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .   | <b>12c</b> | Yes |    |
| <b>13</b> Does the organization have a written whistleblower policy? . . . . .  | <b>13</b>  | Yes |    |
| <b>14</b> Does the organization have a written document retention and destruction policy? . . . . .   | <b>14</b>  | Yes |    |
| <b>15</b> 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?  |            |     |    |
| <b>a</b> The organization's CEO, Executive Director, or top management official . . . . .   | <b>15a</b> | Yes |    |
| <b>b</b> Other officers or key employees of the organization . . . . .  | <b>15b</b> | Yes |    |
| If "Yes" to line a or b, describe the process in Schedule O (See instructions )   |            |     |    |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .  | <b>16a</b> |     | No |
| <b>b</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? . . . . . | <b>16b</b> |     |    |

### 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 ►  
 Jack Wagner  
 9100 W 74TH STREET  
 Shawnee Mission, KS 66204  
 (913) 676-2151

## **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. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- 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 current or former officer, director, trustee or key employee.

|                 |   |           |         |
|-----------------|---|-----------|---------|
| <b>1b Total</b> | 0 | 1,014,065 | 125,178 |
|-----------------|---|-----------|---------|

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

|          |  | Yes      | No  |
|----------|--|----------|-----|
| <b>3</b> | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  | <b>3</b> | No  |
| <b>4</b> | For any individual listed on line 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 | <b>4</b> | Yes |
| <b>5</b> | 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                                     | <b>5</b> | 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)<br>Name and business address   | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
|  |                                |                     |
|  |                                |                     |
|  |                                |                     |
|  |                                |                     |
| <b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization <b>0</b> |                                |                     |

**Part VIII Statement of Revenue**

|   |  | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512, 513, or<br>514 |  |
|---|--|----------------------|--|---|---|--|
| <b>Contributions, gifts, grants<br/>and other similar amounts</b>   | <b>1a</b> Federated campaigns . . . . .  | <b>1a</b>            |  |   |   |  |
|   | <b>b</b> Membership dues . . . . .   | <b>1b</b>            |  |   |   |  |
|   | <b>c</b> Fundraising events . . . . .  | <b>1c</b>            | 84,573   |   |   |  |
|   | <b>d</b> Related organizations . . . . .   | <b>1d</b>            | 706,292  |   |   |  |
|   | <b>e</b> Government grants (contributions)   | <b>1e</b>            |  |   |   |  |
|   | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above | <b>1f</b>            | 1,589,721  |   |   |  |
|   | <b>g</b> Noncash contributions included in<br>lines 1a-1f \$                               |                      | 242,912  |   |   |  |
|   | <b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .   |                      | 2,380,586  |   |   |  |
| <b>Program Service Revenue</b>  | REVENUE FROM INFANT DE   |                      | Business Code                                      |   |   |  |
|   |  |                      | 900,099  | 9,330                                   | 9,330   |  |
|   |  |                      |  |   |   |  |
|   |  |                      |  |   |   |  |
|   |  |                      |  |   |   |  |
|   |  |                      |  |   |   |  |
|   |  |                      |  |   |   |  |
|   | <b>f</b> All other program service revenue   |                      |  |   |   |  |
| <b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .  |  | 9,330                |  |   |   |  |
| <b>3</b> Investment income (including dividends, interest<br>and other similar amounts) . . . . .   |  | 127,791              |  | 127,791                                 |   |  |
| <b>4</b> Income from investment of tax-exempt bond proceeds . . . . .   |  |                      |  |   |   |  |
| <b>5</b> Royalties . . . . .  |  |                      |  |   |   |  |
| <b>6a</b> Gross Rents   | (I) Real   | (II) Personal        |  |   |   |  |
| <b>b</b> Less rental expenses   |  |                      |  |   |   |  |
| <b>c</b> Rental income or (loss)  |  |                      |  |   |   |  |
| <b>d</b> Net rental income or (loss) . . . . .  |  |                      |  |   |   |  |
| <b>7a</b> Gross amount from sales of assets other than inventory  | (I) Securities   | (II) Other           |  |   |   |  |
|   | 1,735,479  |                      |  |   |   |  |
| <b>b</b> Less cost or other basis and sales expenses  | 2,087,959  |                      |  |   |   |  |
| <b>c</b> Gain or (loss)   | -352,480   |                      |  |   |   |  |
| <b>d</b> Net gain or (loss) . . . . .   |  |                      |  |   |   |  |
| <b>8a</b> Gross income from fundraising events (not including<br>\$ 84,573<br>of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . |  |                      |  |   |   |  |
|   | <b>a</b> 81,485  |                      |  |   |   |  |
| <b>b</b> Less direct expenses . . . . .   | <b>b</b> 114,399   |                      |  |   |   |  |
| <b>c</b> Net income or (loss) from fundraising events . . . . .   |  | -32,914              |  | -32,914                                 |   |  |
| <b>9a</b> Gross income from gaming activities<br>See Part IV, line 19 . . . . .   |  |                      |  |   |   |  |
|   | <b>a</b>   |                      |  |   |   |  |
| <b>b</b> Less direct expenses . . . . .   | <b>b</b>   |                      |  |   |   |  |
| <b>c</b> Net income or (loss) from gaming activities . . . . .  |  |                      |  |   |   |  |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . . .   |  |                      |  |   |   |  |
|   | <b>a</b>   |                      |  |   |   |  |
| <b>b</b> Less cost of goods sold . . . . .  | <b>b</b>   |                      |  |   |   |  |
| <b>c</b> Net income or (loss) from sales of inventory . . . . .   |  |                      |  |   |   |  |
| Miscellaneous Revenue   |  | Business Code        |  |   |   |  |
| <b>11a</b> MISCELLANEOUS  |  | 900,099              | 346  | 346                                     |   |  |
| <b>b</b>  |  |                      |  |   |   |  |
| <b>c</b>  |  |                      |  |   |   |  |
| <b>d</b> All other revenue . . . . .  |  |                      |  |   |   |  |
| <b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .  |  | 346                  |  |   |   |  |
| <b>12</b> <b>Total revenue.</b> See Instructions . . . . .  |  | 2,132,659            | 9,330  | 0                                       | -257,257  |  |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21  | 2,005,804             | 2,005,804                       |  |                             |
| 2 Grants and other assistance to individuals in the U S See Part IV, line 22  | 10,865                | 10,865                          |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16   |                       |                                 |  |                             |
| 4 Benefits paid to or for members   |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . .  |                       |                                 |  |                             |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .   |                       |                                 |  |                             |
| 7 Other salaries and wages  | 384,716               |                                 | 384,716                                |                             |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .   |                       |                                 |  |                             |
| 9 Other employee benefits . . . . .   | 53,488                |                                 | 53,488                                 |                             |
| 10 Payroll taxes . . . . .  | 29,849                |                                 | 29,849                                 |                             |
| 11 Fees for services (non-employees)  |                       |                                 |  |                             |
| a Management . . . . .  |                       |                                 |  |                             |
| b Legal . . . . .   |                       |                                 |  |                             |
| c Accounting . . . . .  |                       |                                 |  |                             |
| d Lobbying . . . . .  |                       |                                 |  |                             |
| e Professional fundraising See Part IV, line 17 . . . . .   | 77,742                |                                 | 77,742                                 |                             |
| f Investment management fees . . . . .  |                       |                                 |  |                             |
| g Other . . . . .   |                       |                                 |  |                             |
| 12 Advertising and promotion . . . . .  |                       |                                 |  |                             |
| 13 Office expenses . . . . .  | 77,413                |                                 | 77,413                                 |                             |
| 14 Information technology . . . . .   |                       |                                 |  |                             |
| 15 Royalties . . . . .  |                       |                                 |  |                             |
| 16 Occupancy . . . . .  |                       |                                 |  |                             |
| 17 Travel . . . . .   | 8,702                 |                                 | 8,702                                  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings . . . . .   | 46,056                | 46,056                          |  |                             |
| 20 Interest . . . . .   |                       |                                 |  |                             |
| 21 Payments to affiliates . . . . .   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization . . . . .  |                       |                                 |  |                             |
| 23 Insurance . . . . .  |                       |                                 |  |                             |
| 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )  |                       |                                 |  |                             |
| a PURCHASED SERVICES  | 49,426                |                                 | 49,426                                 |                             |
| b INVESTMENT EXPENSE  | 42,359                |                                 | 42,359                                 |                             |
| c CAMP BLUEBIRD - CANCER  | 14,813                | 14,813                          |  |                             |
| d WOMEN'S HEALTH EXPENSES   | 8,397                 | 8,397                           |  |                             |
| e FOOD COSTS  | 6,160                 |                                 | 6,160                                  |                             |
| f All other expenses  | 39,695                | 3,656                           | 36,039                                 |                             |
| <b>25 Total functional expenses.</b> Add lines 1 through 24f  | 2,855,485             | 2,089,591                       | 688,152                                | 77,742                      |
| <b>26 Joint costs.</b> Check here <input checked="" type="checkbox"/> if following SOP 98-2<br>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**

|                             |  | <b>(A)</b><br>Beginning of year | <b>(B)</b><br>End of year |
|-----------------------------|--|---------------------------------|---------------------------|
| Assets                      | 1 Cash—non-interest-bearing . . . . .  | 1                               |                           |
|                             | 2 Savings and temporary cash investments . . . . .   | 1,361,851                       | 2 1,879,492               |
|                             | 3 Pledges and grants receivable, net . . . . .   | 1,709,307                       | 3 1,554,789               |
|                             | 4 Accounts receivable, net . . . . .   | 4                               |                           |
|                             | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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 or other basis Complete Part VI of Schedule D  | 10a                             | 3,500                     |
|                             | b Less accumulated depreciation . . . . .  | 10b                             | 3,500                     |
|                             | 11 Investments—publicly traded securities . . . . .  | 5,810,906                       | 11 5,812,952              |
|                             | 12 Investments—other securities See Part IV, line 11 . . . . .   | 12                              |                           |
|                             | 13 Investments—program-related See Part IV, line 11 . . . . .  | 13                              |                           |
|                             | 14 Intangible assets . . . . .   | 14                              |                           |
|                             | 15 Other assets See Part IV, line 11 . . . . .   | 843,415                         | 15 868,417                |
|                             | <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .  | 9,728,979                       | 16 10,119,150             |
| Liabilities                 | 17 Accounts payable and accrued expenses . . . . .   | 448,655                         | 17 162,375                |
|                             | 18 Grants payable . . . . .  | 18                              |                           |
|                             | 19 Deferred revenue . . . . .  | 19                              |                           |
|                             | 20 Tax-exempt bond liabilities . . . . .   | 20                              |                           |
|                             | 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . . .  | 21                              |                           |
|                             | 22 Payables 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 to unrelated third parties . . . . .  | 24                              |                           |
|                             | 25 Other liabilities Complete Part X of Schedule D . . . . .   | 15,234                          | 25 15,099                 |
|                             | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .   | 463,889                         | 26 177,474                |
| Net Assets or Fund Balances | <b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>                                 |                                 |                           |
|                             | 27 Unrestricted net assets . . . . .   | 143,543                         | 27 212,736                |
|                             | 28 Temporarily restricted net assets . . . . .   | 9,121,547                       | 28 9,728,940              |
|                             | 29 Permanently restricted net assets . . . . .   | 29                              |                           |
|                             | <b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>  |                                 |                           |
|                             | 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 . . . . .   | 9,265,090                       | 33 9,941,676              |
|                             | <b>34 Total liabilities and net assets/fund balances . . . . .</b>   | 9,728,979                       | 34 10,119,150             |

**Part XI Financial Statements and Reporting**

**1** Accounting method used to prepare the Form 990       Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .

**b** Were the organization's financial statements audited by an independent accountant? . . . . .

**c** If "Yes," to 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?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . . .

