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# Form 990-PF

## Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

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.

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf

For calendar year 2013 or tax year beginning 03/01/14, and ending 09/30/14A Employer identification number Name of foundation 48-0597114 MEMORIAL HOSPITAL ASSOCIATION, Telephone number (see instructions) Number and street (or P O box number if mail is not delivered to street address) Room/suite 1823 COLLEGE AVENUE 785-776-2861 City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here MANHATTAN 66502 KS G Check all that apply ΧÌ Initial return Initial return of a former public charity 1 Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation Check type of organization If private foundation status was terminated under section 507(b)(1)(A), check here Other taxable private foundation Section 4947(a)(1) nonexempt charitable trust I Fair market value of all assets at J Accounting method Cash X Accrual If the foundation is in a 60-month termination under section 507(b)(1)(B), check here end of year (from Part II, col (c), Other (specify) 7,146,268 line 16) ▶ \$ (Part I, column (d) must be on cash basis ) Part I. (d) Disbursements Analysis of Revenue and Expenses (The total of (a) Revenue and (b) Net investment (c) Adjusted net for chantable expenses per amounts in columns (b), (c), and (d) may not necessarily equal SCANNED JAN 2 6 1201 income income purposes books the amounts in column (a) (see instructions)) cash basis only 1 Contributions, gifts, grants, etc., received (attach schedule) X If the foundation is **not** required to attach Sch B 2 1,260 1,260 Interest on savings and temporary cash investments 3 86,781 86,781 4 Dividends and interest from securities 5a Gross rents h Net rental income or (loss) . . . STMT 1 -8,248 \_ ` Net gain or (loss) from sale of assets not on line 10 6a 4: ٠., - : b 3,260,578 Gross sales price for all assets on line 6a r Capital gain net income (from Part IV, line 2) 7 . 8 Net short-term capital gain RF 9 Income modifications SS 10a Gross sales less returns a <del>-0-2015</del> Less Cost of goods sold h Gross profit or (loss) (attach-schedule) С Other income (attach sched) & DEN. 11 793 88,041 ol 12 Total. Add lines 1 through-14 13 Compensation of officers, directors, trustees, etc 0 Operating and Administrative Expenses 14 Other employee salaries and wages 15 Pension plans, employee benefits SEE STMT 2 43,869 43,869 16a Legal fees (attach schedule) b Accounting fees (attach schedule) 8,206 6,796 1,410 STMT 3 c Other professional fees (attach schedule) 17 Interest 18 18 STMT 4 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications STMT 5 51 51 23 Other expenses (att sch) 24 Total operating and administrative expenses. 6,865 Add lines 13 through 23 52,144 0 5 - , ひじて 25 Contributions, gifts, grants paid 0 6,865 26 Total expenses and disbursements. Add lines 24 and 25 52,144 27 Subtract line 26 from line 12 27,649 Excess of revenue over expenses and disbursements ~... 81,176 Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-)

For Paperwork Reduction Act Notice, see instructions.

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Form 990-PF (2013)

Falt III Alialysis of Changes III Net Assets of Fullo Dalances	<b>.</b>	
1 Total net assets or fund balances at beginning of year – Part II, column (a), line 30	must agree with	
end-of-year figure reported on prior year's return)	1	7,204,785
2 Enter amount from Part I, line 27a	2	27,649
3 Other increases not included in line 2 (itemize) ▶	3	
4 Add lines 1, 2, and 3	4	7,232,434
5 Decreases not included in line 2 (itemize) ▶	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, colum	nn (b), line 30	7,232,434

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If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

Part VI instructions

Form	990-PF (2013) MEMORIAL HOSPITAL ASSOCIATION, INC 48-0597114			F	age 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)				
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)	i		-	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1		1,	62 <u>4</u>
	here ▶ ☐ and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of	`~	. ·		
	Part I, line 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2			0
3	Add lines 1 and 2	3		1,	624
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5		1,	624
6	Credits/Payments	-	•		
а	2013 estimated tax payments and 2012 overpayment credited to 2013 6a				
b	Exempt foreign organizations – tax withheld at source		-		
С	Tax paid with application for extension of time to file (Form 8868)  6c				
d	Backup withholding erroneously withheld 6d				
7	Total credits and payments Add lines 6a through 6d	7			
8	Enter any penalty for underpayment of estimated tax. Check here $X$ if Form 2220 is attached	8			28
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		1,	652
10		10			
11		11			
Pa	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
	participate or intervene in any political campaign?		1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see				
	Instructions for the definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities				
С	Did the foundation file Form 1120-POL for this year?		1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		-		
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$		, ,		٠.
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	•			
	on foundation managers > \$			-	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	If "Yes," attach a detailed description of the activities		-		; -
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of				į
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X_
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		Х
	If "Yes," attach the statement required by General Instruction T.				-
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
	By language in the governing instrument, or		-		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				
	conflict with the state law remain in the governing instrument?		6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV		7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)		· .		٦,
	NONE		1 2'		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		, ,		
-	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	Χ	L
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		٠. '		l
	4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes,"				
	complete Part XIV		9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
-	names and addresses		10		Х
			Form 9	n-PF	

