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\* CHANGE IN ACCOUNTING PERIOD \*

### Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Information about Form 990 and its instructions is at www.irs.gov/form990

2013
Open to Public

Inspection

Department of the Treasury Internal Revenue Service Do not enter Social Security numbers on this form as it may be made public.

2014 and ending JUN 30. A For the 2013 calendar year, or tax year beginning JAN 1, C Name of organization D Employer identification number Check If DISTRICT 7 HOSPITAL EMERGENCY PLANNING COMMITTEE, INC. Name change 27-2037843 Doing Business As Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-812-268-4311 2200 N SECTION STREET 220,730. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Applica-tion pending 47882 SULLIVAN, IN H(a) Is this a group return F Name and address of principal officer: KATHY WEBER for subordinates? Yes X No SAME AS C ABOVE Yes H(b) Are all subordinates included? I Tax-exempt status: X 501(c)(3) (insert no.) If "No," attach a list (see instructions) 4947(a)(1) or 501(c) ( J Website: ► N/A H(c) Group exemption number K Form of organization; X Corporation L Year of formation: 2010 M State of legal domicile: IN Association Other > Part I Summary Briefly describe the organization's mission or most significant activities: THE CORPORATION SHALL PLAN Governance COORDINATE, AND SUBMIT APPLICATIONS FOR GRANT FUNDS AND DISTRIBUTE 2 Check this box D if the organization discontinued its operations or disposed of more than 25% of its net assets. 8 3 Number of voting members of the governing body (Part VI, line 1a) 8 Number of independent voting members of the governing body (Part VI) line 1b) 4 0 Total number of individuals employed in calendar year 2013 (Part Viline 2a) 5 30 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C); line 1201 b Net unrelated business taxable income from Form 990 Tyline 34 7a **Current Year Prior Year** 144,472. 220,730. Contributions and grants (Part VIII, line 1h) 0. Program service revenue (Part VIII, line 2g) 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 144,472 220,730. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 108,990. 109,413 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 167,210 136,234. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 276,200. 245,647. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -131,728. -24,917.19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 157,701. 130,784. 20 Total assets (Part X, line 16) Ô. O 21 Total liabilities (Part X, line 26) 157,701. 130,784. Net assets or fund balances Subtract line 21 from line 20 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 Sign KATHY WEBER Here Type or print name and title PTIN Date Print/Type preparer's name P01286298 Paid AMBER KOCHER, Firm's name BLUE & CO. 35-1178661 LLC Firm's EIN Preparer

332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

INDIANAPOLIS, IN 46282

ONE AMERICAN SQUARE,

Form 990 (2013) Vb

Phone no. 317 - 633 - 4705

X Yes

| <b>1d</b> Other program services (D | Describe in Schedule O. | ) |
|-------------------------------------|-------------------------|---|
|-------------------------------------|-------------------------|---|

(Expenses \$ \_\_\_\_\_ including

le Total program service expenses

including grants of \$ 237,576.

) (Revenue \$

|     | 990 (2013) COMMITTEE, INC. 27-2037   | 843            | Р   | age 3 |
|-----|--|----------------|-----|-------|
| Par | IV Checklist of Required Schedules   |                | _   |       |
|     | •  |                | Yes | No    |
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?                              |                |     |       |
|     | If "Yes," complete Schedule A  | 1              | Х   |       |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?   | 2              | Х   |       |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for  |                |     |       |
|     | public office? If "Yes," complete Schedule C, Part I   | 3              |     | X     |
|     | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect |                |     |       |
|     | during the tax year? If "Yes," complete Schedule C, Part II  | 4              |     | X     |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or     |                |     |       |
|     | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III                                   | 5              |     | X     |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to        |                |     |       |
|     | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I     | 6              |     | X     |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,                        |                |     |       |
|     | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                             | 7              |     | X     |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete     |                |     |       |
|     | Schedule D, Part III   | 8              |     | X     |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for    |                |     |       |
|     | amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?        |                |     |       |
|     | If "Yes," complete Schedule D, Part IV   | 9              |     | Х     |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent    |                |     |       |
|     | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   | 10             |     | X     |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X      |                |     |       |
|     | as applicable  | <u> </u>       |     |       |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,      |                |     |       |
|     | Part VI  | 11a            | X   |       |
| b   | 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  | 11b            |     | X     |
| С   | 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   | 11c            |     | X     |
| d   | 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     | l <sup>1</sup> |     | 7.5   |
|     | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d            |     | X     |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X            | 11e            | ├   | Х     |
| 1   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses          | 1              | l   | 1     |

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete

Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year?

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional

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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

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

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

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

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

b\_ If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

| 10      |      | <u> </u> |
|---------|------|----------|
|         |      |          |
|         |      |          |
| 11a     | Х    |          |
| 11b     |      | x        |
| 11c     |      | X        |
| 11d     |      | X        |
| 11e     |      | <u> </u> |
| 11f     |      | <u>x</u> |
| 12a     |      | <u>x</u> |
| 12b     |      | X        |
| 13      |      | X        |
| 14a     |      | Х        |
| 14b     |      | x        |
| 15      |      | <u>x</u> |
| 16      |      | <u>x</u> |
| 17      |      | x        |
| 18      |      | <u>x</u> |
| 19      |      | х_       |
| 20a     |      | X        |
| <br>20b | لييا |          |
| Form    | 990  | (2013)   |
|         |      |          |
|         |      |          |
|         |      |          |

| Pa  | rt IV Checklist of Required Schedules (continued)  | 7-2037043   | P        | age -     |
|-----|--|-------------|----------|-----------|
|     | ·  | <del></del> | Yes      | No        |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or  |             |          |           |
|     | government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II   | 21          | X        |           |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Par   | t IX,       |          |           |
|     | column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22          |          | Х         |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's cur   | rent        |          |           |
|     | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete   |             |          |           |
|     | Schedule J   | 23          |          | _X        |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as   |             |          |           |
|     | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete   | •           |          |           |
|     | Schedule K If "No", go to line 25a   | 24a         | <u> </u> | <u> </u>  |
| þ   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b         | L        |           |
| С   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defea   | se          | 1        |           |
|     | any tax-exempt bonds?  | . 24c       |          | <b></b>   |
|     | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d         |          |           |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a   |             |          |           |
|     | disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a         |          | <u> X</u> |
| D   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, a   |             |          |           |
|     | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? |             |          | 7.        |
| oe. | Schedule L, Part I   | 25b         |          | X         |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or  |             | l        |           |
|     | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II   |             |          | x         |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial   | 26          |          |           |
| 2.1 | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member  |             |          |           |
|     | of any of these persons? If "Yes," complete Schedule L, Part III   |             |          | x         |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV  | 27          |          |           |
|     | instructions for applicable filing thresholds, conditions, and exceptions):  |             |          |           |
| а   |  | 28a         |          | Х         |
|     |  |             |          | X         |
|     | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an   |             | 1        |           |
|     | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV   | 28c         |          | X         |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29          |          | X         |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation  |             |          |           |
|     | contributions? If "Yes," complete Schedule M   | 30          |          | X         |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations?   |             |          |           |
|     | If "Yes," complete Schedule N, Part I  | 31          |          | Х         |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete   |             |          |           |
|     | Schedule N, Part II  | 32          |          | X         |
| 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  | 33          |          | <u> </u>  |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and  | d           |          |           |
|     | Part V, line 1   | 34          |          | <u> </u>  |
|     | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a         |          | _X_       |
| b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled ent   | ity -       |          |           |
|     | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b         | ├        |           |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization.   |             |          |           |
| ~~  | If "Yes," complete Schedule R, Part V, line 2  | 36          |          | X         |
| 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   | 37          |          | Х         |

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2013)

COMMITTEE, INC.