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both  
 Separate basis       Consolidated basis       Both consolidated and separated basis

**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? . . . . .

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . . . .

|           | <b>Yes</b> | <b>No</b> |
|-----------|------------|-----------|
| <b>2a</b> |            | No        |
| <b>2b</b> | Yes        |           |
| <b>2c</b> | Yes        |           |
| <b>3a</b> |            | No        |
| <b>3b</b> |            |           |

2009

Open to Public  
Inspection**SCHEDULE A**  
(Form 990 or 990EZ)**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Department of the Treasury  
Internal Revenue Service  
Name of the organization  
FOUNDATION FOR SHAWNEE MISSION  
MEDICAL CENTER INCEmployer identification number  
48-0868859**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1  A church, convention of churches, or association of churches **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)**.

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)**.

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

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 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?

h Provide the following information about the supported organization(s)

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

| (i)<br>Name of<br>supported<br>organization | (ii)<br>EIN | (iii)<br>Type of<br>organization<br>(described on<br>lines 1- 9 above<br>or IRC section<br>(see<br>instructions)) | (iv)<br>Is the<br>organization in<br>col (i) listed in<br>your governing<br>document? |    | (v)<br>Did you notify the<br>organization in<br>col (i) of your<br>support? |    | (vi)<br>Is the<br>organization in<br>col (i) organized<br>in the U S ? |    | (vii)<br>Amount of<br>support? |
|---|-------------|---|---|----|---|----|--|----|--------------------------------|
|   |             |   | Yes   | No | Yes   | No | Yes  | No |                                |
| SHAWNEE<br>MISSION<br>MEDICAL<br>CENTER INC | 480637331   | 3   | Yes   |    | Yes   |    | Yes  |    | 2,089,591                      |
|   |             |   |   |    |   |    |  |    |                                |
|   |             |   |   |    |   |    |  |    |                                |
|   |             |   |   |    |   |    |  |    |                                |
| <b>Total</b>                                |             |   |   |    |   |    |  |    | 2,089,591                      |

**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)   | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (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 <b>Total.</b> Add lines 1 through 3   |          |          |          |          |          |           |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |          |          |          |          |          |           |
| 6 <b>Public Support.</b> Subtract line 5 from line 4  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)   | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets  |          |          |          |          |          |           |
| 11 <b>Total support</b> (Add lines 7 through 10)  |          |          |          |          |          |           |
| 12 Gross receipts from related activities, etc (See instructions)   |          |          |          |          | 12       |           |
| 13 <b>First Five Years</b> 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 <b>stop here</b> |          |          |          |          |          | ►         |

**Section C. Computation of Public Support Percentage**

|  |    |   |
|--|----|---|
| 14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))  | 14 |   |
| 15 Public Support Percentage for 2008 Schedule A, Part II, line 14   | 15 |   |
| 16a <b>33 1/3% support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization  |    | ► |
| b <b>33 1/3% support test—2008.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization   |    | ► |
| 17a <b>10%-facts-and-circumstances test—2009.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization    |    | ► |
| b <b>10%-facts-and-circumstances test—2008.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization |    | ► |
| 18 <b>Private Foundation</b> If the organization did not check a 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) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (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  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5  |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons   |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year    |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b   |          |          |          |          |          |           |
| <b>8 Public Support</b> (Subtract line 7c from line 6 )  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)   | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on   |          |          |          |          |          |           |
| <b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )  |          |          |          |          |          |           |
| <b>13 Total support</b> (Add lines 9, 10c, 11 and 12 )  |          |          |          |          |          |           |
| <b>14 First Five Years</b> 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 <b>stop here</b> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|   |    |
|---|----|
| 15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f)) | 15 |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15                    | 16 |

**Section D. Computation of Investment Income Percentage**

|   |    |
|---|----|
| 17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))  | 17 |
| 18 Investment income percentage from 2008 Schedule A, Part III, line 17   | 18 |
| <b>19a 33 1/3% support tests—2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization         |    |
| <b>b 33 1/3% support tests—2008.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization |    |
| <b>20 Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions  |    |

**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 48-0868859  
**Name:** FOUNDATION FOR SHAWNEE MISSION  
MEDICAL CENTER INC

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

| (A)<br>Name and Title                | (B)<br>Average<br>hours<br>per<br>week | (C)<br>Position (check all<br>that apply) |                       |          |              |                                 | (D)<br>Reportable<br>compensation<br>from the<br>organization (W-<br>2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W- 2/1099-<br>MISC) | (F)<br>Estimated<br>amount of other<br>compensation<br>from the<br>organization and<br>related<br>organizations |
|--------------------------------------|--|---|-----------------------|----------|--------------|---------------------------------|---|--|---|
|                                      |  | Individual trustee<br>or director         | Institutional Trustee | Official | Key employee | Highest compensated<br>employee |   |  |   |
| KENT E Crippin<br>CHAIRMAN           | 2 00                                   | X   |                       |          |              |                                 | 0   | 0  | 0   |
| martin W Cole Jr<br>chairman-ELECT   | 2 00                                   | X   |                       |          |              |                                 | 0   | 0  | 0   |
| Lyle Pishny<br>FORMER CHAIRMAN       | 2 00                                   | X   |                       |          |              |                                 | 0   | 0  | 0   |
| GREgg Amos<br>SECRETARY              | 2 00                                   | X   |                       |          |              |                                 | 0   | 0  | 0   |
| DAVID Raffel<br>TREASURER            | 2 00                                   | X   |                       |          |              |                                 | 0   | 0  | 0   |
| Franklin Bichlmeier MD<br>Director   | 2 00                                   | X   |                       |          |              |                                 | 0   | 0  | 0   |
| Richard Bond<br>Director             | 2 00                                   | X   |                       |          |              |                                 | 0   | 0  | 0   |
| Stephen Bubb MD<br>Director          | 2 00                                   | X   |                       |          |              |                                 | 0   | 0  | 0   |
| James Butler Jr<br>Director          | 2 00                                   | X   |                       |          |              |                                 | 0   | 0  | 0   |
| TERRY CALAWAY<br>DIRECTOR            | 2 00                                   | X   |                       |          |              |                                 | 0   | 0  | 0   |
| Charles Carlsen EdD<br>Director      | 2 00                                   | X   |                       |          |              |                                 | 0   | 0  | 0   |
| Robert Curtis<br>Director            | 2 00                                   | X   |                       |          |              |                                 | 0   | 0  | 0   |
| Sister Olive Louise Dall<br>Director | 2 00                                   | X   |                       |          |              |                                 | 0   | 0  | 0   |
| Harriet Darling<br>Director          | 2 00                                   | X   |                       |          |              |                                 | 0   | 0  | 0   |
| Bethany Derrough<br>Director         | 2 00                                   | X   |                       |          |              |                                 | 0   | 0  | 0   |
| Stephen Dunn<br>Director             | 2 00                                   | X   |                       |          |              |                                 | 0   | 0  | 0   |
| Mark Gilman<br>Director              | 2 00                                   | X   |                       |          |              |                                 | 0   | 0  | 0   |
| James Holland<br>Director            | 2 00                                   | X   |                       |          |              |                                 | 0   | 0  | 0   |
| JULIE KELLY<br>DIRECTOR              | 2 00                                   | X   |                       |          |              |                                 | 0   | 0  | 0   |
| David Lindstrom<br>Director          | 2 00                                   | X   |                       |          |              |                                 | 0   | 0  | 0   |
| RODNEY Martin<br>DIRECTOR            | 2 00                                   | X   |                       |          |              |                                 | 0   | 0  | 0   |
| Patrick McAnany<br>Director          | 2 00                                   | X   |                       |          |              |                                 | 0   | 0  | 0   |
| Richard McEachen<br>Director         | 2 00                                   | X   |                       |          |              |                                 | 0   | 0  | 0   |
| Barbara McGrath MD<br>Director       | 2 00                                   | X   |                       |          |              |                                 | 0   | 0  | 0   |
| Jason Meschke<br>Director            | 2 00                                   | X   |                       |          |              |                                 | 0   | 0  | 0   |

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

| (A)<br>Name and Title               | (B)<br>Average<br>hours<br>per<br>week | (C)<br>Position (check all<br>that apply) |                       |         |              |                                 | (D)<br>Reportable<br>compensation<br>from the<br>organization (W-<br>2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W- 2/1099-<br>MISC) | (F)<br>Estimated<br>amount of other<br>compensation<br>from the<br>organization and<br>related<br>organizations |
|-------------------------------------|--|---|-----------------------|---------|--------------|---------------------------------|---|--|---|
|                                     |  | Individual trustee<br>or director         | Institutional Trustee | Officer | Key employee | Highest compensated<br>employee |   |  |   |
| Gail Morse<br>Director              | 2 00                                   | X   |                       |         |              |                                 | 0   | 0  | 0   |
| David Newcomer IV<br>Director       | 2 00                                   | X   |                       |         |              |                                 | 0   | 0  | 0   |
| TERRI OLSEN<br>DIREctor             | 2 00                                   | X   |                       |         |              |                                 | 0   | 0  | 0   |
| R Nicholas Pflumm<br>Director       | 2 00                                   | X   |                       |         |              |                                 | 0   | 0  | 0   |
| Dana Zarda Rieke<br>Director        | 2 00                                   | X   |                       |         |              |                                 | 0   | 0  | 0   |
| Twyla Rist<br>Director              | 2 00                                   | X   |                       |         |              |                                 | 0   | 0  | 0   |
| JOHN ROBINSON MD<br>DIREctor        | 2 00                                   | X   |                       |         |              |                                 | 0   | 0  | 0   |
| Timothy RoDgers<br>Director         | 2 00                                   | X   |                       |         |              |                                 | 0   | 0  | 0   |
| Richard Shull<br>Director           | 2 00                                   | X   |                       |         |              |                                 | 0   | 0  | 0   |
| Cynthia Smith<br>Director           | 2 00                                   | X   |                       |         |              |                                 | 0   | 0  | 0   |
| Robert Thomas Jr<br>Director        | 2 00                                   | X   |                       |         |              |                                 | 0   | 0  | 0   |
| Samuel Turner Sr<br>Director        | 2 00                                   | X   |                       |         |              |                                 | 0   | 881,912  | 105,141   |
| John Vratil<br>Director             | 2 00                                   | X   |                       |         |              |                                 | 0   | 0  | 0   |
| Sally Winship<br>Director           | 2 00                                   | X   |                       |         |              |                                 | 0   | 0  | 0   |
| louis Gehring<br>EXecutive Director | 40 00                                  |   | X                     |         |              |                                 | 0   | 132,153  | 20,037  |

**Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses**

| <i><b>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</b></i> | <b>(A)<br/>Total expenses</b> | <b>(B)<br/>Program service expenses</b> | <b>(C)<br/>Management and general expenses</b> | <b>(D)<br/>Fundraising expenses</b> |
|---|-------------------------------|---|--|-------------------------------------|
| PURCHASED SERVICES  | 49,426                        |   | 49,426   |                                     |
| INVESTMENT EXPENSE  | 42,359                        |   | 42,359   |                                     |
| CAMP BLUEBIRD - CANCER  | 14,813                        | 14,813                                  |  |                                     |
| WOMEN'S HEALTH EXPENSES   | 8,397                         | 8,397                                   |  |                                     |
| FOOD COSTS  | 6,160                         |   | 6,160  |                                     |

2009

Open to Public  
Inspection**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
► Attach to Form 990. ► See separate instructions.