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	1 990 PF (2013) MEMORIAL HOSPITAL ASSOCIATION,		0597114			F	Page 6
	art VII-B Statements Regarding Activities for Which Form	4720 May Be R	equired (cont	inued)	<del></del>		
5a	Duning the year did the foundation pay or incur any amount to	45(-1)0		v 🔯 v.			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 49			Yes X No			ļ
	(2) Influence the outcome of any specific public election (see section 4955), or to	carry on,		v 🔯 N-	-		
	directly or indirectly, any voter registration drive?		<del></del>	Yes $X$ No	Į.,		_
	(3) Provide a grant to an individual for travel, study, or other similar purposes?			Yes X No		ĺ	
	(4) Provide a grant to an organization other than a charitable, etc., organization de	escribed in		v ∇ N-	<b> </b> '	,.	
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)	donado o d		Yes X No		.	-
	(5) Provide for any purpose other than religious, chantable, scientific, literary, or e	ducational	<del>[ ]</del>	v		ŀ	
<b>.</b>	purposes, or for the prevention of cruelty to children or animals?	4b		Yes X No			
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under		cribea in	N/A	- -		
	Regulations section 53 4945 or in a current notice regarding disaster assistance (s			N/A	5b		├──
_	Organizations relying on a current notice regarding disaster assistance check here			▶ 🗀			
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from	tne tax	NI / 7\ 🖂	v. 🗆 🕠			
	because it maintained expenditure responsibility for the grant?		N/A 📗	Yes No	}		1
c -	If "Yes," attach the statement required by Regulations section 53 4945–5(d)						
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay	premiums		v ∇ N.			
L	on a personal benefit contract?			Yes X No			X
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal to the foundation, during the year, pay premiums, directly or indirectly, on a personal to the foundation, during the year, pay premiums, directly or indirectly, on a personal to the foundation.	inai benefit contract	7		6b		├^-
7-	If "Yes" to 6b, file Form 8870			Yes X No		•	
	At any time during the tax year, was the foundation a party to a prohibited tax shelt			Yes X No N/A	76		
	If "Yes," did the foundation receive any proceeds or have any net income attributate art VIII Information About Officers, Directors, Trustees, Follows				7b		Ь
Г	and Contractors	andation mana	gers, mgmy	ald Employe	<b>c</b> 3,		
1 1	ust all officers, directors, trustees, foundation managers and their compensa	tion (see instructi	ons).				
				(d) Contributions to	Τ		
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	employee benefit		pense a	
	.,	devoted to position	enter -0-)	plans and deferred compensation	Ollie	er allowa	iiices
SE	E STATEMENT 8						
					1		
		[			<u> </u>		
					ļ <u>.</u>		
					<u></u>		
2	Compensation of five highest-paid employees (other than those included or "NONE."	line 1 – see instru	uctions). If none,	enter			
	· · · · · · · · · · · · · · · · · ·	(b) Title, and average		(d) Contributions to	(-) [		nanue <sup>4</sup>
	(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred		pense ao r allowa	
		devoted to position		compensation	ļ		
NO	NE	,					
	** <u>-</u>	ļ			ļ		
		}			l		
					1		
		1					
		<del> </del>			<del> </del> -		
		1					
Total	number of other employees paid over \$50,000	1	<u>.                                    </u>	L		Τ	0
. Otal	maniper of other employees paid over \$50,000	<del></del>	<del></del>		om 99	n-PF	
				r			( (0)

48-059/114	Page 7
Managers, Highly Paid En	nployees,
If none enter "NONE "	
	(c) Compensation
(b) type of service	(e) companion
-	
<del></del>	<u> </u>
umber of	Expenses
)	
	Amount
<b>&gt;</b>	
	If none, enter "NONE."  (b) Type of service