27-2037843 Page 5

| ta inter the number reported in Box 3 of Form 1096 Enter-0- if not applicable  b Enter the number of Forms W-25 included in line 1a. Enter 0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) within sex winners?  2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendary are andling with or within the year covered by this refurn  lif at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-ine (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a Life seas and 1 filed a Form 990 T for this year? If 1/N <sub>0</sub> , * to line 36, provide an explanation in Schedule O  b If 1/N <sub>0</sub> * has if filed a Form 990 T for this year? If 1/N <sub>0</sub> , * to line 36, provide an explanation in Schedule O  b If 1/N <sub>0</sub> * has if filed a Form 990 T for this year? If 1/N <sub>0</sub> , * to line 36, provide an explanation in Schedule O  d At any time the name of the foreign country. ►  See instructions for filing requirements for Form TD F 902 1, Report of Foreign Bank and Financial Accounts.  Was the organization in a foreign country (such as a bank account, socurities account, or other financial account?  If 1/N <sub>0</sub> * to line 5a or 5b, did the organization file Form 8888-T?  b Did any taxable party notify the organization file Form 8888-T?  b Did any taxable party notify the organization file Form 8888-T?  b Did 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?  The contributions that were not tax deductible as charitable contributions?  If 1/N <sub>0</sub> * You have the proper that the contributions of the value of the propers statement that such contributions or grifs were not tax deductible?  If 1/N | Par | Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  |   |                |          |
|--|-----|--|---|----------------|----------|
| 18. Einter the number reported in Box 3 of Form 1096. Enter 0-th inct applicable be finer the number of Forms WSQ included in line in E. Einter 0-th ort applicable common between the provided of the programment of the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) women with sale with the provided in the provided payments to the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) women is provided in the provided payments to the organization in the provided payments of the prov   |     | Check it Scriedule O Contains a response of note to any line in this Part v  |   |                | <u> </u> |
| be first the number of Forms W2G included in line 1s. Enter 0-if not applicable   Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) withings to prize winners?  2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements,  filed for the calendar year ending with or within the year covered by this return  bit at least one is reported on line 2a, dot the organization file all required federal employment tax returns?  Note. If the sum of kines 1 and 2a is greater than 250, you may be required to e-fel (see instructions)  3b. Did the organization have unrelated business gross recome of \$1,000 or more during the year?  3c. With organization have unrelated business gross recome of \$1,000 or more during the year?  3b. If Yes, I set filed a Form 950 or for this year? "I 'No, " to line 3b, provide an explanation in Schedule O  4c. All any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; to the set of the financial accounts.  5c. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c. Was the organization aparty to a prohibited tax shelter transaction?  5c. If Yes, " it is line 5a or 5b, did the organization file Form 88861."  5c. Did any taxable perty notify the organization file Form 88861."  5c. Did any taxable perty notify the organization file Form 88861."  5c. Did any taxable perty notify the organization file Form 88861."  5c. Did any taxable perty notify the organization file Form 88861.  5c. Did the organization file organization file Form 88861.  5c. Did the organization file organization file Form 88861.  5c. Did the organization file organization file form 88861.  5c. Did the organization file organization file form 88861.  5c. Did the organization file organization file form 88861.  5c. Did the organization readed party file organization file form sould file organizat   | 12  | Enter the number reported in Box 3 of Form 1096 Enter .0. if not applicable  |   | Yes            | NO       |
| c Dd the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winnings.  2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year occurred by this return.  1b If at least one is reported on the 22, did the organization file all required federal employment tax returns?  Note, if the sum of lines ta and 2a is greater than 250, you may be required to e-file (see instructions).  2b Od the organization have unrelated business gross recored of \$1,000 or more during the year?  2b If "Yes," has it filed a form 990 for this year? If "No," to line 3b, provide an explanation in Schedule O.  3b 4 at ny time during the calendar year, did the organization have an interest nr, or a signature or other authority over, a financial account, securities account, or other financial account)?  4a 1 Yes, "to file the name of the foregin country, year of the organization have an interest nr, or a signature or other authority over, a financial account, a provide an explanation in Schedule O.  5b Was the organization a parry to a prohibitote fax shelter transaction at any time during the tax year?  5c If "Yes," to line 5a or 5b, did the organization file Form 8885:7?  5c Does the organization have amough gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that there is no that did disclosed the second or the second or severe provided to the payor?  5c If "Yes," to line 5a or 5b, did the organization file form 8895:7?  6c Does the organization have amough gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions under section 170(c).  6d Did the organization for that did the value of the pools of the propriets  |     |  | ł   |                |          |
| (agambling) winnings to prize winners?  2a Enfert the number of employees reported on Form W-3. Trainsmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  b if at least one is reported on lime 2a, did the organization file all required foedral employment tax returns?  Note. If the user of lines is and 2a is greater than 250, you may be required to e-file, fee einstructions)  3a Did the organization have unrelated businesses gross income of \$1,000 or more during the year?  3b Did the organization have unrelated businesses gross income of \$1,000 or more during the year?  3c Enter the stiff did a Form 950 or for this year? If "No, * to ine 8b, prowde an explanation in Schedule O  4c At any time during the calendar year, did the organization have an interest in or a signiture or other authority over, a financial account in a foreign country (such as a bank account, sourties account, or other financial accounts?  4d If "Yes," enter the name of the foreign country. If you have a manufaction or a significant or other authority over, a financial account in a foreign country (such as a bank account, sourties account, or other financial accounts.  5d Was the organization appray to a prohibited tax shelfer transaction at any time during the tax year?  5d Did any taxable party nortly the organization file Form 886617?  5d 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 deducable as charitable contributions?  5d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deducable as charitable contributions under section 170(c).  5d If yes, "did the organization include with every solicitation and express statement that such contributions or gifts were not tax deducable."  7d Did the organization relative as payment in excess of \$57 made partial price price price which it was requi   |     | 13   | ł   |                |          |
| 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. [166 of for the cleandary year ending with or within the year covered by the refurm [2] 0   1    b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to _nile (see instructions)   3a  | C   |  | 10  |                |          |
| field for the calendary year ending with or within the year covered by this return   2a  | 2a  |  | <u>                                    </u> |                | -        |
| bit I at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e_file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a A tary time during the calendar year, did the organization have 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 accountry?  See instructions for filing requirements for Form TD F 9022 1, Report of Foreign Blank and Financial Accounts.  See instructions for filing requirements for Form TD F 9022 1, Report of Foreign Blank and Financial Accounts.  See instructions for filing requirements for Form TD F 9022 1, Report of Foreign Blank and Financial Accounts.  See Was the organization and swheler transaction at any time during the tax year?  5a Was the organization of the organization filing Form 88867.  5b Was 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 as charitable contributions:  6b Was 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?  7b Organizations that may receive deductible contributions under section 170(c).  8b Ut the organization receive a payment in excess of \$57 made partly as a contribution and partly for goods and services provided to the payor?  7c X Y  7b Ut the organization received a contribution of qualified intellectual property, did the organization file a form 1936 C?  8b Jean Carrier of the organization received a contribution of qualified intellectual property, did the organization file a form 1936 C?  8c Jean Carrier of the organization self-accessed funds and section \$90(a) supperfine granizations. Did the supporting organization   |     |  |   |                |          |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-//b (see instructions) 3 bill the organization have unvolsted business gross income of \$1,000 or more during the year? 4 Al A ray 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 accountry. 4 bill "Yes," enter the name of the foreign country. In the sea bank account, securities account, or other financial accountry. 5 bill "Yes," enter the name of the foreign country. 5 bill "Yes," enter the name of the foreign country. 5 bill "Yes," and the organization a party to a prohibited tax shelter transaction? 5 bill any taxable party nority the organization that it was or as a party to a prohibited tax shelter transaction? 5 bill "Yes," to line 5 a or 5b, did the organization file Form 8886-17 6 bill of 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? 6 bill the organization shall have a calculatable contributions? 7 bill "Yes," indictions that may receive deductible contributions under section 170(c). 8 bill "Yes," and the organization norbly the donor of the value of the goods or services provided? 9 bill the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 9 bill the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required? 1 bill the organization receive a payment in excess of \$75 made and the section \$75 made and \$75 made  | b   | ,  | 2h  |                |          |
| 3a Dd the organization have unrelated business gross income of \$1,000 or more during the year?  4b if "Yes," has it field a Form 990-T for this year? if "No," to lim 3b, provide an explanation in Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts?  5b Was the organization aparty to a prohibited tax shelter transaction?  5c Was the organization aparty to a prohibited tax shelter transaction?  6c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  6c If "Yes," to line 5a or 5b, did the organization file Form 88867?  6d 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?  6d Organization include with very solicitation an express statement that such contributions or grifts were not tax deductible?  6d Organization shaft may receive deductible contributions under section 170(c).  7d If "Yes," did the organization norbity the donor of the value of the goods or services provided?  7d If "Yes," did the organization norbity the donor of the value of the goods or services provided?  8d If "Yes," did the organization sele, exchange, or otherwise dispose of trailipile personal property for which it was required to file Form 8282?  8d If "Yes," did the organization received a contribution of qualified intellectual property, did the organization file Form 8893 as required?  9d If the organization received a contribution of qualified mellectual property, did the organization file a Form 1098-C?  9d Pontsoring organizations maintaining dener advised flusts an section 598(18) supporting organizations. Did the supporting organizations maintaining dener advised flusts an section 598(18) supporting organizations. Did the supporting organizations maintainin   | _   |  |   |                |          |
| b if "Yes," has it filed a Form 990 T for this year? #"No," to line 3b, provide an explanation in Schedule O 4. 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, which as a bank account, securities account, or other financial account()?  4. A tary 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, which is a bank account, executive account, or other financial account()?  5. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6. Did any taxable party notify the organization file Form 8888-7?  6. 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 eductible as chantable contributions?  7. Did the organization receive a payment in excess of \$76 made party to a prohibited tax shelter transaction?  8. Did the organization receive a payment in excess of \$76 made party to a contribution and party for goods and services provided to the payor?  8. The proposition of the transaction of the value of the goods or services provided?  9. Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?  10. Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  11. Expection 501(c)(7) organization received a contribution of cares, boats, employed, organization file Form 8899 as required?  12. Sponsoring organization, directly or indirectly or indirectly, on a personal benefit contract?  13. Expection 501(c)(7) organization secure or other sources 501(a)(3) supporting organization.  14. The organization received an contribution or inclay, boats, or   | За  |  | 3a  |                | X        |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b if "Yes," enter the name of the foreign country.    See instructions for filing requirements for Form TD F90.22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F90.22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F90.22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F90.22.1, Report of Foreign Bank and Financial Accounts.  See instructions for the foreign Calendary (see a party to a prohibited tax shelter transaction?  See in Yes, "of 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 as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  If the organization stating yeceive deductible contributions under section 170(c).  If the organization stating yeceive deductible contributions under section 170(c).  If the organization stating yeceive deductible contributions under section 170(c).  If the organization stating yeceive deductible contributions under section 170(c).  If the organization stating yeceive deductible contributions of the operations that the yeceive provided?  If the organization stating yeceive deductible contributions under section 170(c).  If the organization stating yeceive deductible contributions under section 170(c).  If the organization receive any turn the year yeceive deductible contributions under section 170(c).  If the organization receive any turn the year yeceive deductible   |     |  | -   |                |          |
| financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b If "Yes," either the name of the foreign country, ▶ See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5b Was the organization aparty to a prohibited tax shelter transaction?  5b X X  6c If "Yes," to line 5a or 5b, did the organization file Form 8885-T?  6c 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?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of 5f 3made parity as a contribution and partly for goods and services provided to the payor?  7 If "Yes," did the organization notify the donor of the value of the goods or services provided?  8 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  7 If "Yes," indicate the number of Forms 8282 filed during the year.  9 Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  9 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  8 Sponsoring organization maintaining donor advised funds.  10 If the organization received a contribution of cars, boats, anglanes, or other vehicles, did the organizations file a Form 1098-C?  9 Sponsoring organizations maintaining donor advised funds.  10 If the organization make any taxable d   |     |  |   |                |          |
| b if "Yes," either the name of the foreign country, See instructions for filing requirements for Form TD F 90 22 1, Report of Foreign Bank and Financial Accounts.  58 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  59 Dod any taxable party notify the organization file Form 8886.17?  50 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 as charitable contributions?  50 Different that were not tax deductible as charitable contributions?  51 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  52 Organizations that may receive deductible contributions under section 170(c).  53 Different that are received apparent in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  54 If "Yes," did the organization notity the donor of the value of the goods or services provided?  55 Different to the Form 8282?  56 Different that the contributions under section 170(c).  57 Different to the Form 8282?  58 Different to the Form 8282?  59 Different to the Form 8282?  50 Different to the Form 8282?  50 Different to the Form 8282?  50 Different to the Form 8282?  51 Different to the Form 8282?  52 Different to the Form 8282?  53 Different to the organization of under the form to the form 8283 as required?  50 Different to the organization of qualified intellectual property, different to the organization file Form 8893 as required?  53 Different to the organization of qualified intellectual property, different to the organization file Form 8893 as required?  54 Different to the organization of qualified intellectual property, different to the organization file Form 8893 as required?  54 Different to the organization of the Form 893 as required?  55 Different to the organization of the Form 893 as required?  56 Different to the  |     |  | 4a  |                | х        |
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| b Dd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 If "Yes," to line 5 a or 5b, did the organization file Form 88861.  8 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 as charitable contributions?  8 If "Yes," did the organization include with every solicitation an express statement that such contributions or grifs were not tax deductible?  8 Organizations that may receive deductible contributions under section 170(c).  9 Did the organization review a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  1 If "Yes," did the organization notify the donor of the value of the goods or services provided?  1 If "Yes," indicate the number of Forms 8282 filed during the year  2 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  3 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  4 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  8 Spensoring organizations maintaining deer advised funds.  9 Did the organization make any taxable distributions under section 45968?  9 Sponsoring organizations maintaining donor advised funds.  1 Did the organization make any taxable distributions under section 45968?  9 Sponsoring organizations make any taxable distributions under section 45968?  9 Section 501(c)(7) organizations. Enter  1 Intellectual contributions included on Part VIII, line 12  1 Gross recome from members or shareholders  1 Gross income from members or shareholders  1 Gross income from members or shareholders  1 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  1 Section 4947(a)(1) non-exempt charitable trusts. I   |     |  |   |                |          |
| the "Yes," to line 5a or 5b, did the organization file Form 8886-T?  8a 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 as charable contributions?  by the "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  organizations that may receive deductible contributions under section 170(c).  by the organization shart may receive deductible contributions under section 170(c).  by the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  To by the organization notify the donor of the value of the goods or services provided?  To but the organization in ority the donor of the value of the goods or services provided?  To but the organization in every any funds, directly or indirectly, to pay premiums on a personal benefit contract?  To but the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  To but the organization received a contribution of qualified infliencetual property, did the organization file Form 8899 as required?  If the organization received a contribution of qualified infliencetual property, did the organization file Form 8899 as required?  If the organization received a contribution of paylined infliencetual property, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds.  If the organization make any taxable distributions under section 4966?  Did the organization make any taxable distributions under section 4966?  Did the organization make and distribution to a donor, donor advised funds.  Forms receipts, included on Form 990, Part VIII, line 12  To a gross income from members or shareholders  Forms receipts, included on Form 990, Part VIII, line 12  Forms receipts, included on Form 990, Part VIII, line 12  Forms receipts,  | 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a  |                | Х        |
| 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 as chantable contributions.  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  In the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  The bift "Yes," did the organization notify the donor of the value of the goods or services provided?  The contribution sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  The contribution of the value of the goods or services provided?  The contribution of the value of the goods or services provided?  The contribution of the value of the goods or services provided?  The contribution of the value of the goods or services provided?  The contribution of the value of the goods or services provided?  The contribution of the value of the goods or services provided?  The contribution of the value of the goods or services provided?  The contribution of the value of the goods or services provided?  The contribution of the value of the goods or services provided?  The contribution of the value of the goods or services provided?  The contribution of the value of the goods or services provided?  The contribution of the value of the goods or services provided?  The contributions of the value of the goods or services provided?  The contributions of the value of the goods or services provided?  The contributions of the value of the goods or services provided?  The contributions of the value of the goods or services provided?  The contributions in the received or decreased by permitted provided to the goods or services provided to the payor and the contribution or device of the value of the goods of the contribut   | b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b  |                | X        |
| any contributions that were not tax deductible as charitable contributions?  b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 organizations that may receive deductible contributions under section 470(c).  a bid the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 b if "Yes," did the organization notify the donor of the value of the goods or services provided?  7 b if "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization received a contribution of cars, boats, airplaines, or other vehicles, did the organization file a Form 1098-C?  Spensoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, and advised fund maintained by a spensoring organization. Did the supporting organization, and advised fund maintained by a spensoring organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  9 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization. Did the supporting organization and advised funds and section 509(a)(3) supporting organizations. Did the supporting organization and advised funds and section 4966?  9 Did the organization make a distribution to a donor, donor advisor, or related person?  9 Sponsoring organizations maintaining donor advised funds and section 4966?  9 Gross receipts, included on Form 990, Part VIII, line 12  10 Gross receipts, included on Form 990, Part VIII, line 12; for public use of club facilities  Gro  | С   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   | 5c  |                |          |
| b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  The "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangble personal property for which it was required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  To but the organization received any funds, directly or indirectly, to na personal benefit contract?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?  Did the organization make any taxable distributions under section 4966?  Did the organization make any taxable distributions under section 4966?  Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.  Is t  | 6a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit  |   |                |          |
| were not tax deductible?  7 and Cryanizations that may receive deductible contributions under section 170(c).  8 bid the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  8 bid "Yes," did the organization notify the donor of the value of the goods or services provided?  9 c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  9 d if "Yes," indicate the number of Forms 8282 filed during the year  9 d if "Yes," indicate the number of Forms 8282 filed during the year  10 did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  10 did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  11 file organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  12 file organization, or a donor advised fund maintained donor advised funding organizations. Did the supporting organizations, or a donor advised fund maintaining donor advised funding organizations maintaining donor advised funds.  12 sponsoring organizations maintaining donor advised funds.  13 bid the organization make an distribution to a donor, donor advisor, or related person?  14 Section 501(c)(7) organizations. Enter in Initiation fees and capital contributions included on Part VIII, line 12 initiation fees and capital contributions included on Part VIII, line 12 initiation fees and capital contributions included on Part VIII, line 12 initiation fees and capital contributions included on Part VIII, line 12 initiation fees and capital contributions included on Part VIII, line 12 initiation fees and capital contributions included on Part VIII, line 12 initiation fees and capital contributions. Enter in Section 501(c)(12) organizations. Enter in Section 501(c)(12) organizations. Enter in Section 4947(a)(1)   |     | any contributions that were not tax deductible as chantable contributions?   | 6a  |                | X        |
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| Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b   f'Yes," did the organization notify the donor of the value of the goods or services provided?  C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d   f'Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7e   |     | were not tax deductible?   | 6b  |                |          |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282? filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  Sponsoring organizations make advistibution under section 4966?  Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13a  Note. See the instructions for additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves any payments for indoor tanning services during the axyear?  If the organization is filensed to reserve any payments for indoor tanning services during the axyear?  It a X  If   |     |  |   |                |          |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  7c   |     |  | 7a  |                | <u> </u> |
| to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  The system of the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  The system of the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  Sponsoring organization make any taxable distributions under section 4966?  Did the organization make any taxable distributions under section 4966?  Section 501(c)(7) organizations. Enter  a initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12  Gross income from members or shareholders  Gross income from embers or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  B Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b  |     |  | 7b  |                |          |
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Form 990 (2013)