Department of the Treasury  
Internal Revenue Service**Name of the organization**FOUNDATION FOR SHAWNEE MISSION  
MEDICAL CENTER INC**Employer identification number**

48-0868859

**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              |                         |                              |
| 2 Aggregate contributions to (during year) |                         |                              |
| 3 Aggregate grants from (during year)      |                         |                              |
| 4 Aggregate value at end of year           |                         |                              |

5 Did the organization inform all donors and donor 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 for any other purpose conferring 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 a 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 |
|----|-----------------------------|
| 2a |                             |
| 2b |                             |
| 2c |                             |
| 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, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 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 the arrangement in Part XIV and complete the following table

|           | <b>Amount</b> |
|-----------|---------------|
| <b>1c</b> |               |
| <b>1d</b> |               |
| <b>1e</b> |               |
| <b>1f</b> |               |

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.

|   | <b>(a) Current Year</b> | <b>(b) Prior Year</b> | <b>(c) Two Years Back</b> | <b>(d) Three Years Back</b> | <b>(e) Four Years Back</b> |
|---|-------------------------|-----------------------|---------------------------|-----------------------------|----------------------------|
| <b>1a</b> Beginning of year balance . . . . .                     | 4,807,101               | 5,247,540             |                           |                             |                            |
| <b>b</b> Contributions . . . . .                                  | 274,321                 | 288,761               |                           |                             |                            |
| <b>c</b> Investment earnings or losses . . . . .                  | -126,979                | -484,260              |                           |                             |                            |
| <b>d</b> Grants or scholarships . . . . .                         | 1,711                   | 117,239               |                           |                             |                            |
| <b>e</b> Other expenditures for facilities and programs . . . . . | 414,623                 | 127,601               |                           |                             |                            |
| <b>f</b> Administrative expenses . . . . .                        | 49                      | 100                   |                           |                             |                            |
| <b>g</b> End of year balance . . . . .                            | 4,538,060               | 4,807,101             |                           |                             |                            |

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► 35 000 % %

b Permanent endowment ► 65 000 % %

c Term endowment ► 0 % %

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

|               | <b>Yes</b> | <b>No</b> |
|---------------|------------|-----------|
| <b>3a(i)</b>  | Yes        |           |
| <b>3a(ii)</b> | Yes        |           |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

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 | <b>(a) Cost or other basis (investment)</b> | <b>(b) Cost or other basis (other)</b> | <b>(c) Accumulated depreciation</b> | <b>(d) Book value</b> |
|---|---------------------------|---|--|-------------------------------------|-----------------------|
| <b>1a</b> Land . . . . .  |                           |   | 3,500                                  |                                     | 3,500                 |
| <b>b</b> Buildings . . . . .  |                           |   |  |                                     |                       |
| <b>c</b> Leasehold improvements . . . . .   |                           |   |  |                                     |                       |
| <b>d</b> Equipment . . . . .  |                           |   |  |                                     |                       |
| <b>e</b> Other . . . . .  |                           |   |  |                                     |                       |
| <b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . |                           |   |  | 3,500                               | 3,500                 |

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

| <b>(a) Description of security or category<br/>(including name of security)</b>                                | <b>(b) Book value</b> | <b>(c) Method of valuation<br/>Cost or end-of-year market value</b> |
|--|-----------------------|---|
| Financial derivatives  |                       |   |
| Closely-held equity interests  |                       |   |
| Other  |                       |   |
|  |                       |   |
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|  |                       |   |
|  |                       |   |
| <b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12) <span style="float: right;">►</span> |                       |   |

---

**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

**Total** (Column (b)) should equal Form 990, Part X, col (B), line 13.

**Part IX Other Assets** See Form 990 Part X line 15

**Total (Column (b)) should equal Form 222, Part X, col (B) line 15**

**Total.** (Column (b) should equal Form 990, Part X, col.(B) line 15.)

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

2. **Fin 48 Footnote** In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's

**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 Other losses . . . . .  | 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 IV, 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. Also complete this part to provide any additional information

| Identifier     | Return Reference                               | Explanation   |
|----------------|--|---|
| Part V, Line 4 | Description of Intended Use of Endowment Funds | FOUNDATION FOR SHAWNEE MISSION MEDICAL CENTER, INC (THE FOUNDATION) IS A SUPPORTING ORGANIZATION OF SHAWNEE MISSION MEDICAL CENTER, INC (SMMC) A RELATED TAX-EXEMPT HOSPITAL THAT IS ALSO EXEMPT UNDER IRC SECTION 501(C)(3) THE FOUNDATION'S ENDOWMENTS CONSISTS OF FUNDS ESTABLISHED TO PURCHASE EQUIPMENT, AND TO PROVIDE HEALTH RELATED EDUCATION AND HEALTHCARE SERVICES |

SCHEDULE G  
(Form 990 or 990-EZ)Supplemental Information Regarding  
Fundraising or Gaming Activities

2009

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceComplete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization

FOUNDATION FOR SHAWNEE MISSION  
MEDICAL CENTER INC

Employer identification number

48-0868859

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply

|   |   |
|---|---|
| <b>a</b> <input checked="" type="checkbox"/> Mail solicitations     | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and e-mail solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations               | <b>g</b> <input checked="" type="checkbox"/> Special fundraising events |
| <b>d</b> <input type="checkbox"/> In-person solicitations           |   |

**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 |                                   |  |   |
| ALLEGIANT DIRECT                              | DIRECT MAIL SERVICES         |  | No | 27,806                            | 18,957   | 0   |
| HARTSOOK COMPANIES                            | CAMPAIGN CONSULTING SERVICES |  | No | 0                                 | 58,785   | 0   |
| <b>Total . . . . .</b> ►                      |                              |  |    | 27,806                            | 77,742   |   |

**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                     | (b) Event #2                  | (c) Other Events | (d) Total Events<br>(Add col (a) through col (c)) |
|-----------------|---|----------------------------------|-------------------------------|------------------|---|
|                 |   | DINNER & AUCTION<br>(event type) | PORTRAIT SALE<br>(event type) | (total number)   |   |
| Revenue         | 1 Gross receipts . . .  | 157,077                          | 8,981                         |                  | 166,058   |
|                 | 2 Less Charitable contributions . . .                                   | 81,982                           | 2,591                         |                  | 84,573  |
|                 | 3 Gross income (line 1 minus line 2) . . .                              | 75,095                           | 6,390                         |                  | 81,485  |
| Direct Expenses | 4 Cash prizes . . .   | 500                              |                               |                  | 500   |
|                 | 5 Non-cash prizes . . .   |                                  |                               |                  |   |
|                 | 6 Rent/facility costs . . .   |                                  |                               |                  |   |
|                 | 7 Food and beverages . . .  | 49,039                           |                               |                  | 49,039  |
|                 | 8 Entertainment . . .   | 2,191                            |                               |                  | 2,191   |
|                 | 9 Other direct expenses . .   | 56,279                           | 6,390                         |                  | 62,669  |
|                 | 10 Direct expense summary Add lines 4 through 9 in column (d) . . . . . |                                  |                               |                  | 114,399   |
|                 | 11 Net income summary Combine lines 3, column d, and line 10. . . . .   |                                  |                               |                  | -32,914   |

**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<br>(Add col (a) through col (c)) |
|--|---|---|---|---|---|
|  |   |   |   |   |   |
|  | 1 Gross revenue . . . .   |   |   |   |   |
|  | 2 Cash prizes . . . .   |   |   |   |   |
|  | 3 Non-cash prizes . . . .   |   |   |   |   |
|  | 4 Rent/facility costs . . . .   |   |   |   |   |
|  | 5 Other direct expenses . .   |   |   |   |   |
|  | 6 Volunteer labor . . . .   | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |   |
|  | 7 Direct expense summary Add lines 2 through 5 in column (d) . . . . .      |   |   |   |   |
|  | 8 Net gaming income summary Combine lines 1, column d, and line 7 . . . . . |   |   |   |   |

|  |     |    |
|--|-----|----|
| 9 Enter the state(s) in which the organization operates gaming activities . . . . .  | Yes | No |
| 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  |    |

|   | <b>Yes</b>                        | <b>No</b>                                       |
|---|-----------------------------------|---|
| <b>13</b> Indicate the percentage of gaming activity operated in  | <b>13a</b>                        | <b>13b</b>                                      |
| <b>a</b> The organization's facility . . . . .  | . . . . .                         | . . . . .                                       |
| <b>b</b> An outside facility . . . . .  | . . . . .                         | . . . . .                                       |
| <b>14</b> Enter the name and address of the person who prepares the organization's gaming/special events books and records  |                                   |   |
| Name ►  |                                   |   |
| Address ►   |                                   |   |
| <b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .   | <b>15a</b>                        | . . . . .                                       |
| <b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____                             |                                   |   |
| <b>c</b> If "Yes," enter name and address   |                                   |   |
| Name ►  |                                   |   |
| Address ►   |                                   |   |
| <b>16</b> Gaming manager information  |                                   |   |
| Name ►  |                                   |   |
| Gaming manager compensation ► \$ _____  |                                   |   |
| Description of services provided ►  |                                   |   |
| <input type="checkbox"/> Director/officer   | <input type="checkbox"/> Employee | <input type="checkbox"/> Independent contractor |
| <b>17</b> Mandatory distributions   |                                   |   |
| <b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .                                     | <b>17a</b>                        | . . . . .                                       |
| <b>b</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)****2009****Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States**

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

► Attach to Form 990

**Open to Public  
Inspection**Department of the Treasury  
Internal Revenue ServiceName of the organization  
FOUNDATION FOR SHAWNEE MISSION  
MEDICAL CENTER INC**Employer identification number**

48-0868859

**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" to 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 (Form 990) if additional space is needed . . . . .  ►

| (a) Name and address of organization or government  | (b) EIN   | (c) IRC Code 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 |
|---|-----------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| SHAWNEE MISSION<br>MEDICAL CENTER INC<br>9100 W 74TH STREET<br>SHAWnee mission, KS<br>66204 | 480637331 | 501(c)(3)                          | 2,005,804                |                                   |   |  | GENERAL HOSPITAL SUPPORT           |

2 Enter total number of section 501(c)(3) and government organizations . . . . .  ► 1

3 Enter total number of other organizations . . . . .  ► 0

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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 |
|---|--------------------------|--------------------------|-----------------------------------|---|--|
| ASSISTANCE TO EMPLOYEES IN NEED WITH HOUSEHOLD EXPENSES | 18                       | 10,865                   |                                   |   |  |
| See Additional Data Table                               |                          |                          |                                   |   |  |