2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 2 purposes 3 Amounts set aside for specific charitable projects that satisfy the За Suitability test (prior IRS approval required) b 3ь Cash distribution test (attach the required schedule) 4 4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income 5 Enter 1% of Part I, line 27b (see instructions) Adjusted qualifying distributions. Subtract line 5 from line 4

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

qualifies for the section 4940(e) reduction of tax in those years

Form 990-PF (2013)

Р	art XIII Undistributed Income (see instructions)			<del></del>	
		(a)	(b)	(c)	(d)
1	Distributable amount for 2013 from Part XI,	Corpus	Years prior to 2012	2012	2013
	line 7			,	205,572
2	Undistributed income, if any, as of the end of 2013	2	-		
а					
b		-			
3	Excess distributions carryover, if any, to 2013	`		n /	
а	From 2008	-			
b	From 2009	\$1 2F F		7 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, , , ,
С	From 2010				
d	From 2011			30 00 2 00	The state of the s
е	From 2012	'	n		·
f	Total of lines 3a through e		-	- 1	
4	Qualifying distributions for 2013 from Part XII,		-	- 3, ,	
	line 4 ▶ \$45,279		-	-	-
а	Applied to 2012, but not more than line 2a		,		
	Applied to undistributed income of prior years				
	(Election required – see instructions)	-		• • • •	`
С	Treated as distributions out of corpus (Election		t.	_ (ca 5) *	-
	required – see instructions)		- 1 1		. •
d	Applied to 2013 distributable amount				45,279
e	Remaining amount distributed out of corpus				1
5	Excess distributions carryover applied to 2013		-	,	
	(If an amount appears in column (d), the same			, ,	4 -
	amount must be shown in column (a) )				1 - T
6	Enter the net total of each column as			-	, -
	indicated below:	-			
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5		1 1	<u></u>	,
b	Prior years' undistributed income Subtract	•			,
	line 4b from line 2b	,		21 212 Th	2
С	Enter the amount of prior years' undistributed	, ,			
	income for which a notice of deficiency has	-			
	been issued, or on which the section 4942(a)				
	tax has been previously assessed	·			1
d	Subtract line 6c from line 6b Taxable			,	
	amount – see instructions			· · ·	
е	Undistributed income for 2012 Subtract line		,		
	4a from line 2a Taxable amount – see		- 1		1 7 2
	instructions				- " ' 4
f	Undistributed income for 2013 Subtract lines		÷ , ~		
	4d and 5 from line 1 This amount must be	•			160.000
_	distributed in 2014				160,293
7	Amounts treated as distributions out of corpus			The state of the s	- ' ,
	to satisfy requirements imposed by section			Frank to the Control	-
_	170(b)(1)(F) or 4942(g)(3) (see instructions)	<del></del>		45 44 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
8	Excess distributions carryover from 2008 not				
0	applied on line 5 or line 7 (see instructions)		e de la companya de l	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	26 2 m 83 2
9	Excess distributions carryover to 2014			(1) 型 (1) 型 (1)	G
_	Subtract lines 7 and 8 from line 6a		-		<u>`</u>
0	Analysis of line 9				
a	Excess from 2009	-,		the father in a second	Bearing the second
b	Excess from 2010 Excess from 2011				
q	Excess from 2012	1			
d	Excess from 2013	. :		And the second	at the second second

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

MUST BE A 501(C)(3) CHARITABLE ORGANIZATION

Any submission deadlines

Port XV Supplementary Information (co		. 40 03371	T.1	raye
Part XV Supplementary Information (co 3 Grants and Contributions Paid During the	Year or Approved for Fu	ture Pavment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	CONTRIBUTION	
a Paid duning the year N/A		recipient		
Total			▶ 3a	
b Approved for future payment ${ m N/A}$				
Total			<b>&gt;</b> 3b	
, Juli				