COMMITTEE, INC.

27-2037843

Page 6

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

|     | Check if Schedule O contains a response or note to any line in this Part VI   |         |      | X  |
|-----|---|---------|------|----|
| Sec | tion A. Governing Body and Management   |         |      |    |
|     |   |         | Yes  | No |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year 8   |         |      |    |
|     | If there are material differences in voting rights among members of the governing body, or if the governing                         |         |      |    |
|     | body delegated broad authority to an executive committee or similar committee, explain in Schedule O.                               |         |      |    |
| b   | Enter the number of voting members included in line 1a, above, who are independent 1b 8   |         |      |    |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other            |         |      |    |
|     | officer, director, trustee, or key employee?  | 2       |      | Х  |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct supervision               |         |      |    |
|     | of officers, directors, or trustees, or key employees to a management company or other person?                                      | 3       |      | X  |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                    | 4       |      | X  |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets?                          | 5       |      | X  |
| 6   | Did the organization have members or stockholders?  | 6       |      | X  |
| 7a  | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or                      |         |      |    |
|     | more members of the governing body?   | 7a      |      | X  |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or                  | ,       |      |    |
|     | persons other than the governing body?  | 7b      |      | Х  |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |         |      |    |
| а   | The governing body?   | 8a      | X    |    |
| b   | Each committee with authority to act on behalf of the governing body?   | 8b      | Х    |    |
| 9   | 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   | 9       |      | Х  |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)                    |         |      |    |
|     |   |         | Yes  | No |
| 10a | Did the organization have local chapters, branches, or affiliates?  | 10a     |      | X  |
| b   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,          |         |      |    |
|     | and branches to ensure their operations are consistent with the organization's exempt purposes?                                     | 10b     |      |    |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?         | 11a     | X    |    |
| b   | Describe in Schedule O the process, if any, used by the organization to review this Form 990  |         |      |    |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13   | 12a     | X    |    |
| b   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b     | Х    |    |
| С   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe                  |         |      |    |
|     | in Schedule O how this was done   | 12c     | X    |    |
| 13  | Did the organization have a written whistleblower policy?   | 13      |      | X  |
| 14  | Did the organization have a written document retention and destruction policy?  | 14      |      | X  |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent                  |         |      |    |
|     | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                   |         |      |    |
| а   | The organization's CEO, Executive Director, or top management official  | 15a     |      | X  |
| b   | Other officers or key employees of the organization   | 15b     |      | Х  |
|     | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  |         |      |    |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a               |         |      |    |
|     | taxable entity during the year?   | 16a     |      | X  |
| b   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation        |         |      |    |
|     | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's                      |         |      |    |
|     | exempt status with respect to such arrangements?  | 16b     |      |    |
| Sec | tion C. Disclosure  |         |      |    |
| 17  | List the states with which a copy of this Form 990 is required to be filed ▶IN  |         |      |    |
| 18  | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) as   | allable | •    |    |
|     | for public inspection. Indicate how you made these available. Check all that apply.   |         |      |    |
|     | Own website Another's website X Upon request Other (explain in Schedule O)  |         |      |    |
| 19  | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and    | financ  | cial |    |
|     | statements available to the public during the tax year  |         |      |    |
| 20  | State the name, physical address, and telephone number of the person who possesses the books and records of the organization        | n: 🕨    |      |    |
|     | KATHY WEBER - 812-268-4311  |         |      |    |
|     | 2200 N SECTION STREET, SULLIVAN, IN 47882   |         |      |    |

COMMITTEE, INC.

27-2037843

⊃age 7

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

Check if Schedule O contains a response or note to any line in this Part VII

#### 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
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any 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, and 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