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

| Identifier                                 | Return Reference | Explanation  |
|--|------------------|--|
| Procedure for Monitoring Grants in the U S | Part I, Line 2   | Schedule I, Part I, Line 2 Grants are generally made only to the supported hospital organization that is exempt from Federal Income Tax under 501(c)(3) Accordingly, the filing organization has not established specific procedures for monitoring the use of grant funds in the United States as the filing organization does not have a grant making program that would necessitate such procedures |
|  |                  |  |
|  |                  |  |
|  |                  |  |
|  |                  |  |
|  |                  |  |
|  |                  |  |
|  |                  |  |
|  |                  |  |
|  |                  |  |
|  |                  |  |

**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

**2009****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
**► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.**  
**► Attach to Form 990. ► See separate instructions.**

**Name of the organization**FOUNDATION FOR SHAWNEE MISSION  
MEDICAL CENTER INC**Employer identification number**

48-0868859

**Part I Questions Regarding Compensation**

Yes No

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

|  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes in line 1a are 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

**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?

**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

|  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**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

**Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.**

**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?

**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

**a** The organization?

**b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued 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

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

|           |     |    |
|-----------|-----|----|
| <b>1b</b> |     |    |
| <b>2</b>  |     |    |
| <b>4a</b> |     | No |
| <b>4b</b> | Yes |    |
| <b>4c</b> |     | No |
| <b>5a</b> |     | No |
| <b>5b</b> |     | No |
| <b>6a</b> |     | No |
| <b>6b</b> |     | No |
| <b>7</b>  |     | No |
| <b>8</b>  |     | No |
| <b>9</b>  |     |    |

**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.

**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   |
|--------------------------|------------------|---|
|                          | Part I, Line 4a  | <p>The CEO of the filing organization's supported hospital serves on the Board of Directors of the filing organization. This individual is compensated by and on the payroll of Adventist Health System Sunbelt Healthcare Corporation (AHSSHC), the parent organization of a healthcare system known as Adventist Health System (AHS). The filing organization's supported hospital is a subsidiary of AHSSHC. In recognition of the contribution that each executive makes to the success of AHS, AHS provides to eligible executives participation in the AHS Executive FLEX Benefit Program (the Plan). The purpose of the Plan is to offer eligible executives an opportunity to elect from among a variety of supplemental benefits, including deferred compensation benefits taxable under Internal Revenue Code (IRC) Section 457(f), to individually tailor a benefits program appropriate to each executive's needs. The Plan provides eligible participants a pre-determined benefits allowance credit that is equal to a percentage of the executive's base pay from which is deducted the cost of mandatory and elective employee benefits. The pre-determined benefits allowance credit percentage is approved by the AHS Board Strategy &amp; Compensation Committee, an independent committee of the Board of Directors of AHSSHC. Any funds that remain after the cost of mandatory and elective benefits are subtracted from the pre-determined benefits annual amount are contributed, at the employee's option, to either an IRC 457(f) deferred compensation account or to an IRC 457(b) eligible deferred compensation plan. The Plan documents define an employee who is eligible to participate in the Plan to generally include the Chief Executive Officers of AHS entities and Vice Presidents of all AHS entities whose base salary is at least \$189,000. The Plan was amended in 2009 and required mandatory account distributions in 2009. Going forward the Plan provides for a class year vesting schedule (2 years for each class year) with respect to amounts accumulated in the executive's 457(f) deferred compensation account. Distributions could also be made from the executive's 457(f) deferred compensation account upon attainment of age 65 or upon an involuntary separation. The account is forfeited by the executive upon a voluntary separation. In addition to the Plan, AHS has instituted a defined benefit, non-tax-qualified deferred compensation plan for certain executives who have provided lengthy service to AHS and/or to other Seventh-Day Adventist Church hospital or health care institutions. Participation in the plan is offered to AHS executives on a prorata schedule beginning with 20 years of service as an employee of AHS and/or another hospital or health care institution controlled by the Seventh-Day Adventist Church and who satisfy certain other qualifying criteria. This supplemental executive retirement plan (SERP) was designed to provide eligible executives with the economic equivalent of an annual income beginning at normal retirement age equal to 60% of the average of the participant's three highest years of base salary from AHS active employment inclusive of income from all other Seventh-Day Adventist Church healthcare employer-financed retirement income sources and investment income earned on those contributions through social security normal retirement age as defined in the plan. 457(f) Employer 457(f) SERP Contributions Payment Payment Samuel Turner, Sr \$66,045 \$365,577 \$0</p> |
| Supplemental Information | Part III         | <p>Part I, Question 3. As noted in our response to question 15 of Part VI of Form 990, the individual who serves as the executive director of the filing organization is compensated by Shawnee Mission Medical Center, Inc (SMMC) for that individual's role in serving as the executive director. Compensation and benefits provided to this individual are determined pursuant to policies, procedures, and processes of SMMC that are designed to ensure that all employees serving in management roles are provided compensation reflective of fair market value given their roles and responsibilities. SMMC uses the following to establish compensation of the executive director - Compensation survey or study</p>  |

SCHEDULE M  
(Form 990)

## NonCash Contributions

OMB No 1545-0047

2009

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service►Complete if the organization answered "Yes" on Form  
990, Part IV, lines 29 or 30.  
► Attach to Form 990.Name of the organization  
FOUNDATION FOR SHAWNEE MISSION  
MEDICAL CENTER INC

Employer identification number

48-0868859

## Part I Types of Property

|  | (a)<br>Check<br>if<br>applicable | (b)<br>Number of Contributions | (c)<br>Revenues reported on<br>Form 990, Part VIII, line<br>1g | (d)<br>Method of determining<br>revenues |
|--|----------------------------------|--------------------------------|--|--|
| 1 Art—Works of art . . . . .   | X                                | 1                              | 165,000  | FMV                                      |
| 2 Art—Historical treasures . . . . .   |                                  |                                |  |  |
| 3 Art—Fractional interests . . . . .   |                                  |                                |  |  |
| 4 Books and publications . . . . .   | X                                |                                | 0  |  |
| 5 Clothing and household<br>goods . . . . .  | X                                |                                | 0  |  |
| 6 Cars and other vehicles . . . . .  |                                  |                                |  |  |
| 7 Boats and planes . . . . .   |                                  |                                |  |  |
| 8 Intellectual property . . . . .  |                                  |                                |  |  |
| 9 Securities—Publicly traded . . . . .   | X                                | 2                              | 77,912   | SELLING PRICE                            |
| 10 Securities—Closely held stock . . . . .   |                                  |                                |  |  |
| 11 Securities—Partnership, LLC,<br>or trust interests . . . . .  |                                  |                                |  |  |
| 12 Securities—Miscellaneous . . . . .  |                                  |                                |  |  |
| 13 Qualified conservation<br>contribution—Historic<br>structures . . . . .   |                                  |                                |  |  |
| 14 Qualified conservation<br>contribution—Other . . . . .  |                                  |                                |  |  |
| 15 Real estate—Residential . . . . .   |                                  |                                |  |  |
| 16 Real estate—Commercial . . . . .  |                                  |                                |  |  |
| 17 Real estate—Other . . . . .   |                                  |                                |  |  |
| 18 Collectibles . . . . .  | X                                | 6                              | 0  |  |
| 19 Food inventory . . . . .  |                                  |                                |  |  |
| 20 Drugs and medical supplies . . . . .  | X                                | 5                              | 0  |  |
| 21 Taxidermy . . . . .   |                                  |                                |  |  |
| 22 Historical artifacts . . . . .  |                                  |                                |  |  |
| 23 Scientific specimens . . . . .  |                                  |                                |  |  |
| 24 Archeological artifacts . . . . .   |                                  |                                |  |  |
| 25 Other ►( _____ )  |                                  |                                |  |  |
| 26 Other ►( _____ )  |                                  |                                |  |  |
| 27 Other ►( _____ )  |                                  |                                |  |  |
| 28 Other ►( _____ )  |                                  |                                |  |  |
| 29 Number of Forms 8283 received by the organization during the tax year for contributions<br>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<br>must hold for at least three years from the date of the initial contribution, and which is not required to be used<br>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  | No  |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash<br>contributions? . . . . .  | 32a | Yes |
| 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,<br>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                                    | Return Reference   | Explanation   |
|---|--------------------|---|
| Method for Determining Number of Contributors | Part I, Column (b) | The number of contributions reported in column (b) of Schedule M, Part I represents the number of items received by the filing organization during the current year with the exception of publicly traded securities which is reported by the number of contributions |
| Third Party Use                               | Part I, Line 32b   | DURING 2009, Foundation for Shawnee Mission Medical Center, Inc RETAINED AN AUCTIONEER No fees were paid for these services   |
| Non Reporting of Revenue                      | Part I, Line 33    | FOR THOSE ITEMS THAT WERE NOT INCLUDED IN PART VIII LINE 1G, REVENUE WAS RECOGNIZED AS PART OF THE SPECIAL FUND-RAISING EVENTS REPORTED ON PART VIII LINE 8   |

2009

Open to Public  
Inspection**SCHEDULE O**  
(Form 990)**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
► Attach to Form 990.

Department of the Treasury  
Internal Revenue Service**Name of the organization**  
FOUNDATION FOR SHAWNEE MISSION  
MEDICAL CENTER INC**Employer identification number**