Enter gross	amounts unless otherwise indicated	Unrelated	business income	Excluded b	y section 512, 513, or 514	(e)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
-	service revenue					(Gee tristidetions )
a		-				
	<del></del>	- }		<del>  </del>		
		-		<del>  -</del>	<del></del>	
				+		<del></del>
; ——			<del></del>	+		
T	and contracts from a superment assume			+		
	s and contracts from government agencies	<del></del>		+		
	ship dues and assessments			+		1,260
	on savings and temporary cash investments is and interest from securities	<del></del>		<del> </del>		86,783
	al income or (loss) from real estate	<del></del>	·-·-	<del></del>		00,70.
	t-financed property		<del></del>	+		<del></del>
	debt-financed property	<del> </del>	<del></del>	<del>  -</del>	<del></del>	
	al income or (loss) from personal property			<del> </del>		
	vestment income		<del></del>	<del> </del>		
	loss) from sales of assets other than inventory			<del>                                     </del>		-8,248
	me or (loss) from special events			<del>                                     </del>		
	ofit or (loss) from sales of inventory	<del>                                     </del>		<del>                                     </del>		
	venue a			<del>  -   -</del>		
b b		·				
c		·		<del>  </del>		· · · · · · · · · · · · · · · · · · ·
d		·	· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>		<del></del>
е			<del></del>			
_		l I			10	
	Add columns (b), (d), and (e)	<del></del>	(	<del>  -</del>	0	79,793
12 Subtotal	Add columns (b), (d), and (e)		(		13	79,793 79,793
12 Subtotal 13 Total. Ad	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculations )		(			
12 Subtotal 13 Total. Ad	dd line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculations )	ccomplishmer				
12 Subtotal 13 Total. Ad See worksh	dd line 12, columns (b), (d), and (e)  eet in line 13 instructions to verify calculations )  -B Relationship of Activities to the A  Explain below how each activity for which income	is reported in colun	nt of Exempt Pu	Irposes	13	
12 Subtotal 13 Total. Ac See workshi Part XVI Line No.	od line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculations )  -B Relationship of Activities to the A	is reported in colun	nt of Exempt Pu	Irposes	13	
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12 Subtotal 13 Total. Ac See workshi Part XVI Line No.	dd line 12, columns (b), (d), and (e)  eet in line 13 instructions to verify calculations )  -B Relationship of Activities to the A  Explain below how each activity for which income	is reported in colun	nt of Exempt Pu	Irposes	13	
12 Subtotal 13 Total. Ac See workshi Part XVI Line No.	dd line 12, columns (b), (d), and (e)  eet in line 13 instructions to verify calculations )  -B Relationship of Activities to the A  Explain below how each activity for which income	is reported in colun	nt of Exempt Pu	Irposes	13	
12 Subtotal 13 Total. Ac See workshi Part XVI Line No.	dd line 12, columns (b), (d), and (e)  eet in line 13 instructions to verify calculations )  -B Relationship of Activities to the A  Explain below how each activity for which income	is reported in colun	nt of Exempt Pu	Irposes	13	

Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political a Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash 1a(1 (2) Other assets 1a(2) **b** Other transactions (1) Sales of assets to a noncharitable exempt organization 1b(1 1b(2) (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) 1b(5) (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (6)d1 c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 1c d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) Line no (b) Amount involved (c) Name of nonchantable exempt organization (d) Description of transfers, transactions, and sharing arrangements 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations Yes X No described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship N/A 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 taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this return with the preparer shown below Sign (see instructions)? Here reasurer Signature of officer or trustee Print/Type preparer's name Preparer's signature Date Check X r self-employed Paid MICHAEL E. HOLTMAN, CPA MICHAEL E. HOLTMAN, 01/14/15 Preparer SINK, GORDON & ASSOCIATES LLP P00951105 Firm's name ▶ PTIN Use Only COMMERCE BANK TOWER, 6TH FLOOR 48-0787299 Firm's address ▶ Firm's EIN ▶

Form 990-PF (2013)

785-537-0190

Phone no

MANHATTAN,

66502

KS

# 05047PF MEMORIAL HOSPITAL ASSOCIATION, INC Federal Statements

48-0597114 FYE: 9/30/2014

Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets

					-				
	Net Gain / Loss	\$ -8,248	\$ -8,248		Charitable	Purpose	43,869	43,869	
	se Depreciation	\$	\$ 0	es	Adjusted	Net	\$	\$ 0	onal Fees
	Expense			egal Fe		ı	ۍ <sup>ا</sup>	တ ျ	rofessic
	Cost	3,268,826 \$	3,268,826 \$	ırt I, Line 16a - L	Net	Investment	\$	\$	-PF, Part I. Line 16c - Other Professional Fees
How Received	Sale Price	PURCHASE 3,260,578 \$	3,260,578 \$	Statement 2 - Form 990-PF, Part I, Line 16a - Legal Fees	,	Total	43,869	43,869	990-PF. Part I. Li
	Date Sold	9/30/14 \$	<sub> </sub>	Statement 2		1	<i>σ</i>	ςς.	Statement 3 - Form 990
Description	Date Acquired	2/28/14				nc			Staten
Q	Whom Sold	SECURITIES	TOTAL			Description	INDIRECT LEGAL FEES	TOTAL	