| (A)               | (B)                    |                                |                       | (0             | C)   |                                 |                | (D)                 | (E)                              | (F)                   |  |
|-------------------|------------------------|--------------------------------|-----------------------|----------------|--|---------------------------------|----------------|---------------------|----------------------------------|-----------------------|--|
| Name and Title    | Average                | (do                            | not c                 | Posi<br>heck r | more   | than o                          | one            | Reportable          | Reportable                       | Estimated             |  |
|                   | hours per              | box                            | , unle                | ss per         | son i  | s both                          | an             | compensation        | compensation                     | amount of             |  |
|                   | week                   | $\vdash$                       | CG: 2                 |                |  | 17003                           |                | from                | from related                     | other                 |  |
|                   | (list any<br>hours for | Irect                          |                       |                |  | L                               |                | the organization    | organizations<br>(W-2/1099-MISC) | compensation from the |  |
|                   | related                | 90.0                           | stee                  |                |  | satec                           |                | (W-2/1099-MISC)     | (44-2/1099-141130)               | organization          |  |
|                   | organizations          | Individual trustee or director | Institutional trustee |                | yee  | mper                            |                | (** 25 1000 111100) |                                  | and related           |  |
|                   | below                  | dual                           | ution                 | , i            | Key employee                                     | sst co<br>oyee                  | <u>ه</u>       |                     |                                  | organizations         |  |
|                   | line)                  | Indiv                          | Instr                 | Officer        | Key e  | Highest compensated<br>employee | <b>F</b> ormer |                     |                                  |                       |  |
| (1) KATHY WEBER   | 4.00                   |                                |                       |                |  |                                 |                |                     |                                  | -                     |  |
| BOARD CHAIR       | 0.00                   | X                              |                       | X              |  |                                 | L.,            | 0.                  | 0.                               | 0.                    |  |
| (2) RON SHAKE     | 4.00                   |                                |                       |                |  |                                 |                |                     |                                  |                       |  |
| BOARD CO-CHAIR    | 0.00                   | X                              |                       | X              |  |                                 |                | 0.                  | 0.                               | 0.                    |  |
| (3) MINDY YOUNG   | 4.00                   | ]                              |                       |                |  |                                 | ŀ              |                     |                                  | -                     |  |
| BOARD TREASURER   | 0.00                   | X                              |                       | Х              |  |                                 | <u> </u>       | 0.                  | 0.                               | 0.                    |  |
| (4) ROD BOSLEY    | 4.00                   |                                |                       |                |  |                                 | ļ              |                     | ·                                |                       |  |
| BOARD MEMBER      | 0.00                   | X                              |                       |                |  |                                 | <u> </u>       | 0.                  | 0.                               | 0.                    |  |
| (5) RANDY COLLINS | 4.00                   | 1                              |                       |                |  |                                 | ļ              |                     |                                  |                       |  |
| BOARD MEMBER      | 0.00                   | X                              |                       |                | _  | L                               | L_             | 0.                  | 0.                               | 0.                    |  |
| (6) RYAN IRISH    | 4.00                   |                                |                       |                |  |                                 |                |                     |                                  |                       |  |
| BOARD MEMBER      | 0.00                   | X                              |                       |                |  | <u> </u>                        |                | 0.                  | 0.                               | 0.                    |  |
| (7) MIKE MULLINS  | 4.00                   |                                | ļ                     |                |  |                                 |                | _                   |                                  |                       |  |
| BOARD MEMBER      | 0.00                   | X                              |                       |                |  |                                 |                | 0.                  | 0.                               | 0.                    |  |
| (8) STEVE WALTERS | 4.00                   | 1                              |                       | i              |  |                                 |                | _                   | _                                |                       |  |
| BOARD MEMBER      | 0.00                   | X                              | <u> </u>              | Щ              |  | <u> </u>                        |                | 0.                  | 0.                               | 0.                    |  |
|                   |                        | 1                              |                       |                |  |                                 |                |                     |                                  |                       |  |
|                   | <u> </u>               | $\vdash$                       |                       |                |  | <u> </u>                        | <u> </u>       | <u> </u>            |                                  |                       |  |
|                   | <u> </u>               | -                              |                       |                |  |                                 |                |                     |                                  |                       |  |
|                   | ļ                      | ⊢                              | _                     | Ш              |  | <u> </u>                        | ┝              |                     |                                  |                       |  |
|                   | ļ                      | -                              |                       |                |  |                                 |                |                     |                                  |                       |  |
|                   | ļ                      | ┝                              | ⊢                     | Н              |  | _                               | _              |                     |                                  |                       |  |
|                   |                        | ł                              |                       |                |  |                                 |                |                     |                                  | -                     |  |
|                   |                        | ⊢                              | ⊢                     | Н              | -  | ┢                               | ┝              |                     |                                  |                       |  |
|                   |                        | 1                              |                       |                |  |                                 |                |                     |                                  |                       |  |
|                   | <u> </u>               | ├-                             | ├                     | $\vdash$       | _  | <del> </del>                    | ⊢              |                     |                                  |                       |  |
|                   |                        | ┨                              |                       |                |  |                                 |                |                     |                                  |                       |  |
|                   | <del>-</del> {         | ├                              |                       | H              | _  | <u> </u>                        | _              |                     |                                  |                       |  |
|                   |                        | ┨                              |                       |                |  |                                 |                |                     |                                  |                       |  |
| <del></del>       | ╁                      | <del> </del>                   | ┢┈                    | $\vdash$       | $\vdash$   | $\vdash$                        | $\vdash$       |                     |                                  | · · ·                 |  |
|                   | -                      | ┨                              |                       |                |  |                                 |                |                     |                                  |                       |  |
|                   | <del> </del>           | $\vdash$                       | $\vdash$              |                | <del>                                     </del> | ┢                               | $\vdash$       |                     |                                  |                       |  |
|                   | <del></del>            | ł                              |                       |                | 1  |                                 | l              |                     |                                  |                       |  |
|                   | .1                     |                                |                       | L              | l  | L                               |                | I                   | I .                              | I                     |  |

| 2  | Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable    |           |     |    |
|----|---|-----------|-----|----|
|    | compensation from the organization  |           |     | (  |
|    | · · · · · · · · · · · · · · · · · · ·   |           | Yes | No |
| 3  | Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on            |           |     |    |
|    | line 1a? If "Yes," complete Schedule J for such individual  | 3_        |     | X  |
| 4  | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization        | L         |     |    |
|    | and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual                             | 4         |     | X  |
| 5  | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services      |           |     |    |
|    | rendered to the organization? If "Yes," complete Schedule J for such person   | 5         |     | X  |
| Se | ction B. Independent Contractors  |           |     |    |
| 4  | Complete this table for your five highest comparested independent contractors that received more than \$100,000 of comparested. | eation fr | om  |    |

0.

0.

0.

0.

0.

the organization. Report compensation for the calendar year ending with or within the organization's tax year

c Total from continuation sheets to Part VII, Section A

\$100,000 of compensation from the organization

d Total (add lines 1b and 1c)

| (A) Name and business address NONE   | (B) Description of services       | (C)<br>Compensation                              |
|--|-----------------------------------|--|
|  |                                   |  |
| -  |                                   |  |
|  |                                   |  |
|  |                                   |  |
|  |                                   |  |
| 2 Total number of independent contractors (including but not limited to those list | ted above) who received more than | <del>                                     </del> |

0

Form 990 (2013) COMMITTEE, INC.

Part VIII Statement of Revenue 27-2037843 Page 9

|  |                              | . Check if Schedule O conta  | ains a response d | or note to any line | ın this Part VIII    |  |   |  |
|--|------------------------------|--|-------------------|---------------------|----------------------|--|---|--|
|  |                              |  |                   |                     | (A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | Revenue excluded from tax under sections 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | b<br>c<br>d<br>e<br>f        | Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants similar amounts not included above Noncash contributions included in lines or Total. Add lines 1a-1f | ts, and<br>/e 1f  | 220,730.            | 220,730.             |  |   |  |
| <u> </u>   |                              | Total. Add III(03 Ta 1)  | ,                 | Business Code       |                      |  |   |  |
| Program Service<br>Revenue                             | 2 a<br>b<br>c<br>d<br>e<br>f | All other program service reve   |                   | Dusiness Gode       |                      |  |   |  |
|  | 3<br>4<br>5                  | Investment income (including other similar amounts) Income from investment of tax Royalties  |                   | st, and             |                      |  |   |  |
|  | 6 a<br>b<br>c                | Gross rents Less rental expenses Rental income or (loss)   | (i) Real          | (ii) Personal       |                      |  |   |  |
|  |                              | Net rental income or (loss) Gross amount from sales of assets other than inventory Less. cost or other basis and sales expenses  | (i) Secunties     | (ii) Other          |                      |  | • "                                     |  |
|  | c<br>d                       | Gain or (loss)<br>Net gain or (loss)   |                   | <b>•</b>            |                      |  |   |  |
| Other Revenue  |                              | Gross income from fundraising including \$ contributions reported on line Part IV, line 18 Less direct expenses  | of                |                     |                      |  |   |  |
| 0  | 9 a                          | Net income or (loss) from fund<br>Gross income from gaming ac<br>Part IV, line 19<br>Less: direct expenses   | _                 | <b>&gt;</b>         |                      |  |   |  |
|  | 10 a<br>b                    | Net income or (loss) from gam<br>Gross sales of inventory, less<br>and allowances<br>Less cost of goods sold<br>Net income or (loss) from sale   | returns<br>a<br>b | <b>&gt;</b>         |                      |  |   |  |
|  | 11 a                         | Miscellaneous Revenu   | е                 | Business Code       |                      |  |   |  |
|  | b<br>d                       | All other revenue  |                   |                     |                      |  |   |  |
|  | e<br>40                      | Total revenue See instructions   | •                 |                     | 220.730.             | 0.                                     | 0.                                      | 0.   |

27-2037843 Page 10

Part IX | Statement of Functional Expenses

| JULI                 | on 501(c)(3) and 501(c)(4) organizations must compli<br>Check if Schedule O cont <u>ai</u> ns a respons  |                       |                              |   |                                       |
|----------------------|--|-----------------------|------------------------------|---|---------------------------------------|
|                      | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII  | (A)<br>Total expenses | (B) Program service expenses | (C)<br>Management and<br>general expenses | (D) Fundraising expenses              |
| 1                    | Grants and other assistance to governments and organizations in the United States. See Part IV, line 21  | 109,413.              | 109,413.                     |   | •                                     |
| 2                    | Grants and other assistance to individuals in the United States See Part IV, line 22   |                       |                              |   |                                       |
| 3                    | Grants and other assistance to governments,  |                       |                              |   |                                       |
| -                    | organizations, and individuals outside the   |                       |                              |   |                                       |
|                      | United States See Part IV, lines 15 and 16   |                       |                              |   |                                       |
| 4                    | Benefits paid to or for members  |                       |                              |   |                                       |
| 5                    | Compensation of current officers, directors,   |                       |                              |   |                                       |
|                      | trustees, and key employees  |                       |                              |   | <u></u> -                             |
| 6                    | Compensation not included above, to disqualified   |                       |                              |   | <del></del>                           |
|                      | persons (as defined under section 4958(f)(1)) and  |                       |                              |   |                                       |
|                      | persons described in section 4958(c)(3)(B)   |                       |                              |   |                                       |
| 7                    | Other salaries and wages   |                       |                              |   |                                       |
| 8                    | Pension plan accruals and contributions (include   |                       |                              |   |                                       |
| _                    | section 401(k) and 403(b) employer contributions)  |                       |                              | <del></del>                               |                                       |
| 9                    | Other employee benefits  |                       |                              |   |                                       |
| 10<br>11             | Payroll taxes Fees for services (non-employees)  |                       |                              |   |                                       |
| 11<br>a              | Management   |                       |                              | _   |                                       |
| b                    | <sup>*</sup>   |                       |                              | •   |                                       |
| c                    | Accounting   | 6,975.                |                              | 6,975.                                    |                                       |
| d                    | Lobbying   | ,                     |                              |   | · · · · · · · · · · · · · · · · · · · |
| e                    | Professional fundraising services. See Part IV, line 17  |                       |                              |   |                                       |
| f                    | Investment management fees   |                       |                              |   |                                       |
| 9                    | Other (If line 11g amount exceeds 10% of line 25,  |                       |                              |   |                                       |
|                      | column (A) amount, list line 11g expenses on Sch O.)   |                       |                              |   |                                       |
| 12                   | Advertising and promotion  |                       |                              |   |                                       |
| 13                   | Office expenses  | 1,943.                | 1,935.                       | 8.  |                                       |
| 14                   | Information technology   |                       |                              |   |                                       |
| 15                   | Royalties  |                       |                              |   |                                       |
| 16                   | Occupancy  |                       |                              |   |                                       |
| 17<br>10             | Travel   |                       |                              |   |                                       |
| 18                   | Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                              |   |                                       |
| 19                   | Conferences, conventions, and meetings   |                       |                              |   |                                       |
| 1 <del>9</del><br>20 | Interest   |                       |                              | -   |                                       |
| 21                   | Payments to affiliates   |                       |                              |   |                                       |
| _ ·<br>22            | Depreciation, depletion, and amortization  | 13,955.               | 13,955.                      |   |                                       |
| <br>23               | Insurance  | 1,088.                |                              | 1,088.                                    |                                       |
| 24                   | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) |                       |                              |   |                                       |
| а                    | EMERGENCY COMMUNICATION  | 60,558.               | 60,558.                      |   |                                       |
| a<br>b               | THE CONOU DELDING MOL  | 51,715.               | 51,715.                      | †   |                                       |
| c                    |  | ,                     | ,                            |   |                                       |
| d                    |  | <del></del>           |                              |   |                                       |
|                      | All other expenses   | , -                   |                              |   |                                       |
| 25                   | Total functional expenses. Add lines 1 through 24e   | 245,647.              | 237,576.                     | 8,071.                                    | 0.                                    |
| 26                   | Joint costs. Complete this line only if the organization   |                       |                              |   |                                       |
|                      | reported in column (B) joint costs from a combined   |                       |                              |   |                                       |
|                      | educational campaign and fundraising solicitation.   |                       |                              |   |                                       |
|                      | Check here If following SOP 98-2 (ASC 958-720)   |                       |                              |   |                                       |

Form 990 (2013)

COMMITTEE, INC.