48-0868859

| Identifier                             | Return Reference | Explanation   |
|--|------------------|---|
| Form 990, Part VI, Section A, line 2   |                  | R Nicholas Pflumm AND GREGG AMOS - FAMILY RELATIONSHIP R Nicholas Pflumm AND GREGG AMOS - BUSINESS RELATIONSHIP KENT CRIPPIN AND LOUIS GEHRING - BUSINESS RELATIONSHIP KENT CRIPPIN AND LYLE PISHNY - BUSINESS RELATIONSHIP ROBERT CURTIS AND TIMOTHY RODGERS - BUSINESS RELATIONSHIP PATRICK MCANANY AND RODNEY MARTIN - BUSINESS RELATIONSHIP PATRICK MCANANY AND JAMES BUTLER - BUSINESS RELATIONSHIP PATRICK MCANANY AND SAMUEL TURNER - BUSINESS RELATIONSHIP PATRICK MCANANY AND RICHARD SHULL - BUSINESS RELATIONSHIP PATRICK MCANANY AND STEPHEN DUNN - BUSINESS RELATIONSHIP PATRICK MCANANY AND TIMOTHY RODGERS - BUSINESS RELATIONSHIP LYLE PISHNY AND CHARLES CARLSEN - BUSINESS RELATIONSHIP LYLE PISHNY AND HARRIET DARLING - BUSINESS RELATIONSHIP LYLE PISHNY AND JAMES HOLLAND - BUSINESS RELATIONSHIP LYLE PISHNY AND TERRI OLSEN - BUSINESS RELATIONSHIP LYLE PISHNY AND TIMOTHY RODGERS - BUSINESS RELATIONSHIP TIMOTHY RODGERS AND RICHARD SHULL - BUSINESS RELATIONSHIP TIMOTHY RODGERS AND LOUIS GEHRING - BUSINESS RELATIONSHIP TIMOTHY RODGERS AND TERRI OLSEN - BUSINESS RELATIONSHIP TIMOTHY RODGERS AND MARK GILMAN - BUSINESS RELATIONSHIP PATRICK MCANANY AND KENT CRIPPIN - BUSINESS RELATIONSHIP PATRICK MCANANY AND CHARLES CARLSEN - BUSINESS RELATIONSHIP LYLE PISHNY AND JOHN VRATIL - BUSINESS RELATIONSHIP  |
| Form 990, Part VI, Section B, line 11  |                  | The filing organization's current year Form 990 was reviewed by the Executive Director and the CEO (a board member) and CFO of the supported hospital prior to its filing with the IRS. The review conducted by the Executive Director and the CEO (a board member) and CFO of the supported hospital did not include the review of any supporting workpapers that were used in preparation of the current year Form 990, but did include a review of the entire Form 990 and all supporting schedules  |
| Form 990, Part VI, Section B, line 12c |                  | The Conflict of Interest Policy of the filing organization applies to members of its Board of Directors (to be known as Interested Persons). In connection with any actual or possible conflict of interests, any member of the Board of Directors of the filing organization (i.e. Interested Persons) must disclose the existence of any financial interest with the filing organization and must be given the opportunity to disclose all material facts concerning the financial interest/arrangement to the Board of Directors of the filing organization or to any members of a committee with board delegated powers that is considering the proposed transaction or arrangement. Subsequent to any disclosure of any financial interest/arrangement and all material facts, and after any discussion with the relevant Board member or principal officer, the remaining members of the Board of Directors or committee with board delegated powers shall discuss, analyze, and vote upon the potential financial interest/arrangement to determine if a conflict of interest exists. According to the filing organization's Conflict of Interest Policy, an Interested Person may make a presentation to the Board of Directors (or committee with board delegated powers), but after such presentation, shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement that results in a conflict of interest. Each Interested Person, as defined under the filing organization's Conflict of Interest Policy, is required to disclose in writing the existence of any conflict of interest with the filing organization or any of the charitable organizations supported by the filing organization. |
| Form 990, Part VI, Section B, line 15  |                  | The Executive Director of the filing organization is on the payroll of Shawnee Mission Medical Center, Inc (SMMC). The compensation of the Executive Director is determined by SMMC. In determining the compensation of the Executive Director, SMMC utilizes published salary survey data and other local market information in establishing annual compensation. Executive management of SMMC review and approve annual compensation.   |
| Form 990, Part VI, Section C, line 19  |                  | The filing organization does not generally make its governing documents, conflict of interest policy or financial statements available to the public.   |
| Part VII, Section A                    |                  | For those Board of Director members who devote less than full-time to the filing organization (based upon the average number of hours per week shown in column (B) on page 7 of the return) the compensation amounts shown in columns (E) and (F) on page 7 were provided in conjunction with that person's responsibilities and roles in serving in an executive leadership position within the supported hospital and/or its tax-exempt brother/sister affiliate organization.  |

**SCHEDULE R  
(Form 990)****Related Organizations and Unrelated Partnerships****2009**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
 ► Attach to Form 990. ► See separate instructions.

**Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service**Name of the organization**  
FOUNDATION FOR SHAWNEE MISSION  
MEDICAL CENTER INC**Employer identification number**  
48-0868859**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

| (a)<br>Name, address, and EIN of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity |
|---|-------------------------|--|----------------------------|---|----------------------------------|
|---|-------------------------|--|----------------------------|---|----------------------------------|

See Additional Data Table

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|--|-------------------------------------|
|   |                         |  |                                  |  |                              |                                    | <b>Yes</b> <b>No</b>                 |  | <b>Yes</b> <b>No</b>                |

See Additional Data Table

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|
|   |                         |  |                                  |  |                              |                                    |                             |

See Additional Data Table

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III or IV**1** During the tax year, did the organization 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
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

|    | Yes | No |
|----|-----|----|
| 1a |     | No |
| 1b | Yes |    |
| 1c | Yes |    |
| 1d |     | No |
| 1e |     | No |
| 1f |     | No |
| 1g |     | No |
| 1h |     | No |
| 1i |     | No |
| 1j |     | No |
| 1k |     | No |
| 1l |     | No |
| 1m |     | No |
| 1n |     | No |
| 1o | Yes |    |
| 1p |     | No |
| 1q |     | No |
| 1r |     | No |

**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)<br>Name of other organization  | (b)<br>Transaction type(a-r) | (c)<br>Amount involved |
|-----|------------------------------------|------------------------------|------------------------|
| (1) | SHAWNEE MISSION MEDICAL CENTER INC | B                            | 1,475,405              |
| (2) | SHAWNEE MISSION MEDICAL CENTER INC | O                            | 620,575                |
| (3) | SHAWNEE MISSION MEDICAL CENTER INC | C                            | 696,292                |
| (4) |                                    |                              |                        |
| (5) |                                    |                              |                        |
| (6) |                                    |                              |                        |

**Part VI Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Are all<br>partners<br>section<br>501(c)(3)<br>organizations? | (e)<br>Share of<br>end-of-year<br>assets | (f)<br>Disproportionate<br>allocations? | (g)<br>Code V-UBI<br>amount in box<br>20 of Schedule K-1<br>(Form 1065) | (h)<br>General or<br>managing<br>partner? |
|---|-------------------------|--|--|--|---|---|---|
| Yes                                     | No                      | Yes  | No   | Yes                                      | No                                      | Yes   | No  |

## Software ID:

## Software Version:

EIN: 48-0868859

Name: FOUNDATION FOR SHAWNEE MISSION  
MEDICAL CENTER INC

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

| (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary Activity   | (c)<br>Legal Domicile<br>(State<br>or Foreign<br>Country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status<br>(if 501(c)(3)) | (f)<br>Direct Controlling<br>Entity                    |
|--|---|---|-------------------------------|---|--|
| Adventist Bolingbrook Hospital<br>500 Remington Blvd<br>Bolingbrook, IL60440<br>65-1219504                           | Operation of Hospital & Related Services                        | IL  | 501(c)(3)                     | 170(b)(1)(A)(III)                                 | Adventist Health SystemSunbelt Inc                     |
| Adventist Care Centers - Courtland Inc<br>730 Courtland Street<br>Orlando, FL32804<br>20-5774723                     | Operation of Home for the Aged/Healthcare Delivery              | FL  | 501(c)(3)                     | 509(a)(2)   | Sunbelt Health Care Centers Inc                        |
| Adventist GlenOaks Hospital<br>701 Winthrop Avenue<br>Glendale Heights, IL60139<br>36-3208390                        | Operation of Hospital & Related Services                        | IL  | 501(c)(3)                     | 170(b)(1)(A)(III)                                 | Adventist Health SystemSunbelt Inc                     |
| Adventist Health Mid-America Inc<br>9100 W 74th Street<br>Shawnee Mission, KS66204<br>52-1347407                     | Healthcare Related Services                                     | KS  | 501(c)(3)                     | 509(a)(3) Type I                                  | Adventist Health SystemSunbelt Inc                     |
| Adventist Health Partners Inc<br>1000 Remington Blvd Ste 200<br>Bolingbrook, IL60440<br>36-4138353                   | Operate out-patient physician clinics                           | IL  | 501(c)(3)                     | 170(b)(1)(A)(III)                                 | AHS Midwest Management Inc                             |
| Adventist Health System Affiliated Benefit Trust<br>111 N Orlando Avenue<br>Winter Park, FL32789<br>26-6422966       | Promotion of Healthcare   | FL  | 501(c)(3)                     | 509(a)(3) Type I                                  | Adventist Health System Sunbelt Healthcare Corporation |
| Adventist Health System Sunbelt Healthcare Corporation<br>111 N Orlando Avenue<br>Winter Park, FL32789<br>59-2170012 | Management Services   | FL  | 501(c)(3)                     | 509(a)(3) Type I                                  | N/A  |
| Adventist Health SystemGeorgia Inc<br>1035 Red Bud Road<br>Calhoun, GA30701<br>58-1425000                            | Operation of Hospital & Related Services                        | GA  | 501(c)(3)                     | 170(b)(1)(A)(III)                                 | Adventist Health System Sunbelt Healthcare Corporation |
| Adventist Health SystemSunbelt Inc<br>111 N Orlando Avenue<br>Winter Park, FL32789<br>59-1479658                     | Operation of Hospital & Related Services                        | FL  | 501(c)(3)                     | 170(b)(1)(A)(III)                                 | Adventist Health System Sunbelt Healthcare Corporation |
| Adventist Health SystemTexas Inc<br>602 Courtland Street<br>Orlando, FL32804<br>74-2578952                           | Inactive  | TX  | 501(c)(3)                     | 509(a)(2)   | Adventist Health System Sunbelt Healthcare Corporation |
| Adventist Hinsdale Hospital<br>120 North Oak Street<br>Hinsdale, IL60521<br>36-2276984                               | Operation of Hospital & Related Services                        | IL  | 501(c)(3)                     | 170(b)(1)(A)(III)                                 | Adventist Health SystemSunbelt Inc                     |
| AHS Midwest Management Inc<br>1000 Remington Blvd Ste 200<br>Bolingbrook, IL60440<br>36-3354567                      | Operation of Occupational Hlth Clinic & Physician Practice Mgmt | IL  | 501(c)(3)                     | 509(a)(3) Type I                                  | Adventist Health SystemSunbelt Inc                     |
| AHS Central Texas Inc<br>1301 Wonder World Drive<br>San Marcos, TX78666<br>74-2621825                                | Provide Office Space - Medical Professionals                    | TX  | 501(c)(3)                     | 509(a)(3) Type III-F                              | Adventist Health System Sunbelt Healthcare Corporation |
| Apopka Health Care Properties Inc<br>305 E Oak Street<br>Apopka, FL32703<br>51-0605694                               | Lease to Related Organization                                   | GA  | 501(c)(3)                     | 509(a)(3) Type III-F                              | Sunbelt Health Care Centers Inc                        |
| Battle Creek Adventist Hospital<br>1000 Remington Blvd Ste 200<br>Bolingbrook, IL60440<br>38-1359189                 | Operation of Hospital & Related Services                        | MI  | 501(c)(3)                     | 170(b)(1)(A)(III)                                 | Adventist Health SystemSunbelt Inc                     |
| Beaver Dam Health Care Manor Inc<br>602 Courtland Street<br>Orlando, FL32804<br>58-2255884                           | Inactive  | KY  | 501(c)(3)                     | 509(a)(2)   | South Central Nursing Homes Inc                        |
| Behavioral Health Resources Inc<br>111 N Orlando Avenue<br>Winter Park, FL32789<br>36-4249805                        | Inactive  | TN  | 501(c)(3)                     | 509(a)(3) Type II                                 | Adventist Health SystemSunbelt Inc                     |
| Bolingbrook Hospital Foundation<br>1000 Remington Blvd N Entrance 2nd<br>Bolingbrook, IL60440<br>90-0494445          | Fund-raising for Tax-exempt hospital                            | IL  | 501(c)(3)                     | 170(b)(1)(A)(vi)                                  | Midwest Health Foundation                              |
| Bradford Heights Health & Rehab Center Inc<br>950 Highpoint Drive<br>Hopkinsville, KY42240<br>20-5782342             | Operation of Home for the Aged/Healthcare Delivery              | KY  | 501(c)(3)                     | 509(a)(2)   | Sunbelt Health Care Centers Inc                        |
| Burleson Nursing & Rehab Center Inc<br>301 Huguley Blvd<br>Burleson, TX76028<br>20-5782243                           | Operation of Home for the Aged/Healthcare Delivery              | TX  | 501(c)(3)                     | 509(a)(2)   | Sunbelt Health Care Centers Inc                        |
| Caldwell Health Care Properties Inc<br>1333 West Main<br>Princeton, KY42445<br>51-0605680                            | Lease to Related Organization                                   | GA  | 501(c)(3)                     | 509(a)(3) Type III-F                              | Sunbelt Health Care Centers Inc                        |
| Central Texas Medical Center Foundation<br>1301 Wonder World Drive<br>San Marcos, TX78666<br>74-2259907              | Fund-raising for Tax-exempt hospital                            | TX  | 501(c)(3)                     | 170(b)(1)(A)(vi)                                  | Adventist Health SystemSunbelt Inc                     |
| Chickasaw Health Care Properties Inc<br>250 S Chickasaw Trail<br>Orlando, FL32825<br>51-0605681                      | Lease to Related Organization                                   | GA  | 501(c)(3)                     | 509(a)(3) Type III-F                              | Sunbelt Health Care Centers Inc                        |
| Chippewa Valley Hospital & Oakview Care Center Inc<br>1220 Third Avenue West<br>Durand, WI54736<br>39-1365168        | Operation of Hospital & Related Services                        | WI  | 501(c)(3)                     | 170(b)(1)(A)(III)                                 | Adventist Health SystemSunbelt Inc                     |
| Cobb Medical Associates LLC<br>3949 South Cobb Drive SE<br>Smyrna, GA300806342<br>58-2617089                         | Operation of Physician Practices & Medical Services             | GA  | 501(c)(3)                     | 170(b)(1)(A)(III)                                 | Emory-Adventist Inc                                    |
| Courtland Health Care Properties Inc<br>730 Courtland Street<br>Orlando, FL32804<br>51-0605682                       | Lease to Related Organization                                   | GA  | 501(c)(3)                     | 509(a)(3) Type III-F                              | Sunbelt Health Care Centers Inc                        |
| Creekwood Place Nursing & Rehab Center Inc<br>683 E Third Street<br>Russellville, KY42276<br>20-5782260              | Operation of Home for the Aged/Healthcare Delivery              | KY  | 501(c)(3)                     | 509(a)(2)   | Sunbelt Health Care Centers Inc                        |
| Dairy Road Health Care Properties Inc<br>7350 Dairy Road<br>Zephyrhills, FL33540<br>51-0605684                       | Lease to Related Organization                                   | GA  | 501(c)(3)                     | 509(a)(3) Type III-F                              | Sunbelt Health Care Centers Inc                        |
| East Orlando Health & Rehab Center Inc<br>250 S Chickasaw Trail<br>Orlando, FL32825<br>20-5774748                    | Operation of Home for the Aged/Healthcare Delivery              | FL  | 501(c)(3)                     | 509(a)(2)   | Sunbelt Health Care Centers Inc                        |
| Emory-Adventist Inc<br>3949 South Cobb Drive<br>Smyrna, GA30080<br>58-2171011  | Operation of Hospital & Related Svcs                            | GA  | 501(c)(3)                     | 170(b)(1)(A)(III)                                 | Adventist Health SystemSunbelt Inc                     |