Description	PROFESSIONAL FEES TRUSTEE FEES APPRAISAL FEES	TOTAL
	σ	ω, 
Total	1,410 5,296 1,500	8,206
Inv	ᡐ	· ν-
Net estment	5,296	6,796
Adjusted Net	<i>ن</i>	φ.
þ		0
Chi	<b>ে</b>	\$
Charitable Purpose	1,410	1,410

1/14/2015 9:51 AM 7,028,369 7,028,369 Charitable Charitable Fair Market Purpose Purpose Value Statement 6 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments Valuation Basis of Adjusted Net Adjusted Net COST Statement 5 - Form 990-PF, Part I, Line 23 - Other Expenses Statement 4 - Form 990-PF, Part I, Line 18 - Taxes 7,114,535 7,114,535 End of Year 41 Investment Investment 05047PF MEMORIAL HOSPITAL ASSOCIATION, INC Federal Statements Net 7,061,965 7,061,965 Beginning of Year 41 51 Total Total ሪን PUBLICLY TRADED SECURITIES Description BANK CHARGES POSTAGE & SHIPPING Description Description FOREIGN TAX PAID FYE: 9/30/2014 TOTAL TOTAL TOTAL EXPENSES

05047PF MEMORIAL HOSPITAL ASSOCIATION, INC 48-0597114 Federal Statements

FYE: 9/30/2014

1/14/2015 9:51 AM

## Statement 7 - Form 990-PF, Part II, Line 15 - Other Assets

Description	Begin of Y	ining ear	 End of Year	Fa	air Market Value
ACCRUED INTEREST REC	\$		\$ 1,909	\$	1,909
TOTAL	\$	0	\$ 1,909	\$	1,909

05047PF MEMORIAL HOSPITAL ASSOCIATION, INC 48-0597114 FYE: 9/30/2014	ON, INC <b>Federal S</b>	tatements		1/14	1/14/2015 9:51 AM
Statement 8 - Form 990-PF, Part	PF, Part VIII, Line	1 - List of Offi	VIII, Line 1 - List of Officers, Directors, Trustees, Etc.	ustees, Etc.	` `
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
TRACEY DEBRUYN 1823 COLLEGE AVENUE MANHATTAN KS 66502	CHAIR	1.00	0	0	0
TOM HOLCOMBE 1823 COLLEGE AVENUE MANHATTAN KS 66502	TRUSTEE	1.00	0	0	0
DAN MESSELT 1823 COLLEGE AVENUE MANHATTAN KS 66502	TREASURER	1.00	0	0	0
SUSAN PETERSON 1823 COLLEGE AVENUE MANHATTAN KS 66502	SECRETARY	1.00	0	0	0
SHON ROBBEN 1823 COLLEGE AVENUE MANHATTAN KS 66502	TRUSTEE	1.00	0	0	0
JOHN BROBERG 1823 COLLEGE AVENUE MANHATTAN KS 66502	TRUSTEE	1.00	0	0	0
DOUG HINKIN MD 1823 COLLEGE AVENUE MANHATTAN KS 66502	TRUSTEE	1.00	0	0	0
CHARLES HUGHES DDS 1823 COLLEGE AVENUE MANHATTAN KS 66502	TRUSTEE	1.00	0	0	0
DAVID PAULS 1823 COLLEGE AVENUE MANHATTAN KS 66502	TRUSTEE	1.00	0	0	0
					8

05047PF MEMORIAL HOSPITAL ASSOCIATION, INC 1/14/2015 9:51 AM **Federal Statements** 48-0597114 FYE: 9/30/2014 Taxable Interest on Investments US Unrelated Exclusion Postal Business Code Code Code Obs (\$ or %) Description Amount INTEREST INCOME 1,260 \$ 1,260 TOTAL **Taxable Dividends from Securities** US Unrelated Exclusion Postal Business Code Code Code Obs (\$ or %) Description Amount DIVIDEND INCOME 86,781 86,781 TOTAL \$

05047PF MEMORIAL HOSPITAL ASSOCIATION, INC 48-0597114 Federal Statements

1/14/2015 9:51 AM

FYE: 9/30/2014

## Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

Description

MUST BE A 501(C)(3) CHARITABLE ORGANIZATION