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 57,213. 44,251. 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 191,617 basis Complete Part VI of Schedule D 10a 105,084. 100,488. 86,533. 10b 10c **b** Less accumulated depreciation 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 Investments · program-related See Part IV, line 11 13 13 14 14 Intangible assets Other assets See Part IV, line 11 15 15 157,701 130,784 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 0. 0. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here X and complete lines 30 through 34. 0. 0. 30 Capital stock or trust principal, or current funds 30 0. 0. 31 Paid-in or capital surplus, or land, building, or equipment fund <u>157,701.</u> 130,784. Retained earnings, endowment, accumulated income, or other funds 32 32 157,701.130,784. 33 33 Total net assets or fund balances 157,701. 130,784. Total liabilities and net assets/fund balances

|    | 990 (2013) COMMITTEE, INC.  | _27       | 2037843 | Pad      | <sub>де</sub> 12 |
|----|---|-----------|---------|----------|------------------|
| Pa | t XI Reconciliation of Net Assets   |           |         | <u>_</u> |                  |
|    | Check if Schedule O contains a response or note to any line in this Part XI   |           |         |          |                  |
|    |   |           |         |          |                  |
| 1  | Total revenue (must equal Part VIII, column (A), line 12)   | 1         |         | 7,0      |                  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2         |         |          | <u>47.</u>       |
| 3  | Revenue less expenses Subtract line 2 from line 1   | 3         |         |          | <u>17.</u>       |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                           | 4         | 157     | 7,7      | 01.              |
| 5  | Net unrealized gains (losses) on investments  | 5         |         |          |                  |
| 6  | Donated services and use of facilities  | 6         |         |          |                  |
| 7  | Investment expenses   | 7         | _       |          |                  |
| 8  | Prior period adjustments  | 8         | -7      | 2,0      | 00.              |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)  | 9         |         |          | 0.               |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,                   |           |         |          |                  |
|    | column (B))   | 10        | 130     | 7,7      | 84.              |
| Pa | rt XII Financial Statements and Reporting   |           |         |          |                  |
|    | Check if Schedule O contains a response or note to any line in this Part XII  |           |         |          |                  |
|    |   |           |         | Yes      | No               |
| 1  | Accounting method used to prepare the Form 990 X 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?                     |           | 2a      | _        | X                |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed     | on a      |         |          |                  |
|    | separate basis, consolidated basis, or both   |           | 1 1     |          |                  |
|    | Separate basis Consolidated basis Both consolidated and separate basis  |           |         |          |                  |
| b  | Were the organization's financial statements audited by an independent accountant?                                  |           | 2b      |          | X                |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate    | basis.    |         |          |                  |
|    | consolidated basis, or both:  | ,         |         |          |                  |
|    | Separate basis Consolidated basis Both consolidated and separate basis  |           |         |          | 1                |
| c  | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the  | audit.    |         |          |                  |
|    | review, or compilation of its financial statements and selection of an independent accountant?                      | •         | 2c      |          |                  |
|    | If the organization changed either its oversight process or selection process during the tax year, explain in Sche  | dule O    |         |          |                  |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin |           | .       |          |                  |
|    | Act and OMB Circular A-133?   |           | 3a      | Х        |                  |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi  | red audit |         |          |                  |
| _  | or sudde explain why in Schedule O and describe any stone taken to undergo such audite                              |           | امدا    | v        |                  |

Form **990** (2013)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **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.

2013

OMB No 1545-0047

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>. Inspection

DISTRICT 7 HOSPITAL EMERGENCY PLANNING Employer identification number

Open to Public Inspection

COMMITTEE INC 27-2037843 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii), 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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) 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 \_\_ Type I **b** Type II c \_\_\_\_ Type III - Functionally integrated d Type III - Non-functionally integrated 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11a(iii) Provide the following information about the supported organization(s) h (v) Did you notify the (iv) Is the organization (vi) Is the (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of monetary organizátion in col. in col. (i) listed in your organization in col. (described on lines 1-9 organization support (i) organized in the U.S.? governing document? above or IRC section (i) of your support? (see instructions)) Yes Yes No Yes No

Schedule A (Form 990 or 990-EZ) 2013 COMMITTEE, INC.

27-2037843 Page 2

| Ochica and 7 t | 1 (1 CHI COO CI COO EE) EO 10 CO   |  |                  |
|----------------|------------------------------------|--|------------------|
| Part II        | Support Schedule for Organizations | s Described in Sections 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 or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

| Sec      | tion A. Public Support                       |                      |                       |                            |                     |                     |           |
|----------|--|----------------------|-----------------------|----------------------------|---------------------|---------------------|-----------|
| Cale     | ndar year (or fiscal year beginning in) 🕨    | (a) 2009             | <b>(b)</b> 2010       | (c) 2011                   | (d) 2012            | (e) 2013            | (f) Total |
| 1        | Gifts, grants, contributions, and            |                      |                       |                            |                     |                     |           |
|          | membership fees received. (Do not            |                      |                       |                            |                     |                     |           |
|          | include any "unusual grants ")               |                      |                       | 382,901.                   | 222,198.            | 365,202.            | 970,301.  |
| 2        | Tax revenues levied for the organ-           |                      |                       |                            |                     |                     |           |
|          | ization's benefit and either paid to         |                      |                       |                            |                     |                     |           |
|          | or expended on its behalf                    |                      |                       |                            |                     |                     |           |
| 3        | The value of services or facilities          |                      |                       |                            |                     |                     |           |
|          | furnished by a governmental unit to          |                      |                       |                            |                     |                     |           |
|          | the organization without charge              |                      |                       |                            |                     |                     |           |
| 4        | Total. Add lines 1 through 3                 |                      |                       | 382,901.                   | 222,198.            | 365,202.            | 970,301.  |
| 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        | Public support. Subtract line 5 from line 4  |                      |                       |                            |                     |                     | 970,301.  |
| Sec      | ction B. Total Support                       |                      |                       | ,                          |                     |                     |           |
| Cale     | ndar year (or fiscal year beginning in) 🕨    | (a) 2009             | <b>(b)</b> 2010       | (c) 2011                   | (d) 2012            | (e) 2013            | (f) Total |
| 7        | Amounts from line 4                          |                      | <u>.</u>              | 382,901.                   | 222,198.            | 365,202.            | 970,301.  |
| 8        | Gross income from interest,                  |                      |                       |                            |                     | 1                   |           |
|          | dividends, payments received on              |                      |                       |                            |                     |                     |           |
|          | securities loans, rents, royalties           |                      |                       |                            |                     |                     |           |
|          | and income from similar sources              | _                    |                       |                            |                     |                     |           |
| 9        | Net income from unrelated business           |                      |                       |                            |                     |                     |           |
|          | activities, whether or not the               |                      |                       |                            |                     |                     |           |
|          | business is regularly carried on             |                      |                       |                            |                     |                     |           |
| 10       | Other income Do not include gain             |                      |                       |                            |                     |                     |           |
|          | or loss from the sale of capital             |                      |                       |                            |                     |                     |           |
|          | assets (Explain in Part IV.)                 |                      |                       |                            |                     |                     |           |
| 11       | <b>Total support.</b> Add lines 7 through 10 |                      |                       |                            |                     |                     | 970,301.  |
| 12       | Gross receipts from related activities,      | etc (see instruction | ons)                  |                            |                     | 12                  |           |
| 13       | First five years. If the Form 990 is for     | r the organization's | s first, second, thir | d, fourth, or fifth ta     | x year as a section | 501(c)(3)           |           |
| <u>c</u> | organization, check this box and stor        | here                 |                       |                            |                     | <del> </del>        | ▶X        |
|          | ction C. Computation of Publi                |                      |                       |                            |                     |                     |           |
|          | Public support percentage for 2013 (I        |                      | •                     | olumn (f))                 |                     | 14                  | %         |
|          | Public support percentage from 2012          |                      |                       |                            | +                   | 15                  | %         |
| 16a      | 33 1/3% support test - 2013. If the c        | _                    |                       |                            | 14 is 33 1/3% or m  | ore, check this box | and       |
|          | stop here. The organization qualifies        |                      | _                     |                            |                     |                     | . ▶□      |
| b        | 33 1/3% support test - 2012. If the c        | _                    |                       | ·                          | line 15 is 33 1/3%  | or more, check thi  | s box     |
|          | and stop here. The organization qual         | • •                  |                       |                            |                     |                     | ▶∟」       |
| 17a      | 10% -facts-and-circumstances test            | _                    |                       |                            |                     |                     |           |
|          | and if the organization meets the "fac       |                      |                       |                            | -                   | t IV how the organ  | ization   |
|          | meets the "facts-and-circumstances"          | _                    | -                     |                            | ~                   | _                   | ▶∟_       |
| t        | 10% -facts-and-circumstances test            | -                    |                       |                            |                     |                     |           |
|          | more, and if the organization meets the      |                      |                       |                            | •                   |                     | ,         |
|          | organization meets the "facts-and-circ       |                      |                       |                            |                     |                     | <b>▶</b>  |
| 18       | Private foundation. If the organization      | n did not check a    | box on line 13, 16    | <u>a, 16b, 17a, or 17b</u> | , check this box ar | nd see instructions |           |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