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

| (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary Activity                             | (c)<br>Legal Domicile<br>(State<br>or Foreign<br>Country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status<br>(if 501(c)(3)) | (f)<br>Direct Controlling<br>Entity                       |
|--|---|---|-------------------------------|---|---|
| Fletcher Hospital Inc<br>100 Hospital Drive<br>Hendersonville, NC28792<br>56-0543246   | Operation of Hospital & Related Svcs                | NC  | 501(c)(3)                     | 170(b)(1)(A)(iii)                                 | Adventist Health System<br>Sunbelt Healthcare Corporation |
| FLNC Inc<br>3355 E Semoran Blvd<br>Apopka, FL32703<br>20-5774761   | Operation of Home for the Aged/Healthcare Delivery  | FL  | 501(c)(3)                     | 509(a)(2)   | Sunbelt Health Care Centers Inc                           |
| Florida Hospital College of Health Sciences Inc (630 Year End)<br>671 Lake Winyah Drive<br>Orlando, FL32803<br>59-3069793    | Education/Operation of School                       | FL  | 501(c)(3)                     | 170(b)(1)(A)(ii)                                  | Adventist Health System<br>Sunbelt Inc                    |
| Florida Hospital DeLand Auxiliary Inc<br>701 West Plymouth Avenue<br>Deland, FL32720<br>59-3425543                           | Volunteer support services                          | FL  | 501(c)(3)                     | 509(a)(3) Type III-F                              | Memorial Hospital West Volusia Inc                        |
| Florida Hospital Waterman Inc<br>1000 Waterman Way<br>Tavares, FL32778<br>59-3140669   | Operation of Hospital & Related Services            | FL  | 501(c)(3)                     | 170(b)(1)(A)(iii)                                 | Adventist Health System<br>Sunbelt Healthcare Corporation |
| Florida Hospital Wesley Chapel Inc<br>2528 Bruce B Downs Blvd CR 581 S<br>Wesley Chapel, FL33543<br>20-3965753               | Inactive  | FL  | 501(c)(3)                     | 509(a)(3) Type III-F                              | Adventist Health System<br>Sunbelt Healthcare Corporation |
| Florida Hospital Zephyrhills Inc<br>7050 Gall Blvd<br>Zephyrhills, FL33541<br>59-2108057                                     | Operation of Hospital & Related Services            | FL  | 501(c)(3)                     | 170(b)(1)(A)(iii)                                 | Adventist Health System<br>Sunbelt Inc                    |
| Florida Physicians Medical Group Inc<br>900 Winderley Place<br>Maitland, FL32751<br>59-3214635                               | Operation of Physician Practices & Medical Services | FL  | 501(c)(3)                     | 170(b)(1)(A)(iii)                                 | Adventist Health System<br>Sunbelt Inc                    |
| Foundation for Shawnee Mission Medical Center Inc<br>9100 W 74th Street<br>Shawnee Mission, KS66204<br>48-0868859            | Fund-raising for Tax-exempt hospital                | KS  | 501(c)(3)                     | 509(a)(3) Type I                                  | Shawnee Mission Medical Center Inc                        |
| GlenOaks Hospital Foundation<br>303 East Army Trail Road Suite 400<br>Bloomingdale, IL60108<br>36-3926044                    | Fund-raising for Tax-exempt hospital                | IL  | 501(c)(3)                     | 170(b)(1)(A)(vi)                                  | Midwest Health Foundation                                 |
| Hays Memorial Hospital Association of Seventh-Day Adventists<br>1301 Wonder World Drive<br>San Marcos, TX78667<br>74-1362785 | Lease of Hospital Personnel                         | TX  | 501(c)(3)                     | 509(a)(3) Type II                                 | Adventist Health System<br>Sunbelt Healthcare Corporation |
| HealthPlex Management Inc<br>111 N Orlando Avenue<br>Winter Park, FL32789<br>62-1289269                                      | Support of affiliated tax exempt hospital           | TN  | 501(c)(3)                     | 509(a)(3) Type I                                  | Adventist Health System<br>Sunbelt Inc                    |
| Hinsdale Hospital Foundation<br>7 Salt Creek Lane Suite 203<br>Hinsdale, IL60521<br>52-1466387                               | Fund-raising for Tax-exempt hospital                | IL  | 501(c)(3)                     | 170(b)(1)(A)(vi)                                  | Midwest Health Foundation                                 |
| In-Motion Rehab Inc<br>602 Courtland Street Ste 200<br>Orlando, FL32804<br>20-8023411  | Therapy services to tax exempt nursing homes        | KS  | 501(c)(3)                     | 509(a)(3) Type II                                 | Sunbelt Health Care Centers Inc                           |
| Jellico Community Hospital Inc<br>188 Hospital Lane<br>Jellico, TN37762<br>62-0924706  | Operation of Hospital & Related Services            | TN  | 501(c)(3)                     | 170(b)(1)(A)(iii)                                 | Adventist Health System<br>Sunbelt Healthcare Corporation |
| La Grange Memorial Hospital Foundation<br>5101 S Willow Springs Rd<br>La Grange, IL60525<br>30-0247776                       | Fund-raising for Tax-exempt hospital                | IL  | 501(c)(3)                     | 170(b)(1)(A)(vi)                                  | Midwest Health Foundation                                 |
| Memorial Health Systems Foundation Inc<br>770 West Granada Blvd<br>Ormond Beach, FL32174<br>31-1771522                       | Fund-raising for Tax-exempt hospital                | FL  | 501(c)(3)                     | 170(b)(1)(A)(vi)                                  | Memorial Health Systems Inc                               |
| Memorial Health Systems Inc<br>301 Memorial Medical Parkway<br>Daytona Beach, FL32117<br>59-0973502                          | Operation of Hospital & Related Services            | FL  | 501(c)(3)                     | 170(b)(1)(A)(iii)                                 | Adventist Health System<br>Sunbelt Inc                    |
| Memorial Hospital - Flagler Inc<br>60 Memorial Medical Parkway<br>Palm Coast, FL32164<br>59-2951990                          | Operation of Hospital & Related Services            | FL  | 501(c)(3)                     | 170(b)(1)(A)(iii)                                 | Memorial Health Systems Inc                               |
| Memorial Hospital - West Volusia Inc<br>701 West Plymouth Avenue<br>Deland, FL32720<br>59-3256803                            | Operation of Hospital & Related Services            | FL  | 501(c)(3)                     | 170(b)(1)(A)(iii)                                 | Memorial Health Systems Inc                               |
| Memorial Hospital Inc<br>210 Marie Langdon Drive<br>Manchester, KY40962<br>61-0594620  | Operation of Hospital & Related Services            | KY  | 501(c)(3)                     | 170(b)(1)(A)(iii)                                 | Adventist Health System<br>Sunbelt Healthcare Corporation |
| Merriam Health Care Properties Inc<br>9700 West 62nd Street<br>Merriam, KS66203<br>36-4595806                                | Lease to Related Organization                       | KS  | 501(c)(3)                     | 509(a)(3) Type III-F                              | Sunbelt Health Care Centers Inc                           |
| Metroplex Adventist Hospital Inc<br>2201 S Clear Creek Road<br>Killeen, TX76549<br>74-2225672                                | Operation of Hospital & Related Services            | TX  | 501(c)(3)                     | 170(b)(1)(A)(iii)                                 | Adventist Health System<br>Sunbelt Healthcare Corporation |
| Metroplex Clinic Physicians Inc<br>2201 S Clear Creek Road<br>Killeen, TX76549<br>11-3762050                                 | Physician healthcare services to the community      | TX  | 501(c)(3)                     | 170(b)(1)(A)(iii)                                 | Metroplex Adventist Hospital Inc                          |
| Midwest Health Foundation<br>120 North Oak Street<br>Hinsdale, IL60521<br>35-2230515   | Support of subsidiary Foundations                   | IL  | 501(c)(3)                     | 509(a)(3) Type II                                 | N/A   |
| Mills Health & Rehab Center Inc<br>500 Beck Lane<br>Mayfield, KY42066<br>20-5782320  | Operation of Home for the Aged/Healthcare Delivery  | KY  | 501(c)(3)                     | 509(a)(2)   | Sunbelt Health Care Centers Inc                           |
| Mission Strategies Inc<br>602 Courtland Street Ste 200<br>Orlando, FL32804<br>20-5982365                                     | Provision of support to the nursing home division   | KS  | 501(c)(3)                     | 509(a)(3) Type II                                 | Sunbelt Health Care Centers Inc                           |
| Missouri Adventist Health Inc<br>9100 W 74th Street<br>Shawnee Mission, KS66204<br>43-1224729                                | Support Health Care Services                        | MO  | 501(c)(3)                     | 509(a)(3) Type III-O                              | Adventist Health Mid-America Inc                          |
| North Regional EMS Inc<br>188 Hospital Lane<br>Jellico, TN37762<br>26-2653616  | EMS Services  | TN  | 501(c)(3)                     | 509(a)(2)   | Jellico Community Hospital Inc                            |
| Ormond Beach Memorial Hospital Auxiliary Inc<br>301 Memorial Medical Parkway<br>Daytona Beach, FL32117<br>59-1721962         | Volunteer support services                          | FL  | 501(c)(3)                     | 509(a)(3) Type III-F                              | Memorial Health Systems Inc                               |