| Sec  | tion A. Public Support   | now, please comp   | piete Part II )       |                        |                     |                      |           |
|------|--|--------------------|-----------------------|------------------------|---------------------|----------------------|-----------|
|      | ndar year (or fiscal year beginning in)  | (a) 2009           | <b>(b)</b> 2010       | (c) 2011               | (d) 2012            | (e) 2013             | (f) Total |
|      | Gifts, grants, contributions, and  |                    |                       |                        | 1                   | 1,57.2.3.13          | (1)       |
|      | membership fees received. (Do not  |                    |                       |                        |                     |                      |           |
|      | include any "unusual grants.")   |                    |                       |                        |                     |                      |           |
| 2    | Gross receipts from admissions, merchandise sold or services per-                    |                    |                       |                        |                     |                      |           |
|      | formed, or facilities furnished in   |                    |                       |                        |                     |                      |           |
|      | any activity that is related to the  |                    |                       |                        |                     |                      |           |
|      | organization's tax-exempt purpose  |                    |                       |                        |                     | <del></del>          |           |
| 3    | Gross receipts from activities that  |                    |                       |                        |                     |                      |           |
|      | are not an unrelated trade or bus-   |                    |                       |                        |                     |                      |           |
|      | iness under section 513  |                    |                       |                        |                     | <del> </del>         |           |
| 4    | Tax revenues levied for the organ-   |                    |                       |                        |                     |                      |           |
|      | ization'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  |                    |                       |                        | ļ . <u> </u>        |                      |           |
|      | Total. Add lines 1 through 5   |                    |                       |                        |                     | ļ                    |           |
| 7 a  | Amounts included on lines 1, 2, and  |                    |                       |                        |                     |                      |           |
|      | 3 received from disqualified persons   |                    |                       |                        |                     |                      |           |
| b    | Amounts included on lines 2 and 3 received from other than disqualified persons that |                    |                       |                        |                     |                      |           |
|      | exceed the greater of \$5,000 or 1% of the   |                    |                       |                        |                     |                      |           |
|      | amount on line 13 for the year   |                    |                       |                        |                     |                      |           |
| C    | Add lines 7a and 7b  |                    |                       |                        |                     |                      |           |
|      | Public support (Subtract line 7c from line 6)  |                    |                       |                        |                     |                      |           |
| Sec  | ction B. Total Support   |                    |                       |                        |                     |                      |           |
| Cale | ndar year (or fiscal year beginning in) ► 🏻  | (a) 2009           | <b>(b)</b> 2010       | (c) 2011               | (d) 2012            | (e) 2013             | (f) Total |
| -    | Amounts from line 6  |                    |                       |                        |                     |                      |           |
| 10a  | Gross income from interest, dividends, payments received on                          |                    |                       |                        |                     |                      |           |
|      | securities loans, rents, royalties   |                    |                       |                        |                     |                      |           |
|      | and income from similar sources  |                    |                       | ļ                      |                     |                      |           |
| b    | Unrelated business taxable income  |                    |                       |                        |                     |                      |           |
|      | (less section 511 taxes) from businesses   |                    |                       |                        |                     |                      |           |
|      | acquired after June 30, 1975   |                    |                       |                        |                     |                      |           |
| c    | Add lines 10a and 10b  |                    |                       |                        |                     |                      |           |
| 11   | Net income from unrelated business   |                    |                       |                        |                     |                      |           |
|      | activities not included in line 10b, whether or not the business is                  |                    |                       |                        |                     |                      |           |
|      | regularly carried on   |                    |                       |                        |                     |                      |           |
| 12   | Other income. Do not include gain  |                    |                       |                        |                     |                      |           |
|      | or loss from the sale of capital assets (Explain in Part IV)                         |                    |                       | <u></u>                |                     |                      |           |
| 13   | Total support (Add lines 9, 10c, 11, and 12)   |                    |                       |                        |                     |                      |           |
| 14   | First five years. If the Form 990 is for   | the organization'  | s first, second, thir | d, fourth, or fifth ta | ax year as a sectio | n 501(c)(3) organiza | ation,    |
|      | check this box and stop here   |                    |                       |                        |                     |                      |           |
| Sec  | ction C. Computation of Public   | c Support Per      | rcentage              |                        |                     |                      |           |
| 15   | Public support percentage for 2013 (li   | ne 8, column (f) d | ivided by line 13, c  | olumn (f))             |                     | 15                   | %         |
| 16   | Public support percentage from 2012  | Schedule A, Part   | III, line 15          |                        |                     | 16                   | %         |
| Sec  | ction D. Computation of Inves  | tment Income       | e Percentage          |                        |                     |                      |           |
| 17   | Investment income percentage for 20  | 13 (line 10c, colu | mn (f) dıvıded by lıı | ne 13, column (f))     |                     | 17                   | %         |
| 18   | Investment income percentage from 2  | 2012 Schedule A,   | Part III, line 17     |                        |                     | 18                   | %         |
| 19a  | 33 1/3% support tests - 2013. If the   |                    |                       | on line 14, and line   | e 15 is more than   | 33 1/3%, and line 1  |           |
|      | more than 33 1/3%, check this box an   | -                  |                       |                        |                     |                      |           |
| b    | 33 1/3% support tests - 2012. If the   |                    |                       |                        | _                   |                      | ind       |
|      | line 18 is not more than 33 1/3%, chec   | -                  |                       |                        |                     | •                    |           |
| 20   | Private foundation. If the organizatio   |                    |                       |                        |                     | =                    |           |

# DISTRICT 7 HOSPITAL EMERGENCY PLANNING Schedule A (Form 990 or 990-EZ) 2013 COMMITTEE, INC. 27-2037843 Page 4 Part IV Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information (See instructions). PART II, SECTION A, LINE 1 ON JANUARY 1, 2014, THE ORGANIZATION CHANGED ITS ACCOUNTING PERIOD FROM A CALENDAR YEAR TO A FISCAL YEAR STARTING ON JULY 1ST AND ENDING ON JUNE 30TH. LINE 1 COLUMN E (2013), INCLUDES AMOUNTS FROM JANUARY 1, 2013 TO JUNE 30, 2014.

# SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.urs.gov/form990.

**Open to Public** Inspection

OMB No 1545-0047

Name of the organization

DISTRICT 7 HOSPITAL EMERGENCY PLANNING COMMITTEE, INC.

**Employer identification number** 27-2037843

| Par           | t I Organizations Maintaining Donor Advise   | d Funds or Other Similar Funds o              | or Accounts. Complete if the                 |  |  |  |  |
|---------------|--|---|--|--|--|--|--|
|               | organization answered "Yes" to Form 990, Part IV, line   | e 6   |  |  |  |  |  |
|               | <del></del> -  | (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 | d funds                                      |  |  |  |  |
| _             | are the organization's property, subject to the organization's   |   | Yes No                                       |  |  |  |  |
| 6             | Did the organization inform all grantees, donors, and donor a  |   | <del></del>                                  |  |  |  |  |
| •             | for charitable purposes and not for the benefit of the donor o   |   |  |  |  |  |  |
|               | impermissible private benefit?   |   | Yes No                                       |  |  |  |  |
| Par           |  | ganization answered "Yes" to Form 990. Pa     |  |  |  |  |  |
| $\overline{}$ | Purpose(s) of conservation easements held by the organization  | <del> </del>                                  |  |  |  |  |  |
| -             | Preservation of land for public use (e.g., recreation or e   |   | orically important land area                 |  |  |  |  |
|               | Protection of natural habitat  | Preservation of a certifi                     | - •  |  |  |  |  |
|               | Preservation of open space   |   | iod motorio diractaro                        |  |  |  |  |
| 2             | Complete lines 2a through 2d if the organization held a qualif   | fied conservation contribution in the form of | a conservation easement on the last          |  |  |  |  |
| _             | day of the tax year  | iod dendervation contribution in the form of  | a conservation casement on the last          |  |  |  |  |
|               | day of the tax year  |   | Held at the End of the Tax Year              |  |  |  |  |
| a             | Total number of conservation easements   |   | 2a   |  |  |  |  |
| h             | Total acreage restricted by conservation easements   |   | 2b   |  |  |  |  |
| ~             | c Number of conservation easements on a certified historic structure included in (a)                       |   |  |  |  |  |  |
| 4             | d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure |   |  |  |  |  |  |
| u             | listed in the National Register 2d   |   |  |  |  |  |  |
| 3             | Number of conservation easements modified, transferred, rel  | eased extinguished or terminated by the o     |  |  |  |  |  |
| 3             | year   | eased, extinguished, or terminated by the o   | nganization during the tax                   |  |  |  |  |
| 4             | Number of states where property subject to conservation eas  | sement is located                             |  |  |  |  |  |
| 5             | Does the organization have a written policy regarding the per  |   |  |  |  |  |  |
| 3             | violations, and enforcement of the conservation easements it   |   | Yes No                                       |  |  |  |  |
| 6             | Staff and volunteer hours devoted to monitoring, inspecting,   |   | . —  |  |  |  |  |
| 7             | Amount of expenses incurred in monitoring, inspecting, and   | _   |  |  |  |  |  |
| 8             | Does each conservation easement reported on line 2(d) above  |   |  |  |  |  |  |
| 0             | and section 170(h)(4)(B)(ii)?  | e satisfy the requirements of section 170(f)  | Yes No                                       |  |  |  |  |
| 9             | In Part XIII, describe how the organization reports conservation   | or, ageaments in its revenue and expense of   |  |  |  |  |  |
| 9             | include, if applicable, the text of the footnote to the organization                                       | •   | · ·  |  |  |  |  |
|               | , ,  | non s imanciai statements that describes th   | e organization s accounting for              |  |  |  |  |
| Pai           | conservation easements t III   Organizations Maintaining Collections of                                    | Art. Historical Treasures, or Oth             | er Similar Assets.                           |  |  |  |  |
| L             | Complete if the organization answered "Yes" to Form  |   |  |  |  |  |  |
| 12            | If the organization elected, as permitted under SFAS 116 (AS   |   | int and balance sheet works of art           |  |  |  |  |
| Ia            | historical treasures, or other similar assets held for public exh  | •   | •  |  |  |  |  |
|               | the text of the footnote to its financial statements that descri   |   | ce of public service, provide, in Fart XIII, |  |  |  |  |
| <b>L</b>      | If the organization elected, as permitted under SFAS 116 (AS   |   | nd balance sheet works of art, bistorical    |  |  |  |  |
| D             |  | · · ·   | ·  |  |  |  |  |
|               | treasures, or other similar assets held for public exhibition, ed  | ducation, or research in furtherance of publi | ic service, provide the following amounts    |  |  |  |  |
|               | relating to these items:   |   | •  |  |  |  |  |
|               | (i) Revenues included in Form 990, Part VIII, line 1   |   | ► \$<br>► \$                                 |  |  |  |  |
| _             | (ii) Assets included in Form 990, Part X   |   |  |  |  |  |  |
| 2             | If the organization received or held works of art, historical tre  | •   | jain, provide                                |  |  |  |  |
|               | the following amounts required to be reported under SFAS 1   | 10 (ASC 938) relating to these items          | <b>.</b> .                                   |  |  |  |  |
| a             | Revenues included in Form 990, Part VIII, line 1   |   | \$   |  |  |  |  |
| b             | Assets included in Form 990, Part X  |   | <b>&gt;</b> \$                               |  |  |  |  |

|              | dule D (Form 990) 2013 COMMITT:  |                        |            |                 |                |             |             |              | <u> 37843</u> |            | <sub>ge</sub> 2 |
|--------------|--|------------------------|------------|-----------------|----------------|-------------|-------------|--------------|---------------|------------|-----------------|
| Par          | t III   Organizations Maintaining C                                    | ollections of Ar       | t, Hist    | orical Tre      | asures, o      | r Other     | Simila:     | r Assets     | (continu      | ed)        |                 |
| 3            | Using the organization's acquisition, accessi                          | on, and other record   | ls, check  | any of the f    | following that | t are a sig | gnificant u | se of its c  | ollection it  | ems        |                 |
|              | (check all that apply).  |                        |            |                 |                |             |             |              |               |            |                 |
| а            | . Public exhibition  | · ·                    | <b>.</b> . | Loan or exc     | hange progra   | ams         |             |              |               |            |                 |
| b            | Scholarly research   | •                      |            | Other           |                |             |             |              |               |            |                 |
| С            | Preservation for future generations                                    |                        |            |                 |                |             |             |              | .=            |            |                 |
| 4            | Provide a description of the organization's co                         | ollections and explai  | n how th   | ey further th   | ne organizatio | on's exen   | npt purpo   | se in Part   | XIII.         |            |                 |
| 5            | During the year, did the organization solicit o                        | r receive donations    | of art, hi | storical treas  | sures, or othe | er sımılar  | assets      |              |               |            |                 |
|              | to be sold to raise funds rather than to be ma                         | aintained as part of t | he orgar   | nization's co   | llection?      |             |             |              | Yes           |            | No              |
| Par          | t IV Escrow and Custodial Arranger reported an amount on Form 990, Par |                        | ete if the | organizatio     | n answered     | "Yes" to    | Form 990    | , Part IV, I | ne 9, or      | -          |                 |
| 1a           | Is the organization an agent, trustee, custodi                         |                        | lary for   | contributions   | s or other as: | sets not i  | ncluded     |              |               |            |                 |
|              | on Form 990, Part X?   |                        | ,          |                 |                |             |             |              | Yes           |            | No              |
| b            | If "Yes," explain the arrangement in Part XIII                         | and complete the fo    | llowina t  | able.           |                |             |             |              |               |            |                 |
| _            |  |                        |            |                 |                |             |             |              | Amount        |            |                 |
| С            | Beginning balance  |                        |            |                 |                |             | 1c          | -            |               | _          |                 |
|              | Additions during the year  |                        |            |                 |                |             | 1d          |              |               |            |                 |
|              | Distributions during the year  |                        |            |                 |                |             | 1e          |              |               |            |                 |
| f            | Ending balance   |                        |            |                 |                |             | 1f          |              |               |            |                 |
| 2a           | Did the organization include an amount on Fe                           | orm 990, Part X, line  | 212        |                 |                |             |             |              | Yes           |            | No              |
| b            | If "Yes," explain the arrangement in Part XIII                         | Check here if the ex   | planatio   | n has been      | provided in F  | Part XIII   |             |              |               |            |                 |
| Par          |  |                        |            |                 |                |             | 0           |              |               |            |                 |
|              |  | (a) Current year       | (b) F      | Prior year      | (c) Two yea    | rs back     | (d) Three y | ears back    | (e) Four y    | ears b     | ack             |
| 1a           | Beginning of year balance  |                        |            | -               |                |             |             |              |               |            |                 |
|              | Contributions  |                        |            |                 |                |             |             |              |               |            |                 |
| c            | Net investment earnings, gains, and losses                             |                        |            |                 |                |             |             |              |               |            |                 |
|              | Grants or scholarships   |                        |            |                 |                |             |             | -            |               |            |                 |
| е            | Other expenditures for facilities                                      |                        |            |                 |                |             |             |              |               |            |                 |
|              | and programs   |                        | ł          |                 |                | ŀ           |             |              |               |            |                 |
| f            | Administrative expenses  |                        |            |                 |                |             |             |              |               |            |                 |
| g            | End of year balance  |                        |            |                 |                |             |             |              |               |            |                 |
| 2            |  |                        |            |                 |                |             |             |              |               |            |                 |
| а            | a Board designated or quasi-endowment   %                              |                        |            |                 |                |             |             |              |               |            |                 |
| b            | Permanent endowment  | %                      |            |                 |                |             |             |              |               |            |                 |
| С            | Temporarily restricted endowment                                       | %                      |            |                 |                |             |             |              |               |            |                 |
|              | The percentages in lines 2a, 2b, and 2c should                         | ıld equal 100%         |            |                 |                |             |             |              |               |            |                 |
| За           | Are there endowment funds not in the posse                             | ssion of the organiza  | ation tha  | it are held ar  | nd administer  | red for th  | e organiza  | ation        | _             |            |                 |
|              | by   |                        |            |                 |                |             |             |              |               | 'es        | No              |
|              | (i) unrelated organizations  |                        |            |                 |                |             |             |              | 3a(i)         |            |                 |
|              | (ii) related organizations   |                        |            |                 |                |             |             |              | 3a(ii)        |            |                 |
| b            | If "Yes" to 3a(ii), are the related organizations                      | s listed as required o | n Sched    | lute R?         |                |             |             |              | 3b            |            |                 |
| 4            | Describe in Part XIII the intended uses of the                         |                        | wment f    | unds            |                |             |             |              |               |            |                 |
| Pai          | t VI Land, Buildings, and Equipm                                       | ient.                  |            |                 |                |             |             |              |               |            |                 |
|              | Complete if the organization answere                                   | d "Yes" to Form 990    | ), Part IV | , line 11a Se   | ee Form 990    | , Part X, I | ine 10.     |              |               |            |                 |
|              | Description of property  | (a) Cost or o          |            | , , ,           | or other       | l '''       | ccumulate   |              | (d) Book      | value      |                 |
|              |  | basis (investi         | ment)      | basis           | (other)        | de          | oreciation  |              |               |            |                 |
| 1a           | Land   |                        |            |                 |                |             |             |              |               |            |                 |
| b            | Buildings  |                        |            |                 |                |             |             |              |               |            |                 |
| С            | Leasehold improvements   |                        |            |                 | <u> </u>       |             |             |              |               |            |                 |
|              | Equipment  |                        |            | 19              | 1,617.         |             | L05,0       | 84.          | 86            | <u>,53</u> | <u>3.</u>       |
|              | Other  |                        |            | L               | <del> </del>   | L           |             |              |               |            |                 |
| <u>Total</u> | . Add lines 1a through 1e (Column (d) must e                           | aual Form 990. Part    | X. colun   | nn (B). line 19 | 0(c).)         |             |             |              | 86            | ,53        | <u>3.</u>       |

27-2037843 Page 3 COMMITTEE, INC. Schedule D (Form 990) 2013 Part VII Investments - Other Securities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (c) Method of valuation. Cost or end-of-year market value (b) Book value (1) Financial derivatives Closely-held equity interests Other (B) (C) (D) (E) (F) (G) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2)(3) (4) (5) (6) (7)(8) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2) (3) (4)(5) (6) (7) (8)(9) Total. (Column (b) must equal Form 990, Part X. col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6)(7) (8) (9) Total. (Column (b) must equal Form 990, Part X. col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2013

| Sche | edule D (Form 990) 2013 COMMITTEE, INC.  |                            | 27-2037843                             | Page 4  |
|------|--|----------------------------|--|---------|
|      | t XI Reconciliation of Revenue per Audited Financial Sta                             | tements With Revenu        |  | , ago - |
|      | . Complete if the organization answered "Yes" to Form 990, Part IV, Iii              | ne 12a.                    | •                                      |         |
| 1    | Total revenue, gains, and other support per audited financial statements             |                            | 11                                     |         |
| 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12.                  |                            |  |         |
| а    | Net unrealized gains on investments  | 2a                         |  |         |
| b    | Donated services and use of facilities   | 2b                         |  |         |
| С    | Recoveries of prior year grants  | 2c                         |  |         |
| d    | Other (Describe in Part XIII )   | 2d                         |  |         |
| е    | 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:                 |                            |  |         |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b                     | 4a                         |  |         |
| b    | Other (Describe in Part XIII.)   | 4b                         |  |         |
| C    | Add lines 4a and 4b  |                            | 4c                                     |         |
| 5    | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I. line 12         | 2.)                        | 5                                      |         |
| Pa   | rt XII Reconciliation of Expenses per Audited Financial St                           | atements With Expen        | ses per Return.                        |         |
|      | Complete if the organization answered "Yes" to Form 990, Part IV, In                 | ne 12a                     |  |         |
| 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:                    | 1 1                        |  |         |
| а    | Donated services and use of facilities   | 2a                         |  |         |
| b    | Prior year adjustments   | 2b                         | i                                      |         |
| C    | Other losses   | 2c                         |  |         |
| d    | Other (Describe in Part XIII )   | 2d                         |  |         |
| е    | 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:                   | 1 1                        | 1 1                                    |         |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b                     | 4a                         |  |         |
| b    | Other (Describe in Part XIII.)   | 4b                         |  |         |
| С    | Add lines 4a and 4b  |                            | 4c                                     |         |
| 5    | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line           | 18.)                       | 5                                      |         |
|      | rt XIII Supplemental Information.  |                            |  |         |
|      | ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and |                            | Part V, line 4, Part X, line 2; Part X | 1,      |
| ınes | 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide a       | any additional information |  |         |
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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

▶ Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection 2 |

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.aov/form990 HOSPITAL EMERGENCY PLANNING

**Employer identification number** 27-2037843 X Yes 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 General Information on Grants and Assistance criteria used to award the grants or assistance? DISTRICT 7 COMMITTEE Name of the organization Part !

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.        | sovernments and   | Organizations in the             | United States. Co        | omplete if the orga               | nization answered "Y                                  | Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any | V, line 21, for any                   |
|---|-------------------|----------------------------------|--------------------------|-----------------------------------|---|--|---------------------------------------|
| recipient that received more than \$5,000 Part II can be duplicated if additional space is needed | 5,000 Part II can | be duplicated if additio         | inal space is neede      | þi                                |   |  |                                       |
| 1 (a) Name and address of organization or government  | ( <b>b</b> ) EIN  | (c) IRC section<br>if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, EMV, appraisal, other) | (g) Description of non-cash assistance   | (h) Purpose of grant<br>or assistance |
|   |                   |                                  |                          |                                   |   |  |                                       |
| GREENE COUNTY GENERAL HOSPITAL  |                   |                                  |                          |                                   |   |  | TO SUPPORT EMERGENCY                  |
| 1185 N 1000 W   |                   |                                  |                          |                                   |   |  | PREPAREDNESS WITHIN                   |
| LINTON, IN 47441  | 35-6001492        | 501A                             | 14,745.                  | 0                                 |   |  | DISTRICT 7                            |
|   |                   |                                  |                          |                                   |   |  |                                       |
| ST. VINCENT CLAY HOSPITAL   |                   |                                  |                          |                                   |   |  | TO SUPPORT EMERGENCY                  |
| 1206 EAST NATIONAL AVENUE   |                   |                                  |                          |                                   |   |  | PREPAREDNESS WITHIN                   |
| BRAZIL, IN 47834  | 35-2112529        | 501c3                            | 14,745.                  | 0.                                |   |  | DISTRICT 7                            |
|   |                   |                                  |                          |                                   |   |  |                                       |
| PUTNAM COUNTY HOSPITAL  |                   |                                  |                          |                                   |   |  | TO SUPPORT EMERGENCY                  |
| 1542 S BLOOMINGTON ST   |                   |                                  |                          |                                   |   |  | PREPAREDNESS WITHIN                   |
| GREENCASTLE, IN 46135   | 35-1140835        | 50103                            | 14,745.                  | 0.                                |   |  | DISTRICT 7                            |
|   |                   |                                  |                          |                                   |   |  |                                       |
| SULLIVAN COUNTY COMMUNITY HOSPITAL  |                   |                                  |                          |                                   |   |  | TO SUPPORT EMERGENCY                  |
| 2200 NORTH SECTION STREET   |                   |                                  | •                        |                                   |   |  | PREPAREDNESS WITHIN                   |
| SULLIVAN, IN 47882  | 35-1164250 501C3  | 501c3                            | 14,745.                  | 0.                                |   |  | DISTRICT 7                            |
|   |                   |                                  |                          |                                   |   |  |                                       |
| UNION HOSPITAL CLINTON  |                   |                                  |                          |                                   |   |  | TO SUPPORT EMERGENCY                  |
| 801 S MAIN STREET   |                   |                                  |                          |                                   |   |  | PREPAREDNESS WITHIN                   |
| CLINTON, IN 47842   | 35-1812142 þ01c3  | 50103                            | 14,745.                  | 0.                                |   |  | DISTRICT 7                            |
|   |                   |                                  |                          |                                   |   |  |                                       |
| UNION HOSPITAL  |                   |                                  |                          |                                   |   |  | TO SUPPORT EMERGENCY                  |
| 1606 N 7TH STREET   |                   |                                  |                          |                                   |   |  | PREPAREDNESS WITHIN                   |
| TERRE HAUTE, IN 47804   | 35-0876396 501C3  | 501c3                            | 14,745.                  | 0.                                |   |  | DISTRICT 7                            |
| 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | id government org | janizations listed in the        | line 1 table             |                                   |   |  | 5.                                    |
|   |                   |                                  |                          |                                   |   |  |                                       |