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

| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary Activity                                    | (c)<br>Legal Domicile<br>(State<br>or Foreign<br>Country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status<br>(if 501(c)(3)) | (f)<br>Direct Controlling<br>Entity                    |
|---|--|---|-------------------------------|---|--|
| Overland Park Nursing & Rehab Center Inc<br>6501 West 75th Street<br>Overland Park, KS66204<br>20-5774821                   | Operation of Home for the Aged/Healthcare Delivery         | KS  | 501(c)(3)                     | 509(a)(2)   | Sunbelt Health Care Centers Inc                        |
| Paragon Health Care Properties Inc<br>950 Highpoint Drive<br>Hopkinsville, KY42240<br>51-0605686                            | Lease to Related Organization                              | GA  | 501(c)(3)                     | 509(a)(3) Type III-F                              | Sunbelt Health Care Centers Inc                        |
| Portercare Adventist Health System (630 Year End)<br>2525 S Downing Street<br>Denver, CO80210<br>84-0438224                 | Operation of Hospital & Related Services                   | CO  | 501(c)(3)                     | 170(b)(1)(A)(iii)                                 | Adventist Health System Sunbelt Healthcare Corporation |
| Portland Nursing & Rehab Center Inc<br>215 Highland Circle Drive<br>Portland, TN37148<br>20-5774842                         | Operation of Home for the Aged/Healthcare Delivery         | TN  | 501(c)(3)                     | 509(a)(2)   | Sunbelt Health Care Centers Inc                        |
| Princeton Health & Rehab Center Inc<br>1333 West Main<br>Princeton, KY42445<br>20-5782272                                   | Operation of Home for the Aged/Healthcare Delivery         | KY  | 501(c)(3)                     | 509(a)(2)   | Sunbelt Health Care Centers Inc                        |
| Princeton Professional Services Inc<br>601 E Rollins Street<br>Orlando, FL32803<br>59-1191045                               | Provision of Healthcare Services                           | FL  | 501(c)(3)                     | 509(a)(2)   | Adventist Health System Sunbelt Healthcare Corporation |
| Quality Circle for Healthcare Inc<br>111 N Orlando Avenue<br>Winter Park, FL32789<br>26-3789368                             | Healthcare Quality Services                                | FL  | 501(c)(3)                     | 509(a)(3) Type III-F                              | Adventist Health System Sunbelt Healthcare Corporation |
| Resource Personnel Inc<br>602 Courtland Street Ste 200<br>Orlando, FL32804<br>20-8040875                                    | Provide administrative support to tax exempt nursing homes | FL  | 501(c)(3)                     | 509(a)(3) Type II                                 | Sunbelt Health Care Centers Inc                        |
| Rocky Mountain Adventist Healthcare Foundation (630 Year End)<br>2525 South Downing Street<br>Denver, CO80210<br>84-0745018 | Fund-raising for Tax-exempt hospital                       | CO  | 501(c)(3)                     | 170(b)(1)(A)(vi)                                  | PorterCare Adventist Health System                     |
| Rollins Bedford Corporation<br>602 Courtland Street Ste 200<br>Orlando, FL32804<br>37-0908840                               | Inactive   | FL  | 501(c)(3)                     | 509(a)(3) Type II                                 | Sunbelt Health Care Centers Inc                        |
| Russellville Health Care Properties Inc<br>683 East Third Street<br>Russellville, KY42276<br>51-0605691                     | Lease to Related Organization                              | GA  | 501(c)(3)                     | 509(a)(3) Type III-F                              | Sunbelt Health Care Centers Inc                        |
| San Marcos Health Care Properties Inc<br>1900 Medical Parkway<br>San Marcos, TX78666<br>51-0605693                          | Lease to Related Organization                              | GA  | 501(c)(3)                     | 509(a)(3) Type III-F                              | Sunbelt Health Care Centers Inc                        |
| San Marcos Nursing & Rehab Center Inc<br>1900 Medical Parkway<br>San Marcos, TX78666<br>20-5782224                          | Operation of Home for the Aged/Healthcare Delivery         | TX  | 501(c)(3)                     | 509(a)(2)   | Sunbelt Health Care Centers Inc                        |
| Shawnee Mission Health Care Inc<br>6501 West 75th Street<br>Overland Park, KS66204<br>48-0952508                            | Lease to Related Organization                              | KS  | 501(c)(3)                     | 509(a)(3) Type III-F                              | Sunbelt Health Care Centers Inc                        |
| Shawnee Mission Medical Center Inc<br>9100 W 74th Street<br>Shawnee Mission, KS66204<br>48-0637331                          | Operation of Hospital & Related Services                   | KS  | 501(c)(3)                     | 170(b)(1)(A)(iii)                                 | Adventist Health Mid-America Inc                       |
| South Central Nursing Homes Properties Inc<br>111 North Orlando Ave<br>Winter Park, FL32789<br>59-3686109                   | Management Support   | GA  | 501(c)(3)                     | 509(a)(3) Type III-O                              | South Central Inc                                      |
| South Central Nursing Homes Inc<br>602 Courtland Street<br>Orlando, FL32804<br>61-1242373                                   | Management Support   | KY  | 501(c)(3)                     | 509(a)(3) Type III-O                              | South Central Inc                                      |
| South Central Properties III Inc<br>111 North Orlando Ave<br>Winter Park, FL32789<br>59-3692860                             | Real Estate  | GA  | 501(c)(2)                     |   | South Central Nursing Homes Properties Inc             |
| South Central Properties IV Inc<br>111 North Orlando Ave<br>Winter Park, FL32789<br>59-3692862                              | Real Estate  | GA  | 501(c)(2)                     |   | South Central Nursing Homes Properties Inc             |
| South Central Properties VI Inc<br>111 North Orlando Ave<br>Winter Park, FL32789<br>59-3692857                              | Real Estate  | GA  | 501(c)(2)                     |   | South Central Nursing Homes Properties Inc             |
| South Central Properties Inc<br>111 North Orlando Ave<br>Winter Park, FL32789<br>59-3651692                                 | Real Estate  | GA  | 501(c)(2)                     |   | South Central Nursing Homes Properties Inc             |
| South Central Inc<br>602 Courtland Street<br>Orlando, FL32804<br>59-3689740   | Management Support   | GA  | 501(c)(3)                     | 509(a)(3) Type III-F                              | N/A  |
| South Pasco Health Care Properties Inc<br>38250 A Avenue<br>Zephyrhills, FL33542<br>51-0605679                              | Lease to Related Organization                              | GA  | 501(c)(3)                     | 509(a)(3) Type III-F                              | Sunbelt Health Care Centers Inc                        |
| Southwest Volusia Health Services Inc<br>1055 Saxon Blvd<br>Orange City, FL327638468<br>59-3281591                          | Medical Office Building for Hospital                       | FL  | 501(c)(3)                     | 509(a)(3) Type I                                  | Southwest Volusia Healthcare Corporation               |
| Southwest Volusia Healthcare Corporation<br>1055 Saxon Blvd<br>Orange City, FL327638468<br>59-3149293                       | Operation of Hospital & Related Services                   | FL  | 501(c)(3)                     | 170(b)(1)(A)(iii)                                 | Adventist Health SystemSunbelt Inc                     |
| Specialty Physicians of Central Texas Inc<br>1301 Wonder World Drive<br>San Marcos, TX78666<br>20-8814408                   | Physician healthcare services to the community             | TX  | 501(c)(3)                     | 170(b)(1)(A)(iii)                                 | Adventist Health SystemSunbelt Inc                     |
| Spring View Health & Rehab Center Inc<br>718 Goodwin Lane<br>Leitchfield, KY42754<br>20-5782288                             | Operation of Home for the Aged/Healthcare Delivery         | KY  | 501(c)(3)                     | 509(a)(2)   | Sunbelt Health Care Centers Inc                        |
| Sunbelt Health & Rehab Center - Apopka Inc<br>305 East Oak Street<br>Apopka, FL32703<br>20-5774856                          | Operation of Home for the Aged/Healthcare Delivery         | FL  | 501(c)(3)                     | 509(a)(2)   | Sunbelt Health Care Centers Inc                        |
| Sunbelt Health Care Centers Inc<br>602 Courtland Street Ste 200<br>Orlando, FL32804<br>58-1473135                           | Management Services  | TN  | 501(c)(3)                     | 509(a)(3) Type II                                 | Adventist Health System Sunbelt Healthcare Corporation |
| SunSystem Development Corporation<br>111 N Orlando Avenue<br>Winter Park, FL32789<br>59-2219301                             | Fund Raising for Affiliated Tax-Exempt Hospitals           | FL  | 501(c)(3)                     | 170(b)(1)(A)(vi)                                  | Adventist Health System Sunbelt Healthcare Corporation |

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

| <b>(a)</b><br>Name, address, and EIN of related organization  | <b>(b)</b><br>Primary Activity                        | <b>(c)</b><br>Legal Domicile<br>(State<br>or Foreign<br>Country) | <b>(d)</b><br>Exempt Code<br>section | <b>(e)</b><br>Public charity<br>status<br>(if 501(c)(3)) | <b>(f)</b><br>Direct Controlling<br>Entity |
|---|---|--|--------------------------------------|--|--|
| Tarrant County Health Care Properties Inc<br><br>301 Huguley Blvd<br>Burleson, TX76028<br>51-0605677                              | Lease to Related<br>Organization                      | GA   | 501(c)(3)                            | 509(a)(3) Type<br>III-F                                  | Sunbelt Health Care<br>Centers Inc         |
| Taylor Creek Health Care Properties Inc<br><br>718 Goodwin Lane<br>Leitchfield, KY42754<br>51-0605678                             | Lease to Related<br>Organization                      | GA   | 501(c)(3)                            | 509(a)(3) Type<br>III-F                                  | Sunbelt Health Care<br>Centers Inc         |
| The Volunteer Auxiliary of Florida Hospital - Flagler Inc<br><br>60 Memorial Medical Parkway<br>Palm Coast, FL32164<br>59-2486582 | Volunteer support services                            | FL   | 501(c)(3)                            | 509(a)(3) Type<br>III-F                                  | Memorial Hospital<br>Flagler Inc           |
| Trinity Nursing & Rehab Center Inc<br><br>9700 West 62nd Street<br>Merriam, KS66203<br>20-5774890                                 | Operation of Home for the<br>Aged/Healthcare Delivery | KS   | 501(c)(3)                            | 509(a)(2)  | Sunbelt Health Care<br>Centers Inc         |
| West Kentucky Health Care Properties Inc<br><br>500 Beck Lane<br>Mayfield, KY42066<br>51-0605676                                  | Lease to Related<br>Organization                      | GA   | 501(c)(3)                            | 509(a)(3) Type<br>III-F                                  | Sunbelt Health Care<br>Centers Inc         |
| Zephyr Haven Health & Rehab Center Inc<br><br>38250 A Avenue<br>Zephyrhills, FL33542<br>20-5774930                                | Operation of Home for the<br>Aged/Healthcare Delivery | FL   | 501(c)(3)                            | 509(a)(2)  | Sunbelt Health Care<br>Centers Inc         |
| Zephyrhills Health & Rehab Center Inc<br><br>7350 Dairy Road<br>Zephyrhills, FL33540<br>20-5774967                                | Operation of Home for the<br>Aged/Healthcare Delivery | FL   | 501(c)(3)                            | 509(a)(2)  | Sunbelt Health Care<br>Centers Inc         |

**Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership**

| <b>(a)</b><br>Name, address, and EIN of related organization   | <b>(b)</b><br>Primary activity | <b>(c)</b><br>Legal Domicile (State or Foreign Country) | <b>(d)</b><br>Direct Controlling Entity | <b>(e)</b><br>Predominant income(related, unrelated, excluded from tax under sections 512-514) | <b>(f)</b><br>Share of total income (\$) | <b>(g)</b><br>Share of end-of-year assets (\$) | <b>(h)</b><br>Disproportionate allocations? | <b>(i)</b><br>Code V-UBI amount on Box 20 of K-1 (\$) | <b>(j)</b><br>General or Managing Partner? |           |
|--|--------------------------------|---|---|--|--|--|---|---|--|-----------|
|  |                                |   |   |  |  |  | <b>Yes</b>                                  | <b>No</b>   | <b>Yes</b>                                 | <b>No</b> |
| Appalachian Therapy Services LLC<br>100 Hospital Drive<br>Hendersonville, NC 28792<br>20-2463851                 | Therapy Staffing               | NC  | N/A                                     |  |  |  |   |   |  |           |
| Clear Creek MOB Ltd<br>2201 S Clear Creek Rd<br>Killeen, TX 76549<br>74-2609195                                  | Real Estate                    | TX  | N/A                                     |  |  |  |   |   |  |           |
| Florida Hospital DMERT LLC<br>2450 Maitland Center Pkwy Ste 200<br>Maitland, FL 32751<br>20-2392253              | Medical Equipment              | FL  | N/A                                     |  |  |  |   |   |  |           |
| Florida Hospital Home Infusion<br>2450 Maitland Center Pkwy Ste 200<br>Maitland, FL 32751<br>59-3142824          | Home Infusion Services         | FL  | N/A                                     |  |  |  |   |   |  |           |
| KCCCSMMC Cancer Center LLC<br>9100 W 74th Street<br>Shawnee Mission, KS 66204<br>27-0909763                      | Equipment Rental               | KS  | N/A                                     |  |  |  |   |   |  |           |
| Plainfield Area Primary Care Physicians LLC<br>911 N Elm Street Ste 215<br>Hinsdale, IL 60521<br>32-0182318      | Medical Services               | IL  | N/A                                     |  |  |  |   |   |  |           |
| San Marcos MRI LP<br>1330 Wonder World Drive Ste 202<br>San Marcos, TX 78666<br>77-0597972                       | Imaging & Testing              | TX  | N/A                                     |  |  |  |   |   |  |           |
| Shawnee Mission Open MRI LLC<br>9100 W 74th Street Box 2923<br>Shawnee Mission, KS 66201<br>27-0011796           | Imaging & Testing              | KS  | N/A                                     |  |  |  |   |   |  |           |
| Shawnee Mission Pain Center LLC<br>9100 W 74th Street<br>Shawnee Mission, KS 66204<br>20-8642766                 | Pain Mgmt Services             | KS  | N/A                                     |  |  |  |   |   |  |           |
| Shawnee Mission Prairie Star Surgery Center LLC<br>23401 Prairie Star Parkway<br>Lenexa, KS 66227<br>36-4634843  | Surgical Center                | KS  | N/A                                     |  |  |  |   |   |  |           |
| Shawnee Mission Regional Cardiac & Vascular Center LLC<br>PO Box 2923<br>Shawnee Mission, KS 66201<br>48-1243913 | Healthcare Mgmt                | KS  | N/A                                     |  |  |  |   |   |  |           |
| Shawnee Mission Surgery Center LLC<br>PO Box 2923<br>Shawnee Mission, KS 66201<br>48-1243914                     | Surgical Services              | KS  | N/A                                     |  |  |  |   |   |  |           |
| Skyland MRI LLC<br>100 Hospital Drive<br>Hendersonville, NC 28792<br>04-3646559                                  | Imaging & Testing              | NC  | N/A                                     |  |  |  |   |   |  |           |
| Surgical Center Associates LTD<br>1000 South Orlando Ave<br>Winter Park, FL 32789<br>62-1600422                  | Medical Services               | FL  | N/A                                     |  |  |  |   |   |  |           |

| Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust                             |   |   |                                     |  |                                      |  |                                |
|---|---|---|-------------------------------------|--|--------------------------------------|--|--------------------------------|
| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity   | (c)<br>Legal Domicile<br>(State or<br>Foreign<br>Country) | (d)<br>Direct Controlling<br>Entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total income<br>(\$) | (g)<br>Share of<br>end-of-year<br>assets<br>(\$) | (h)<br>Percentage<br>ownership |
| Adventist Health System Capital Trust I<br>111 N Orlando Avenue<br>Winter Park, FL32789<br>58-6352241                                 | Bond<br>Investment  | FL  | N/A                                 | T  |                                      |  |                                |
| Adventist Health Sys Sunbelt Healthcare Corp<br>Employee Benefit Trust<br>111 N Orlando Avenue<br>Winter Park, FL32789<br>58-1318939  | Administration<br>of Self-Insured<br>Benefit Plans                                | FL  | N/A                                 | T  |                                      |  |                                |
| AHS Services Inc<br>11801 South Freeway<br>Fort Worth, TX76028<br>75-2049583  | Medical<br>Equipment  | TX  | N/A                                 | C  |                                      |  |                                |
| Apopka Medical Plaza Condominium<br>Association Inc<br>601 East Rollins Street<br>Orlando, FL32803<br>59-3000857                      | Condo<br>Association  | FL  | N/A                                 | C  |                                      |  |                                |
| Altamonte Medical Plaza Condominium<br>Association Inc<br>601 East Rollins Street<br>Orlando, FL32803<br>59-2855792                   | Condo<br>Association  | FL  | N/A                                 | C  |                                      |  |                                |
| Arapahoe Medical Building I Inc (630 Year<br>End)<br>2525 S Downing Street<br>Denver, CO80210<br>84-1574506                           | Real Estate<br>Leasing  | CO  | N/A                                 | C  |                                      |  |                                |
| Arapahoe Medical Building II Inc (630 Year<br>End)<br>2525 S Downing Street<br>Denver, CO80210<br>84-1574507                          | Real Estate<br>Leasing  | CO  | N/A                                 | C  |                                      |  |                                |
| CC MOB Inc<br>2201 S Clear Creek Road<br>Killeen, TX76549<br>74-2616875   | Real Estate<br>Rental   | TX  | N/A                                 | C  |                                      |  |                                |
| Central Texas Medical Associates<br>1301 Wonder World Drive<br>San Marcos, TX78666<br>74-2729873                                      | Physician<br>Clinics  | TX  | N/A                                 | C  |                                      |  |                                |
| Central Texas Provider's Network<br>1301 Wonder World Drive<br>San Marcos, TX78666<br>74-2827652                                      | Physician<br>Hospital Org   | TX  | N/A                                 | C  |                                      |  |                                |
| Florida Hospital Flagler Medical Office<br>Association Inc<br>60 Memorial Medical Parkway<br>Palm Coast, FL32164<br>26-2158309        | Condo<br>Association  | FL  | N/A                                 | C  |                                      |  |                                |
| Florida Hospital Healthcare System Inc<br>602 Courtland Street<br>Orlando, FL32804<br>59-3215680                                      | PHO/TPA   | FL  | N/A                                 | C  |                                      |  |                                |
| Florida Medical Plaza Condo Association Inc<br>601 East Rollins Street<br>Orlando, FL32803<br>59-2855791                              | Condo<br>Association  | FL  | N/A                                 | C  |                                      |  |                                |
| Florida Memorial Health Network Inc<br>770 W Granada Blvd Ste 317<br>Ormond Beach, FL32174<br>59-3403558                              | Physician<br>Hospital Org   | FL  | N/A                                 | C  |                                      |  |                                |
| Harvard Park East Inc (630 Year End)<br>2525 S Downing Street<br>Denver, CO80210<br>84-1574365  | Real Estate<br>Leasing  | CO  | N/A                                 | C  |                                      |  |                                |
| Huguley Alliance Foundation<br>11801 South Freeway<br>Fort Worth, TX76115<br>75-2642209   | Inactive  | TX  | N/A                                 | C  |                                      |  |                                |
| Huguley Medical Associates Inc<br>11801 South Freeway<br>Burleson, TX76028<br>75-2547668  | Physician<br>Clinics  | TX  | N/A                                 | C  |                                      |  |                                |
| Metroplex Adventist Hospital CRNA<br>2201 S Clear Creek Road<br>Killeen, TX76549<br>26-0760794  | Support<br>hospital through<br>the provision of<br>allied health<br>professionals | TX  | N/A                                 | C  |                                      |  |                                |
| Midwest Management Services Inc<br>9100 West 74th Street<br>Shawnee Mission, KS66204<br>48-0901551                                    | Real Estate<br>Rental   | KS  | N/A                                 | C  |                                      |  |                                |
| North American Health Services Inc & Subs<br>111 N Orlando Avenue<br>Winter Park, FL32789<br>62-1041820                               | Lessor/Holding<br>Co  | TN  | N/A                                 | C  |                                      |  |                                |
| Ormond Professional Condo Association (430<br>Year End)<br>770 W Granada Blvd Ste 101<br>Ormond Beach, FL32174<br>59-2694434          | Condo<br>Association  | FL  | N/A                                 | C  |                                      |  |                                |
| Park Ridge Property Owner's Association Inc<br>1 Park Place Naples Road<br>Fletcher, NC28732<br>03-0380531                            | Condo<br>Association  | NC  | N/A                                 | C  |                                      |  |                                |
| Porter Affiliated Hlth Services Inc dba<br>Diversified Affiliated Hlth Svcs<br>2525 S Downing Street<br>Denver, CO80210<br>84-0956175 | Healthcare<br>Services  | CO  | N/A                                 | C  |                                      |  |                                |
| Porter Medical Plaza Inc (630 Year End)<br>2525 S Downing Street<br>Denver, CO80210<br>84-1574369                                     | Real Estate<br>Leasing  | CO  | N/A                                 | C  |                                      |  |                                |
| San Marcos Regional MRI Inc<br>1301 Wonder World Drive<br>San Marcos, TX78666<br>77-0597968   | Holding<br>Company  | TX  | N/A                                 | C  |                                      |  |                                |
| The Garden Retirement Community Inc<br>602 Courtland Street Ste 200<br>Orlando, FL32804<br>59-3414055                                 | Real Estate<br>Rental   | FL  | N/A                                 | C  |                                      |  |                                |