332101 10-29-13

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2013)

| PLANNING   |            |
|------------|------------|
| EMERGENCY  |            |
| 7 HOSPITAL | INC.       |
| DISTRICT 7 | COMMITTEE, |

| Schedule   (Form 990) COMMITTEE, INC.  Part II   Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) | INC.       | COMMITTEE, INC.                  | izations in the Un       | ited States (Sche                 | dule I (Form 990), Par                                |  | 27-2037843 Page 1   |
|---|------------|----------------------------------|--------------------------|-----------------------------------|---|--|---|
| (a) Name and address of organization or government  | (b) EIN    | (c) IRC section<br>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<br>or assistance                     |
| TERRE HAUTE REGIONAL HOSPITAL<br>3901 SOUTH 7TH STREET<br>TERRE HAUTE, IN 47802   | 35-1461805 | NOT APPLICABLE                   | 14,745.                  | .0                                |   |  | TO SUPPORT EMERGENCY<br>PREPAREDNESS WITHIN<br>DISTRICT 7 |
| HARSHA BEHAVIORAL CENTER<br>1420 EAST CROSSING BLVD<br>TERRE HAUTE, IN 47802  | 26-1091197 | 26-1091197 NOT APPLICABLE        | 5,000.                   | 0                                 | ·   |  | TO SUPPORT EMERGENCY<br>PREPAREDNESS WITHIN<br>DISTRICT 7 |
|   |            |                                  |                          |                                   |   |  |   |
|   |            |                                  |                          |                                   |   |  |   |
|   |            |                                  |                          |                                   |   |  |   |
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|   |            |                                  |                          |                                   |   |  |   |
|   |            |                                  |                          |                                   |   |  | Schedule I (Form 990)                                     |

27-2037843

Page 2

(Form 990) (2013) COMMITTEE, INC.

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Schedule I (Form 990) (2013)

| Part III | Grants and Othe

| (e) Method of valuation (f) Description of non-cash assistance (book, FMV, appraisal, other) |  |  | information  |                 |  | ANA                                    | UMAN                                 | THE COMMUNITIES                        |                                     |  |
|--|--|--|--|-----------------|--|--|--------------------------------------|--|-------------------------------------|--|
|  |  |  | ther additional  |                 | NS                                     | HE INDIANA                             | H AND H                              | THE COM                                |                                     |  |
| (d) Amount of non-<br>cash assistance  |  |  | ס (b), and any o   |                 | PLICATIO                               | RECEIVED FROM THE                      | OF HEALT                             | OF                                     |                                     |  |
| (c) Amount of cash grant   |  |  | ie 2, Part III, columr   |                 | SUBMIT APPLICATIONS                    |  | DEPARTMENT OF HEALTH AND HUMAN       | THE BENEFITS                           |                                     |  |
| (b) Number of recipients   |  |  | uired in Part I, lin   |                 | AND                                    | ANT FUNDS                              | THE                                  | ONS, FOR                               |                                     |  |
| (a) Type of grant or assistance  |  |  | Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information | PART I, LINE 2: | THE CORPORATION SHALL PLAN, COORDINATE | FOR GRANT FUNDING AND DISTRIBUTE GRANT | BIOTERRORISM HOSPITAL PLANNING FUND, | SERVICES, AND/OR SIMILAR ORGANIZATIONS | SERVED BY THE DISTRICT 7 HOSPITALS. |  |

THE CORPORATION WILL DISTRIBUTE GRANT MONIES RECEIVED FROM FEDERAL, STATE,

Schedule I (Form 990) (2013)

27-2037843 Page 2 COMMITTEE, INC. Schedule I (Form 990) Part IV | Supplemental Information DISTRIBUTION OF GRANT MONIES TO MEMBER DISTRICT 7 HOSPITALS IS THE OVERALL PURPOSE OF THE CORPORATION AS OUTLINED IN THE ARTICLES OF INCORPORATION AND BYLAWS. EACH RECIPIENT ORGANIZATION IS A MEMBER DISTRICT 7 HOSPITAL. THE CORPORATION MAINTAINS ALL RECORDS REQUIRED BY IRS AND OTHER GOVERNMENT AGENCY REGULATIONS WITH RESPECT TO THE GRANTS, LOANS, OR OTHER DISTRIBUTIONS IT MAKES TO ORGANIZATIONS. SUCH RECORDS INCLUDE BUT ARE NOT LIMITED TO THE DATE, AMOUNT, AND DESCRIPTION (IF NON-CASH) OF THE DISTRIBUTION; NAME, ADDRESS, AND EIN OF THE RECIPIENT ORGANIZATION; AND OVERALL PURPOSE OF THE DISTRIBUTION.

# **SCHEDULE O**

(Form 990 or 990-EZ)

Internal Revenue Service

Department of the Treasury

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 DISTRICT 7 HOSPITAL EMERGENCY PLANNING COMMITTEE, INC.

**Employer identification number** 27-2037843

| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:           |
|--|
| GRANT FUNDS RECEIVED FROM THE INDIANA BIOTERRORISM HOSPITAL PLANNING     |
| FUND, THE DEPARTMENT OF HEALTH AND HUMAN SERVICES AND OR SIMILAR         |
| ORGANIZATIONS, FOR THE BENEFIT OF THE COMMUNITY HOSPITALS PARTICIPATING  |
| IN THE INDIANA BIOTERRORISM AND PREPAREDNESS DISTRICT 7. THE INDIANA     |
| COUNTIES COMPRISING DISTRICT 7 ARE: CLAY, GREENE, OWEN, PARKE, PUTNAM,   |
| SULLIVAN, VERMILLION, AND VIGO.  |
| THE FUNDS RECEIVED BY THE CORPORATION WILL BE USED PRIMARILY TO          |
| INCREASE THE DISTRICT 7 HOSPITALS' ABILITY TO RESPOND TO                 |
| EMERGENCY/DISASTER SITUATIONS. IN ADDITION, DISTRICT 7 HOSPITAL          |
| EMERGENCY PLANNING COMMITTEE WILL ALSO USE FUNDS RECEIVED TO PURCHASE    |
| EQUIPMENT AND SUPPLIES TO BE USED FOR AND BY ALL OF THE DISTRICT 7       |
| HOSPITALS TO BETTER RESPOND TO EMERGENCY/DISASTER SITUATIONS.            |
| FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:            |
| HOSPITALS TO BETTER RESPOND TO EMERGENCY/DISASTER SITUATIONS.            |
| HODITIADD TO DETTER RESIGNATION TO EMERGENCI/DIDADIER SITUATIONS.        |
| FORM 990, PART VI, LINE 4, GOVERNING DOCUMENT CHANGES                    |
| THE ORGANIZATION DID NOT MAKE ANY SIGNIFICANT CHANGES TO                 |
| ITS BYLAWS, HOWEVER, THE GENERAL PROVISIONS SECTION WAS REVISED TO       |
| REFLECT THE CHANGE FROM CALENDAR YEAR TO FISCAL YEAR.                    |
|  |
|  |
| FORM 990, PART VI, SECTION B, LINE 11:                                   |
| THE PROCESS OF REVIEWING THE FORM 990 ENTAILS A DETAILED                 |
| REVIEW OF THE FORM 990 BY THE BOARD MEMBERS. THE GOVERNING BODY RECEIVES |

| Schedule O (Form 990 or 990-EZ) (2013)                                      |                          |                      |         | , .<br>Page 2                             |  |  |  |
|---|--------------------------|----------------------|---------|---|--|--|--|
| Name of the organization DISTRIC  | T 7 HOSPITAL<br>EE, INC. | EMERGENCY PLANNING   |         | Employer identification number 27-2037843 |  |  |  |
| AN ELECTRONIC COPY OF   | THE FORM 99              | 0 INCLUDING REQUEST  | ED SCHI | EDULES, AS                                |  |  |  |
| ULTIMATELY FILED WITH THE IRS, FOR REVIEW AND APPROVAL PRIOR TO FILING WITH |                          |                      |         |   |  |  |  |
| THE IRS.  | <del></del>              |                      |         |   |  |  |  |
|   | ·                        |                      |         |   |  |  |  |
| FORM 990, PART VI, SE   | CTION B, LIN             | E 12C:               |         |   |  |  |  |
| THE WRITTEN CONFLICT  | OF INTEREST              | POLICY IS REGULARLY  | AND     |   |  |  |  |
| CONSISTENTLY MONITORE   | D AND COMPLI             | ANCE ENFORCED BY TH  | E BOARI | D AND COMMITTEE.                          |  |  |  |
| THE SCOPE OF THIS POLICY INCLUDES ANY DIRECTOR, PRINCIPAL OFFICER, OR       |                          |                      |         |   |  |  |  |
| MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS WHO HAS DIRECT  |                          |                      |         |   |  |  |  |
| OR INDIRECT FINANCIAL INTEREST IN ANY ENTITY WITH WHICH THE ORGANIZATION    |                          |                      |         |   |  |  |  |
| HAS A TRANSACTION OR ARRANGEMENT. THE POLICY IS IN PLACE TO PROVIDE         |                          |                      |         |   |  |  |  |
| PROCEDURES TO PREVENT   | AND DETECT               | CONFLICTS OF INTERE  | ST. THI | E COVERED PERSONS                         |  |  |  |
| ARE TO RECUSE FROM PA   | RTICIPATING              | ON ANY PROPOSED TRAI | NSACTIO | ON OR AGREEMENTS                          |  |  |  |
| ON WHICH THERE IS A C   | ONFLICT OF I             | NTEREST. A SELF DI   | SCLOSUI | RE FROM COVERED                           |  |  |  |
| PERSONS TO THE BOARD  | MEMBERS IS R             | EQUIRED ON ANY POTE  | NTIAL ( | CONFLICT OF                               |  |  |  |
| INTEREST.   | <del> </del>             |                      |         |   |  |  |  |
|   |                          |                      |         |   |  |  |  |
| FORM 990, PART VI, SE   | CTION C, LIN             | E 19:                |         |   |  |  |  |
| THE FORM 990 IS MADE  | AVAILABLE UP             | ON REQUEST. THE GOV  | ERNING  |   |  |  |  |
| DOCUMENTS, CONFLICT O   | F INTEREST P             | OLICY, AND FINANCIA  | L STATI | EMENT ARE NOT                             |  |  |  |
| AVAILABLE.  |                          |                      |         |   |  |  |  |
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